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Episode One

Dr. Peter McCullough: Despite our best efforts that we would be somehow accused, wrongly accused of misinformation, and I just said, "This can't be controversial. We're talking about prednisone. I mean, we use that for asthma. We're talking about Lovenox. We use that for blood clotting, and aspirin." I was trying to diffuse all this incredible focus on hydroxychloroquine or ivermectin in, I think, what was really a low blow in terms of unprofessionalism. He called us snake oils salesman. And can you imagine? That's from a junior physician. He doesn't have a major contribution to his name.

Del Bigtree: Why would the head of a health department or the head of the NIH, or why would the CDC keep me from taking a product if it works? And then if they tell me the vaccine works, certainly it must work. If they tell me it's safe, it must be safe. But what we don't realize is really what's behind the scenes of how all the decisions have been made, and that's been the journey that I've been on. I really didn't know that they never do the studies. I didn't know that every study on safety that we are being told about is being done by the manufacturer that's going to make billions of dollars from the product, and that the FDA and CDC basically just take their word for it.

Dr. Robert Malone: You can't take what's normally a decade long process for developing a product and ensuring its safety and efficacy, and compressing it into six to nine months and not cut some corners. That's just absurd, yet that's what we were told they were doing. We have the hyper-inflammatory response that happens in a subset of patients, and that's the one that really puts you in the hospital and kills you. The good news is there's a bunch of anti-inflammatory drugs that can be used for that second phase.

Dr. Patrick Gentempo: Hello, and welcome to Episode 1 of COVID Revealed. Over the years, Revealed Films has done several docuseries on a variety of topics, and I can tell you without reservation, this is the most important documentary series that we have ever created. Why? Because Covid is the biggest subject in the world today, and it's literally changing the world as we know it, and not for the better. What's going on in the way of information that is being put through social media platforms and the mainstream media is really not so much information, it's more propaganda. People who are credible experts with extraordinary backgrounds and experience, when they voice their concerns about what's being done right now, they're being silenced. They're being canceled, they're being censored. We needed to give them a platform. We wanted to get all of these experts in one place, so when people say, "I am trying to figure out this Covid thing. It's complex and there's so many facets to it. Where do I go," we wanted one place to go, and it's right here in Covid Revealed.

Dr. Patrick Gentempo: Also, I wanted to communicate that the people who sat for these interviews are extraordinarily courageous and heroic human beings. They know the heat that they're going to take for speaking up in the way that they are in today's world, but their conscience demanded it. When it comes to Covid, there's many facets. It's not as simple as just the vaccine. That's certainly a big part of it. And there's many sub-issues under the vaccine: Good for children, not good for children; for adults; which vaccine; boosters; should it be mandatory; should it be mandated; is it really approved; is it not approved? There's so many issues here that you need to understand when it comes to the vaccine that we cover it and we cover it in great depth. I think by the time you're done watching this series, you're going to see that you're about as expert as anybody else out there on this vaccine issue. But it doesn't stop there.

Dr. Patrick Gentempo: What about quarantines? What about early treatments? What about things like ivermectin hydroxychloroquine? Do they really work? Do they not work? What about the other hospital protocols? What are we missing? Are there things that we could be doing that we're not doing that would help us should we be infected? What about masks? Do masks really work? Should we be sending our kids to school in masks? Is there any data on this? Is there any expert that can speak to this in an authoritative way? The answer to all these questions is yes. There's people who are authorities who know this material, have great command of it, who can speak to it in a very, very focused, passionate, and truthful way. That's what we're delivering here over the span of this docuseries.

Dr. Patrick Gentempo: I need your help. We are canceled off of all social media. There's no way that we can go out there and in a social or mass way let people know about this series and the fact that they could sign up to watch it for free, the entire series. Here's what I'm going to ask you to do. Let's go old school, direct communication, peer to peer. Take the people that you know, love, and care about, and send them a link. Let them come and let them register and let them share with other people also. That's the only way people can gain access to this information. Some pretty dark powers have grabbed control of all the media and are shutting down anything that isn't a part of the party line that they want people to know, and any dissenting opinions or information is automatically shut out. But we won't be deterred. We had to build the firewalls. We had to get our own video hosting. We had to do all the things that we could do so that we can get this information out and not be shut down, and I'm going to ask you to help me with that.

Dr. Patrick Gentempo: So before we jump in, if you would just please answer the call, it's very simple to take an action, to share this information, to send people the link so they can jump in and participate and get this information through the free viewing period. I know one thing for a fact, the information that we're going to be presenting during the course of this docuseries is going to be minimally life changing, and in many instances might even be life saving. This is about as important as it gets. We've done our job. We've put together this information. I'm excited to take this journey with you, and please help us share it with other

people. Thank you for being here. Thank you for your trust in us. And now let's jump into Episode 1.

Dr. Peter McCullough

Dr. Patrick Gentempo: When it comes to a career in medicine, Dr. Peter McCullough is a giant. His background, experience in so many aspects of academic medicine, practicing medicine, research, and publication, it goes on and on. He's eminently qualified to be speaking to the Covid issue today, and what's extraordinary to me is that now that he's speaking truth when it comes to Covid, people are trying to attack him and attack his credibility, but it's nearly impossible to do, at least to do it with a straight face, because this man has incredible achievements. Not only is he a great doctor, he's a great human being. He is not going to be deterred. He's going to speak the truth. He's going to share what he knows, and he cares about this world. He cares about you, he cares about me, and he cares about what's going on right now. My conversation with him was pretty encompassing, meaning we covered a lot of ground, so there are three parts to this interview. This is part one of my three-part interview with Dr. Peter McCullough. Let's jump right in.

Dr. Patrick Gentempo: Dr. McCullough, thanks so much for taking the time here. Let's just start with your background. You have a pretty incredible resume when it comes to your academic achievements, etc., and I'd like to get into some detail around that. Can we just start it with what caused you to want to become a medical doctor?

Dr. Peter McCullough: As a kid I always wanted to be a doctor. It seemed like I was born to do it. I loved the idea of science and applying science to helping people. I attended undergraduate at Baylor University in Texas, and from there I went on to the University of Texas Southwestern Medical School in Dallas. I finished alpha omega alpha.

Dr. Patrick Gentempo: What does that mean?

Dr. Peter McCullough: That means the top 5-10% of the graduating medical class, in the top 50% of medical schools in the United States.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: I went on from there to the University of Washington in Seattle, which at the time was the top ranked internal medicine program in the United States, and I trained in internal medicine there. Of interest, during my time at Southwestern and at University of Washington in Seattle, the Nobel prize was awarded in medicine.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: It was a tremendous times.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: From there, as it was common back in the time, many of my fellow graduates from Seattle became CDC officers or did service. I did service and joined a rural health initiative in northern Michigan. In return for that, I was relieved of my student loans. I went on to University of Michigan and received my master's in public health in epidemiology. University of Michigan is considered in the top four schools in public health in the United States, and, of note, had a large role in the development of the polio vaccine historically.

Dr. Patrick Gentempo: Really?

Dr. Peter McCullough: Yeah.

Dr. Patrick Gentempo: Oh, wow.

Dr. Peter McCullough: From there, I went on for my cardiology training in clinical cardiology at what is now the Oakland University William Beaumont School of Medicine, and trained under an iconic leader there, Dr. William O'Neil, who really is credited with... He's considered the father of modern interventional cardiology. Today patients have their arteries opened up using a catheter and stenting in the setting of a heart attack, and that's really all originated from that group at Beaumont. Those were very exciting times there. I got introduced to publishing in the best journals, including the New England Journal of Medicine, and incredible times of scientific innovation addressing a problem, heart attack, which it was a giant issue in the United States. The progress that we made was extraordinary.

Dr. Peter McCullough: From there I went on and I took a staff position at Henry Ford Hospital, one of the oldest hospitals in southeast Michigan. I became the Program Director there in Cardiology. I moved on to become the Chief of Cardiology at the University of Missouri in Kansas city, and held that post for a few years, and based in family reasons and other reasons returned to southeast Michigan and was a Division Chief at William Beaumont Hospital during its ascension to the point where it became a medical school, and I was honored to become the Chief Academic and Scientific Officer for the St. John Providence health system, which is the largest Catholic health ministry of the Ascension Health overall national network.

Dr. Patrick Gentempo: What are the responsibilities if you're the Chief Medical and Academic Officer?

Dr. Peter McCullough: Well, in that role I oversaw the Chief Medical Officers, or the CMOs, for the hospitals, as well as the hospital presidents, along the lines of medical education and research. We had a very large graduate medical education, and actually undergraduate medical education, program there, as well as multiple research centers, I maintained a clinical practice through all that, so I've always maintained my board certifications in cardiology, as well as internal medicine. I maintained my broad base. I always attended on the inpatient teaching services for both medicine and cardiology, and maintained a non-invasive cardiology/internal medicine practice. In the last decade, I was recruited to Baylor University Medical Center in Dallas, Texas, where I headed up the

cardiology program. I was the Program Director there. I've been honored to be a Vice Chair of Medicine. I served Dr. Michael Emmett there, the current Chief of Medicine. Iconic leaders there, including John Fortran ahead of Michael Emmett.

Dr. Peter McCullough: I was introduced to them when I was a medical student at Southwestern back in 1986, where I rotated at Baylor, and what a terrific place to be, incredibly honored to be there. I served that role for many years and officed with Dr. William Roberts, who's a venerable iconic medical editor. He's the Editor in Chief of the American Journal of Cardiology, one of the longest standing editorships in the United States.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: Under him, I was honored to be the Senior Associate Editor of AJC. I also took on other editorships. I have been the longstanding Editor in Chief of Reviews in Cardiovascular Medicine, which is now an international journal. Our offices originally were in New York, and now they're in Hong Kong.

Dr. Patrick Gentempo: These are peer-reviewed research journals?

Dr. Peter McCullough: These are peer-reviewed journals, widely cited journals, longstanding. I became the Editor in Chief of CardioRenal Medicine. That is published by Karger, and that's in Basel, Switzerland. That brings together cardiologists and nephrologists. I'm currently, and for several years now, been the President of the Cardiorenal Society of America. My major research focus is how the kidneys and heart interrelate to one another in terms of acute and chronic disease. Over that period of time, I've always had a blend of clinical practice teaching and research. I've been productive because I have really enjoyed international collaborations. As we sit here today, I have over 650 citations in the National Library of Medicine. If you were to search my name in PubMed and put McCullough PA, that's what would come up.

Dr. Patrick Gentempo: 650?

Dr. Peter McCullough: 650.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: No, there's some ahead of me. Dr. Roberts, who I mentioned, I think he's well over 1000, but there's not that many.

Dr. Patrick Gentempo: Not many, no.

Dr. Peter McCullough: Not many. A typical number, 25 would be a number to become a Professor of Medicine. I am also the longstanding author of a textbook on the interface between heart and kidney disease in Braunwald's Textbook of Cardiology. That's

considered the bible of cardiology that's published out of Harvard Medical School and the Brigham's and Women's Hospital. Over the course of my career, I've had an absolutely wonderful career. I've had a chance to present before the committees at the National Institutes of Health, the FDA, Congressional oversight panels. I've been in work groups with big pharma and device. I've chaired data safety monitoring boards for National Institutes of Health programs, as well as big pharma programs.

Dr. Patrick Gentempo: That's relevant for this conversation.

Dr. Peter McCullough: It's very relevant. I've been involved in some of these high stakes decisions. One of the highest stakes decisions anyone can make as a day safety monitoring board chair, because we're entrusted with the safety of participants in research, as well as the integrity of research, is to actually terminate a program based on safety. I've been involved in those decisions; in fact, have led those decisions and have had a lot of intercommunication with the US FDA, and I have a good name with them, in terms of a trusted name. There is a trusted relationship between academia and our federal health agencies, and the federal health agencies are not just about funding. We have an inner reliance on one another in order to guide our country and the world forward with respect to research.

Dr. Patrick Gentempo: So, being familiar with this myself, this is as high a level as you can get in this arena that you've been, so you were definitely an innovator, but not a maverick where you were bucking the system it seems like along the way. I mean, you have 650 citations, you worked in academia, you work in clinical practice, you work in executive management positions, etc., so how is it that now you find yourself in this predicament where... What caused you to speak up here? You're about as traditional and high level in the medical arena, the public health arena, as anybody can be, yet here you are now as a dissenting voice to what's going on right now. What caused you to step up and speak out?

Dr. Peter McCullough: Thinking about it, as you're talking, maybe I am a maverick. The original idea that kidney disease could independently contribute to manifestations of heart disease was an innovative idea, and I remember some really long and lonely nights at the heart meetings where I was being drowned out by big pharma and the cholesterol companies or the blood pressure lowering agents and others. I was making the case that, in fact, kidney disease could contribute to heart disease and vice versa. That was a long, long journey. Like many important observations that happened in history, the first inkling of a new idea many times is dismissed. There's been just many, many examples of this. The first time that an angioplasty balloon was used to open up an artery or to treat a heart attack, that was treated with great skepticism.

Dr. Peter McCullough: Skepticism is an important word, because it is healthy in scientific debate. Virtually every innovation that's come in has been met with enormous skepticism, and then it goes through a vetting process, and that vetting process takes dialogue. It takes interpretation of data back and forth, getting viewpoints, identifying various stakeholders, ultimately getting a consensus, and

moving forward. It's very, very important. Skepticism is an important part of the scientific process.

Dr. Patrick Gentempo: Probably necessary, right? I mean, without it, well, we end up where we are. We'll talk about that. One of the things that you're being accused of, you and many others, is misinformation, and sometimes I hear the word disinformation. Maybe we could talk about how to define or categorize misinformation versus information and the debate that needs to happen in order to get to the truth.

Dr. Peter McCullough: Okay. Maybe we just start with truth.

Dr. Patrick Gentempo: Okay.

Dr. Peter McCullough: Truth would be, let's say the correct description of the state of affairs of something. That's truth. In medicine, we use what's called inference, and that's different than deduction. Inference means we can never really get to truth. What we do is we try to draw conclusions from things around the truth, and we keep garnering information to know ultimately what we think is the best course. For example, can I really know what's the best medicine for your body? Can I really know that as truth? I really can't. But through inference, by looking at clinical trials, research, studying you, studying your background, everything that I can put together, I can conclude, at least one point in time, that yes this is the best medical choice for you. Now, is that subject to change in the future? Absolutely. But we always arrive at that through a process of inference. I want everyone to understand that this idea that we're trying to an immutable, unchangeable brick of gold that is just not going to change, it just doesn't happen in medicine. Everybody knows that.

Dr. Peter McCullough: We try to get as close as we can to truth through inference. We use a scientific method. We use every single tool. We can have epidemiology. I have a degree in this. We've heard a lot in the crisis about the role of epidemiology. Epidemiology is defined as the study of the distribution and the determinants of disease, meaning how is the disease distributed as we see it in the population around the globe, and what are the determinants, actually what's causing it. If we can actually get to the distributions and determinants, then we can actually do interventional epidemiology, which is actually trying something to see if we can modify the occurrence of disease or severity disease or influence outcomes.

Dr. Patrick Gentempo: So when we get to now misinformation or information, when does information become misinformation?

Dr. Peter McCullough: Well, there's a continuum. If I said on one end of the continuum you are perfectly bald, and then on the other end of the continuum I said, you have a bushy head of hair. A lot of people would look at you and say, "Well, I see a little something there," and they'd end up on a level of continuum. Clearly, a bushy head of hair would be no, that just can't be.

Dr. Patrick Gentempo: That's misinformation.

Dr. Peter McCullough: Yeah, that's misinformation. Perfectly bald is people could say, "Listen, I see a little fuzz there. It's not perfectly bald. I mean, perfectly bald, obviously people could define that. So it's a continuum. It's obviously in the eye of the beholder, so someone must listen. What we do in medicine is we try to do some grounding, and at least what we can do in grounding is we can grind to something that's published or that's in what's called pre-print, so it's at least out there in some assembled fashion. It's just not hearsay. The pre-print has not yet gone through a peer review process, but in the setting of an emergency, we're very reliant on pre-prints, because that vetting process can be two to four years before something gets into print. It's not quick.

Dr. Patrick Gentempo: Right.

Dr. Peter McCullough: I'm the editor of two major journals. I can tell you the papers that I've adjudicated and arbitrated and decided on many, many months ago have not yet been published. So we rely on pre-prints. We rely on published abstracts. We rely on peer reviewed published manuscripts that are in PubMed as much of the rapid information that comes out. We do rely on the editors and associate editors, and we rely on a corrective process. Now, listen, if a paper comes out and it turns out to be wrong and it's viewed by the viewership, and there's a lot of input that it's wrong, it can be retracted.

Dr. Patrick Gentempo: Okay.

Dr. Peter McCullough: There can be letters to the editor to try to bring some modulation to its interpretation, all of that's fair game. I have to tell the listeners, a redaction or a retraction is extraordinarily rare. I can tell you as an editor for decades, it would be a giant source of embarrassment if a paper was published under my watch through two or more reviewers, associate editors, myself, copyright people, other staff, and it turned out that it was a fraudulent or a fake paper that had to be retracted. Sadly, we've seen that in the last year.

Dr. Patrick Gentempo: I think you've seen a lot of that lately when people are writing things about Covid or a Covid vaccine that suddenly now publications are retracting. In your observation, because you would have a keen eye to spot what really is going on here, do you think that they're yielding to political pressures or why suddenly all these retractions on papers that passed peer review and got published?

Dr. Peter McCullough: Well, to my knowledge, there haven't been that many, but we have seen something happen in the medical literature, and I'm in my fourth decade of doing this, that I've never seen before. That is the introduction of bias and bias in a selective way. What came out early in 2020, I think, was an honest representation of what we thought was going on. It was a disease. It was a respiratory disease. It appeared to have emanated out of China. It looked like it had hit Milan, Italy next, and then different parts of the United States, New

York, West Coast, California, Seattle, and there were just rapid communications. What is this? What's happening? A quickly reaching back and a lot of papers from the Chinese of what is this virus? What does it do? We were enormously reliant on the initial papers from China, and it was purely descriptive, and a lot of it was observational. When there were sick patients in the intensive care unit and nephrologists and others said, "Listen, the lines that we're using to do dialysis are clotting, and there appears to be blood clotting." Then there were reports of blood clots being identified in patients. We within a few months realized, wow, at least in the very, very sick patients, blood clotting was a disorder.

Dr. Peter McCullough: Then in terms of what was going on, the radiographic findings, it looked like the CT scan had a characteristic appearance. Okay. Then the laboratory piece of this moved pretty quickly, and I actually give America high marks on this in terms of the big push on how we got testing and how quickly... We had just realized testing was important. During the HIV outbreak and epidemic initially, it was the same thing, how important it was to get testing. If this was something we couldn't test for, you can imagine how difficult things would be.

Dr. Peter McCullough: So as all this moved forward in a confluence through February, March, April, May, I started to become disturbed that we were three months into it and we just did not see these papers snapping into place of what we should do about the virus. What should we do? It looked like a lot of people were getting sick now, millions of them were getting sick. It looked like there was a period of time at home, which was not short. It could have been two days, three days, four days, 10 days, two weeks, four weeks at home, and then into the hospital. We had learned in this virus to actually organize the illness by days. What was day zero? What was your first day of symptoms? Then when did you get your test? And then when other things happened. Initially what happened is the tests were taking so long that by the time we actually had a positive test, it's be, geez, we're five days into this, seven days into this. Maybe we got tested on day four and we got the result back on day seven, so now we're 11 days into an illness, and now we're trying to jump into an action plan.

Dr. Peter McCullough: What I saw is I saw a lack of papers of anybody describing any type of potential treatment. Then there were just some decisions made. For instance, the Indian Medical Counsel in India said for their healthcare workers and doctors they were going to take once a week hydroxychloroquine. They just put it out there in a communication in March. We were like, "Wow, that's pretty impressive. Maybe they know something about this that we don't." Prior data had supported hydroxychloroquine with SARS COV1, and there was a lot of reliance on this. SARS COV1, the first version of the SARS virus 17 years ago, and SARS COV2 have a considerable overlap, maybe 80 to 90% overlap. That's my understanding. That information was coming out, and nobody called it misinformation. It was just information that came out.

Dr. Patrick Gentempo: Right.

Dr. Peter McCullough: But I can tell you, I think I got to an alarm level in May, June timeframe. I said, "Listen, there are people dying now in significant numbers, and there is no roadmap on how to treat this virus to reduce hospitalization and death." As I saw my own patients getting this illness and looking at it, I had come to a fairly commonsensical conclusion that if this virus was like a flu or like a cold and could be managed at home, fine, as long as a person didn't have to get hospitalized or die, that would be a good outcome. Everyone agreed. Because the hospitalization was unique. It was unique because it involved isolation. It was unique because it involved hazard to others, and there was great concern about healthcare workers getting contaminated, Uber drivers, taxi drivers, other relatives. The thought of somebody at home steaming with this virus, getting to the point that they just couldn't manage anymore and then calling for help, you've got to get to the hospital somehow. Family members, taxi drivers, Uber drivers, or paramedics. Contamination, big time, because someone is gasping for breath. Now they go into the hospital, another wave of contamination there.

Dr. Peter McCullough: So the hospital, A, was a bad outcome, and it was a high risk for exposure to others, and clearly hospitalizations in my view as an epidemiologist must have fueled the spread of the illness. Because what we saw was an amplification of wherever the outbreaks were. If it started to get bad in New York, it got worse in New York. It's not like it just spread as an ebbing wave across the United States. As a leader in medicine, I started to get alarmed. I quickly got out the first publication, and I took the liberty of publishing it in my own journal, separate editor decided on it, separate set of reviewers, and the title of the paper dealt with the fact that this outbreak was occurring in clusters and we need information.

Dr. Peter McCullough: We were getting deaths reported, but there wasn't any uniform report in hospitalizations. I said, "Listen, those two things count." These people being test positive in the community, it could be everything from somebody who has no symptoms whatsoever to somebody who's going to die, but that testing in the community, we're missing the hospitalizations. It was a giant call. Hospitalizations, hospitalizations. We need them, we need them, we need them. We needed a national hospital census, 5600 hospitals, 2200 acute care hospitals. We need it. We never got it. We got an Executive Order from our President to say, "Listen, all positive test results get reported each day," but the lab just reports them. Not much other information outside of test goes... Then the CDCs had a loose voluntary collection of hospital reporting, but things got so tight in terms of tension. I'll never forget former Governor Cuomo saying, "Listen, we're going to run out of ventilators. We're going to ask General Motors to make ventilators," and former President Trump was saying, "General motors." I was saying, "My gosh, I used to live in Detroit."

Dr. Peter McCullough: These types of plants are not... can't make precise medical equipment in an automobile plant. But that just exemplified the desperation that we had in not knowing what was going on. Another example was this giant medical relief boat that went up into New York and to the harbor. It's because we didn't know what hospitals were overflowing, which ones weren't. There was this panic. But we

just needed data because we actually have a robust hospital system. And if this was just a matter of distributing patients to the hospitals with capacity, we could have done it. In fact, the CEO of my former hospital, William Beaumont Hospital in Royal Oak, Michigan, published an op-ed or a news piece where you're just flabbergasted, saying, listen, we have to report where the patients are because the paramedics don't know where to go. They can't be taking patients to hospitals that are overflowing. So it was that panic going on that also solidified in my mind that the hospitalizations were a key outcome. And no matter what, we needed leadership to say that we are going to reduce these hospitalizations and deaths. And the only opportunity to do that is in the pre-hospital period.

Dr. Patrick Gentempo: And this is about mid 2020 or so when this is going on?

Dr. Peter McCullough: This is about mid 2020, yeah.

Dr. Patrick Gentempo: Now, one of the things that's a point of controversy right now as we talk about testing is the PCR test and its validity for what we're doing. So what are your thoughts around PCR as being the determinant as to whether somebody is infected or not?

Dr. Peter McCullough: Because SARS-CoV-2 is an RNA virus and it's possible to detect strands of RNA in secretions, it was amenable to the polymerase chain reaction test. And originally, our Center for Disease Control, since they had dealt with other outbreaks, had methodology for a polymerase chain reaction that could be applied to SARS-CoV-2. And it was based on certain targets. The one I'm aware of is what's called the polymerase, one of the enzymes in SARS-CoV-2. But it's a pretty short strand of RNA.

Dr. Peter McCullough: And when there was this initial desperate call for some way to test for the virus, the CDC stepped forward and said, listen, we've got a method. We've got a methodology. So all the hospitals that I'm aware of initially were very likely to work with the CDC to use their methodology to develop a test, what's called a laboratory derived assay, of which they could get a fairly rapid approval from the regulatory authorities for hospital use.

Dr. Peter McCullough: And so that's what hospitals did originally. Because the manufacturers needed time, right? So you look at the big ones, Abbott, Quest, LabCorp and Roche, Clinical Diagnostics, Ortho Clinical Diagnostics. They needed time to come up with their proprietary methods in order to get them onto a big multistage platform that they would use in a big hospital lab. So the initial CDC methodology was critical.

Dr. Peter McCullough: Well, what happened is there was a discovery much later and disclosure by the CDC that those methods could not distinguish between influenza and strains of influenza and SARS-CoV-2. So during the spring and summer of 2020, it may not have mattered because influenza has a seasonality to it, so the flu season was

winding down, we had started this SARS-CoV-2 season, which was spring and summer. But it probably did matter in the fall and winter of 2020, into '21, because the degree to which the CDC methodology were still relied upon, it could have diagnosed somebody who had influenza with COVID if separate influenza and COVID tests weren't done.

Dr. Peter McCullough: And you can imagine, this could easily be done where let's say a senior citizen develops a fever, chills, nasal congestion, body aches. Presents to an ER, where in the middle of a COVID pandemic, why wouldn't they get a COVID test and establish COVID? It was positive. And then they would be treated if they have COVID. So a high risk patient would've been admitted, would've been put in isolation so can't see the family members for a period of time, would've started courses of therapy particularly if the oxygen saturation was lower. They would've followed what we had... In October of 2020, we had National Institutes of Health guidelines that suggested the use of remdesivir, the use of dexamethasone, and then on the line for other treatments. But most of those would've been inappropriate for influenza, not only the diagnosis of it.

Dr. Peter McCullough: So there never was an attempt to go back and reclassify. I haven't seen any investigations to figure out to what degree do the commercial laboratories rely upon principles of the CDC methodology. And so how much of this misdiagnosis was done through the commercial labs? It's not... It may be known, it's just that it's not in my domain of knowledge.

Dr. Patrick Gentempo: It's interesting because I know a lot of the controversy was the way the tests were being conducted, how many amplification cycles were going through, and how they're getting positives, and that it wasn't uniform as far as from lab the lab, how they were doing it. Yet they're getting all this data and they're making decisions based on this data. And as you said, maybe that's somebody with flu.

Dr. Patrick Gentempo: The other thing I found a little puzzling, so from an epidemiological standpoint, when you looked at... because there's a lot of fear. I mean, hey there's... And as you said, it was very disorienting at that time, early in 2020, et cetera. People are getting sick. There seem to be concentrations of it. Our hospitals getting overrun. We don't really understand the disease at all. Nobody really knows anything. And people are running scared and those flames were fanned. But when you start to look now at the all-cause mortality year over year, the death rates don't really seem to vary very much, pre-COVID into the COVID. So is there... I guess, could you really characterize it as a deadly pandemic when you don't see a spike in death rates during the epidemic itself, or the pandemic itself?

Dr. Peter McCullough: Mortality has been the most difficult part of COVID epidemiology, I think, because we've learned that the viral infection was subject to risk stratification for the outcomes of mortality. Meaning that a young person, let's say somebody under age 50, no medical problems, would be at a very, very low chance of death, far less than 1%, whereas someone in their 80s or 90s, that could be considerably higher. I mean, that could be tenfold, twentyfold, fortyfold, higher.

So it was subject to risk stratification by age, by comorbidities, obesity, diabetes, heart and lung disease, kidney disease, cancer. So because of this risk stratification, the idea if you take a really large denominator, including people who are getting tests asymptomatically or what have you, one could make the claim that the mortality rate is astonishingly low. Because comorbidities are determinants of mortality, one could say that, listen, it wasn't all COVID. They had other problems. And so we heard all kinds of misinformation and information on this continuum, right?

Dr. Patrick Gentempo: Right.

Dr. Peter McCullough: So this is what I would say is misinformation. There are people who claimed COVID doesn't exist. It doesn't exist. It's really just a version of the flu. The virus has never been isolated. These people are dying of conditions they would die of anyway. The whole thing is a hoax. You know, I have to tell you, from my vantage point, I don't think it's a hoax. I mean, I think it's a real virus. I think it's a real disease. I've seen the studies where the virus is handled in a test tube, and it's infected cells, and the infectivity of cell cultures is studied, that the virus has been sequenced, and we have sequencing studies to tell us what variants... There are methods by which really good labs, our CDC and Department of Community Health labs, the UK labs, where they actually figure out the variants. They actually figure out the genetic code for the spike protein, the nuclear cap envelope, and others, and they can actually figure out mutations. To me, it's would be misinformation to say it doesn't exist. It'd be misinformation to say it's not a fatal disease.

Dr. Peter McCullough: But getting onto the site of information, the real question is, well, how much did it contribute? Now, our CDC says, fairly, that it's somewhat less than 10% where COVID-19 is the sole cause of death. Sole cause of death. Meaning somebody ostensibly healthy with no medical problems, boy, they're almost always going to pull through, right? But conversely, someone my age, I've already picked up some medical problems, I would've categorized, if I passed away of COVID, of being in that 90% who had comorbidities. So I think it is deterministic for death. I mean, by and large, people get sick with a respiratory illness, it's the primary thing, they get admitted to the hospital, all the other medical problems make it difficult to treat.

Dr. Patrick Gentempo: Yeah. And I guess if you started to say by age group... Because I think it's important, like saying, what is the risk? Because part of the conversation is should we be vaccinating kids? Should we be... Should people who are in their 30s and healthy be forced to be vaccinated? I mean, these are all conversations I think we'll get into. But now, I think where you left off in mid last year, at what point did you feel like you had to start speaking publicly and being critical of some of the healthcare policy that's being made right now? Because you've now attracted a lot of probably unwanted attention.

Dr. Peter McCullough: Well, I remember some of these calls. I mean, all the health systems had open calls. We had open forums where there was information and everyone was

getting alarmed. We had some terrific people at Baylor University Medical Center where they had decided who's going to take care of these sick inpatients, really dedicated, critical care, internal medicine doctors, people I respect greatly. It became clear that they were going to take enormous risks, they were going to take care of these sick patients, and how to organize all the protective equipment. I mean, there was some real thought put into it. And I give Baylor Scott & White Health system a lot of credit. They never overflowed. They knew where the ventilators were. It was well managed. Well managed. I was very proud of that. But I remember some of these calls as a few months went on, some discussions of, gosh, are we going to start treating this in the community? Otherwise, how are we going to stop a hospitalization unless we are not going to treat it? And people just didn't have answers.

Dr. Peter McCullough: And so I started reaching out to Italian colleagues. I had just been to Italy a few years earlier, had colleagues in Sienna, via them, colleagues in Milan. We started to communicate. There's a research network, they had a lot of data. They had, in certain centers, run out of personal protective equipment. They had some exposures. Wide open. They were actually even publishing some list of doctors who passed away. And that scared us like you cannot believe, as Milan was getting walloped with COVID-19 and it was spreading to New York. So I felt very, very strongly that we had to develop an approach to treat patients before they came to the hospital. I felt incredibly strongly with that. And I reached out to the Italians and I said, what do you think? Reached out to other key leaders. I had leaders from very, very well known institutions across the United States. And everyone agreed. And I said, listen, it looks like one of the only things we may have pre-hospital is hydroxychloroquine. But you know, we had used it for rheumatoid arthritis, systemic lupus, malaria prevention. It had some known toxicities, the cardiac toxicities that we knew about. We actually had an electrophysiologist as an author because we wanted to be able to backstop that and say, listen, we had somebody who really knows about cardiac arrhythmias in the author block. And we also had an ophthalmologist because we wanted really wanted someone who knew about the toxicity to say, listen, this is reasonable to do this.

Dr. Peter McCullough: The toxicities, both acute and chronic, we understood well. The data were emerging. And I was a driver. And I said, listen, we are going to look for signals of benefit, acceptable safety, with the fundamental understanding that we think we have, at the time, that there's a phase of viral replication, there's a phase of inflammation or cytokine storm, and then there is this overlap or shading in of what we think is lethal, which is thrombosis, blood clotting, either macrothrombosis, big strokes, big heart attacks, big blood clots in the legs and the lungs, or microthrombosis, just the lungs literally filling up with thrombi. So that paper was put together and it had a key flow diagram that said, step one, risk stratification. It was a very, very important tenant. And it was risk stratification based on the demographics, age and medical, not risk stratification based on severity of disease. And this was different. The Indians had already come out with a formative approach there. And in India, they said based on severity of disease, risk stratification. I always thought that was risky because

the name of the illness is SARS, sudden acute respiratory distress syndrome, meaning somebody can really go down quickly. And this idea of waiting based on severity of symptoms to start something never made sense.

Dr. Patrick Gentempo: And incidentally, because that was the predicament, and today, almost the same thing, right? It's just stay home, try to ride it out, and if it gets so bad that you have to go to hospital, you go to the hospital, and there's just nothing in between. So you started investigating early intervention with known medicines like hydroxychloroquine. And then ivermectin, did you explore that? And is this what started bringing... You started speaking publicly about this, and this is...

Dr. Peter McCullough: Right. Well, what happened... I mean, there was a lot of groundwork. So back in March, I worked with colleagues at Baylor and we applied for an investigation and a new drug application for hydroxychloroquine. And our first approach was to use it weekly to try to prevent COVID-19 in our healthcare workers, our frontline workers, our ER workers, and our critical care doctors. And there was great subscription to this. It was hundreds of people that signed up for this. And it was organized protocols. We worked over a weekend with the FDA to get the investigation on drug application that was held in my name. And we got the hydroxychloroquine acquired. We got grant funding. I mean, things were really humming and I was busy.

Dr. Peter McCullough: So I was paying attention to COVID in March heavily. And that program brought me into it heavily. And it was around Easter time of 2020, my dad got COVID. And he was in a rehabilitation center. He had a pelvic fracture, dementia. And so I had this really proximal family member encounter where he had been moved to a brand new COVID unit, he was the only patient there, and he was confused, and the nurses, heroic nurses, put on hazmat suits and they didn't know how to deal with my dad. And fortunately, there was a physician assistant and doctor, and we started talking. What can we possibly do? I mean, this is pretty early. His respiratory mechanics are going to be impaired. He can't sit up well. He can't navigate. How can he possibly take care of himself? And so we agreed on a plan. It was an empiric plan but it relied upon hydroxychloroquine, azithromycin, nutrients and supplements, including zinc and vitamin D and vitamin C. We knew about blood clotting so it involved the use of Lovenox or enoxaparin. Opening the windows, which is never done in a nursing home or Rehab Center. Getting fresh air, sterilizing all the surfaces in the room, and just honestly hoping for the best. Because his wishes were to never be hospitalized or go on the ventilator, so that was out. So it was going to be treat there, and that was it. And everybody knew the parameters.

Dr. Peter McCullough: Well, it was a long illness, but fortunately, because we started early, he didn't develop this ravaging pulmonary involvement. It was nasal congestion, fever, loss of taste and smell, dehydration, severe dehydration to a point where he needed some IV fluids, all done there. And just a long illness. I want to say probably about 60 days. His course of treatment was 30 days. And he intermittently tested positive forever. And so the idea, what we learned over time, is that, wow, once this PCR is positive, it's going to stay positive for a long

time, so watch out. It just doesn't turn on and turn off. And probably lots of dead virus or even other organisms.

Dr. Peter McCullough: So I had a personal experience. We had our investigational drug application. Then patients in my practice started getting sick. And just like they got sick with a pneumonia or asthma or heart attack, I took care of them using the best judgment I could, using this approach, hydroxychloroquine and other drugs. And then we learned about the importance of steroids, so use of dexamethasone or prednisone and then inhaled budesonide. So as we learned by the summer, the Greeks had published a randomized trial of colchicine, actually an anti-inflammatory gout drug. That looked pretty good.

Dr. Peter McCullough: I personally used, and I suggested that we use, what's called the precautionary principle, that we take the precaution of treating ahead of having large scale clinical trials and having various organizations endorse treatment guidelines, because the large randomized trials typically take many years, and then it's many years after that for guidelines. It just doesn't go any other way than that. It always starts out with innovation, precautionary principle, learning from others, communicating as best as we possibly can. And that's what I got thrown into. So the first paper, multi-author, US, Italy, academic, community practice, submitted to the American Journal of Medicine and accepted there quickly. And it had this key flow diagram, the title of paper was The Path of Physiologic Rationale for the Early Ambulatory Treatment of COVID. I didn't say I had proof, I just said it was a rationale. This is the rationale of why we should do this, why we should do it now as opposed to wait. Now, I respectfully acknowledge others' views. I was on many a call where people said, we need to wait for a large randomized trials. We need to wait. No, people say said that.

Dr. Patrick Gentempo: But why? People are dying in the meantime.

Dr. Peter McCullough: Because we need to be certain of what we do. The counterargument was we don't want to put false hopes up for people. We don't want to treat people and give them false hope. I heard that. I heard the other thing is there could be new toxicities with these drugs. I mean, the drugs are very old, but listen, if we start using it on a broad scale, that could be new toxicities. So, we respectably fielded these arguments. And when it was published in American Journal of Medicine, it really went on big. To this day, my understanding is it's the most frequently downloaded and utilized paper from that journal with respect to COVID-19. The letters to the editors came in, which was interesting to see. They came in. They came in from Duke University, Monash, I believe from McGill, from Brazil. I think there were six in total. And the letters to the editor largely said, you don't have enough evidence to do this, or you can't do this, or if you do this it's going to cause harm to populations. And the letters to the editor, they were really detracting. Not a single one said, wow, attaboy. Not a single one, but...

Dr. Patrick Gentempo: Were you shocked by that?

Dr. Peter McCullough: No. No. I mean, this is skepticism. This is skepticism. Now, if I had come out of the box with my first paper on a vaccine, I should have gotten skeptical letters to the editor. Right? But I came out with a therapeutic protocol. This is the dialogue in medicine that we had. And my response to the letter to the editor was, we can do this. And we should do this. And here's the reason why. And as time went on, we just had more supportive data. Oh, here's some more supportive studies for hydroxychloroquine. Here's some more studies. And so it just kept coming. At one point in time, we even had an updated protocol. So as things started to move along, I had communications. I had communications with Peter Navarro in the White House about trying to do something with our emergency use authorization on hydroxychloroquine.

Dr. Patrick Gentempo: Are you allowed to talk about that a little bit?

Dr. Peter McCullough: I can. I mean, Peter called me and...

Dr. Patrick Gentempo: So talk about his position at the White House and...

Dr. Peter McCullough: Well, yeah, I don't understand all of it, but I understand that he played a role with Steven Hatfield at the time to try to get a stockpile of hydroxychloroquine. And that was recognition that, wow, it looks like this looks pretty good to reduce viral replication in vitro studies. And the initial studies that we saw looked like it could have a clinical benefit. Dr. Didier Raoult in France, Matthew Milan, and others were working with it. And so there was a stockpile, which would've been wonderful for clinical use. But the emergency use authorization, a lot of us didn't even know what that was. At first it sounded good, like wow, we're kind of authorized to use this. But it was actually for the hospital. So the thought was, well, maybe we're going to run out and we should use it in sick hospitalized people. Then that...

Dr. Patrick Gentempo: That defeats the whole purpose of what you're developing it for.

Dr. Peter McCullough: I know. But it didn't sink in at first. I have to tell you, what we effectively realized is that, wait a minute, this is a restriction.

Dr. Patrick Gentempo: Yeah.

Dr. Peter McCullough: This is not... This isn't broadening use. It in a sense meant we were emergency authorized to use it in the hospital, which we used it in the hospital anyway for lupus, sick lupus patients, rheumatoid arthritis patients.

Dr. Patrick Gentempo: But if I could ask a question there, and obviously the success rate, if you're waiting until somebody's hospital sick, if you will, is going to go way, way down, and it's going to make it look like it doesn't work, as compared to the whole idea was the early treatment, right?

Dr. Peter McCullough: Well, it's where we had mixed data. So Henry Ford came in with a study where they started hydroxychloroquine on day one in the hospital. They consented patients, made a really good study. And it wasn't a randomized trial, but they had thousands of patients here at Henry Ford Hospital in Detroit, a place I knew really well. The quality was impeccable in the data. And it was associated with a mortality reduction.

Dr. Peter McCullough: But then other papers came in that said, wait a minute. Those who received hydroxychloroquine had higher mortality. Well, you can imagine this idea of, at least Henry Ford, they started it broadly in patients early on, and patients signed consent, so they knew what they were up against. If patients were started on hydroxychloroquine late as a last ditch effort, that's called confounding by indication, meaning that doctors could have actually selected people who they were most worried about to use hydroxychloroquine. And in fact, it could look like it's associated with mortality, but it was just the sicker people got it.

Dr. Peter McCullough: And so those other papers came in. And so we ended up with this mixed in-hospital data piece. And then the shoe really dropped when the paper was published in Lancet using Surgisphere data. And Surgisphere is a company that none of us really knew about, but they claim to have data on hospitalized patients with COVID-19. And it also, like some of these other papers, demonstrated an increased hazard for mortality with hydroxychloroquine. And it was a very large data set, though. I mean, tens of thousands of patients. But the mean age was in their 40s, and we didn't hospitalize people in their 40s. And there was a lot of questions of, could this be legitimate? So people started actually writing the editors saying, listen, what is this? And one of the authors was at Harvard. And then about two weeks later, without any explanation, it was just retracted. Lancet said, retracted. And I have to tell you, Lancet is a high bar.

Dr. Patrick Gentempo: Yeah.

Dr. Peter McCullough: It's like the New England Journal of Medicine for the world. They have really deep associate editors, reviewers. I've been a reviewer for Lancet. I've published in Lancet. It's an honor. It's a very high bar. And for a paper like that to get all the way through and get published on Lancet... We're talking about reviewers, associate editor, people checking the data like where did this data come from, and then all the way to editorial decision. Gets published quickly. Quickly. So it's not like it got published two years later. It's quickly. And then gets out there. That actually put a chill on things. And as that happened in 2020, with some of the mixed inpatient data, our FDA revoked the inpatient use of hydroxychloroquine and then just put out a general broad warning, do not use hydroxychloroquine in COVID-19.

Dr. Patrick Gentempo: Let me ask this. So that paper got retracted and they still never explained why they retracted. They just said the papers retracted.

Dr. Peter McCullough: Right.

Dr. Patrick Gentempo: So obviously, they found something wrong with the data, whether it was fraudulent, whether it was calculator... They found something wrong that somehow got through peer review. But yet that paper was used to create all these other edicts, so it's kind of like they started from a false premise and then making policy on it, it sounds like.

Dr. Peter McCullough: Well, and there was a lot of pile-on editorials. So editorials came out, lessons learned. Hydroxychloroquine is bad. There were other papers.

Dr. Patrick Gentempo: Were you getting vilified at this point because you published the...

Dr. Peter McCullough: No, not necessarily. This was coming down the summer. The toxicity of hydroxychloroquine. Oh, it causes heart problems. And we were looking at, saying gosh, we've been using this drug for 65 years. It wasn't too toxic last year. We used it in our lupus and rheumatoid patients and other rheumatologic diseases. Why did it suddenly take on this toxicity? Part of the concern was we were using it in sick patients, the cardiac interval that's related to a lethal arrhythmia is called the QT interval, that there is a predictable lengthening of the QT interval with hydroxychloroquine. And it is conceivable, in the environment of multiple drugs and other things, that the drug itself could have led to death. It's conceivable.

Dr. Peter McCullough: So we published a paper during this period of time, a separate paper, on a case. So a case at our hospitals, published in American Journal of Cardiology, of a woman, very sick with COVID-19, in the ICU. And she develops one of these characteristic arrhythmias that we see with prolonged QT. And it's called torsades de pointes, which means twisting around a point. And this is the classic picture that, if one were to claim that hydroxychloroquine was killing patients, this was the classic picture of that case. And we published it, except for one important point. She didn't receive a milligram of hydroxychloroquine.

Dr. Patrick Gentempo: Oh.

Dr. Peter McCullough: So it's the milieu of being sick with COVID-19. That was the point of the paper, is that listen, people can develop QT prolongation. They can develop torsades de pointes because they're sick in the ICU and it's true to an unrelated... It just was not related to hydroxychloroquine. And subsequent really good studies done and published in cardiology journals showed that, yes, there was this predictable lengthening of hydroxychloroquine. Doctors can easily manage it, make decisions. We have patients on the cardiac... There was no excess uncontrolled toxicity of hydroxychloroquine.

Dr. Peter McCullough: So that basically settled out through the year. So we didn't really, if you recall through 2020, that clamor that hydroxychloroquine was dangerous, was settled down. I mean, there was a backlash. The AMA said, don't use hydroxychloroquine. The AMA actually never opines on whether or not to use drugs. Now the FDA can put out a warning. There's tons of FDA warnings.

Almost all the diabetes drugs have warnings for pancreatitis, for instance. It's not a show stopper, we still treat diabetes.

Dr. Patrick Gentempo: Right.

Dr. Peter McCullough: But we recognize the warnings. So the FDA warning about it wasn't such a big deal. I mean, we always respect the FDA's judgment. But with the AMA coming out, why are they opining on drugs?

Dr. Patrick Gentempo: It is a little strange, right?

Dr. Peter McCullough: They're not a drug society. They're a doctors' advocacy society. But then that spread to the pharmacy boards. And then there were reports that the pharmacists said, listen, we're not going to give hydroxychloroquine.

Dr. Patrick Gentempo: And that was... Yeah, I started seeing that they wouldn't fill prescriptions. From a regulatory standpoint, can't you prescribe something off label? I mean, do you really need the FDA's permission anyway if you're... Isn't it your purview as doctor to say, I have a license. I have a plenary license. I can write prescriptions. And if in my judgment, I want to give this drug to this patient for an off label, meaning not for... For everybody that doesn't understand, off label meaning for something other than it was approved for, which that's regular practice. A lot of drugs are given off label every single day. Then you don't really need anybody's permission to prescribe hydroxychloroquine for a COVID case, if you wanted to, or even prophylactically, for that matter.

Dr. Peter McCullough: Sure. This was the first time where the fiduciary relationship, that circle between the patient and the doctor or the healthcare provider, could be a physician assistant or a nurse practitioner, where that was violated. That's a really sanctimonious relationship. Boy, you get into an exam room with your doctor, you get on the phone with your doctor... I mean, there's malpractice, there's your life is on the line, the doctor's responsible, the doctor has to use his or her full and best judgment. And you're right. They have to use their full and best judgment for the use of all drugs.

Dr. Peter McCullough: Now the label is always applied for by the pharmaceutical company in order to make advertising claims. Sometimes we say it's an advertising label. So the advertising label, the original advertising label of a drug is completely irrelevant to its future uses. Everyone agrees upon that. So there is some giant fraction of all use of drugs that is not on the original advertising label because new uses come forward for it, including common diuretics, and steroids, and we can go on and on. Some huge estimate, let's say more than half of all drugs are prescribed off the original advertising label, which is perfectly fine. What we agree upon is the important point of the label is the safety information. The safety information should apply to all applications and with COVID-19, it did need interpretation and application to sick patients with COVID-19. That was fair. And

to our knowledge, we were very thoughtful about that in our first American Journal Medicine publication.

Dr. Peter McCullough: But as things is unfolded, I responded to Peter Novaro, I helped organize a team to work to actually reestablish the emergency use authorization and try to broaden it for outpatient use in order to be able to continue our research without having to have investigational drug applications. If we actually had a broad UA outpatients, potentially that would work, that was not approved. And then things started to move in rapid cycle. I was contacted by Senator Ron Johnson. There was some interchange about YouTube videos. I had never been on social media before. I always had a very inactive Twitter account based at my position at Baylor that I just posted very, very rarely something. Maybe I was at a meeting. But I mean, I would probably have less than one post a month. And then I had a LinkedIn profile that was very unused as well. It was pretty static. And I never really posted on social media, but I was encouraged by Senator Ron Johnson, as well as some family members, to say, "Listen, this is an important message. We're in a crisis. People don't know about treatment. You've got a published paper." It looked like those who were downloading the paper, that it was useful. I was getting a lot of positive feedback.

Dr. Peter McCullough: So I made some YouTube videos. I can't remember all the details, but I know after some uptake and some of them were just scientific. I wore a suit entire like this, and I presented like four slides just explaining them. Nothing unseemly in them. I contracted COVID-19 myself in October, so I did make a YouTube video about what I did. I was in an FDA approved protocol out of a lab in California. I did take hydroxychloroquine and drugs and sequence combination. I signed consent. I submitted all my samples. So I did the right thing. I mean, we want people to be involved in COVID-19 research.

Dr. Patrick Gentempo: That completes part one of my three part interview with Dr. Peter McCullough. I am really excited to have you see these next two parts that are coming up later in the series. See you there.

Del Bigtree

Dr. Patrick Gentempo: Well, right now you're in for a treat. Next up is part one of my two part interview with Del Bigtree. Del Bigtree is the founder and also the host of the HighWire, and I have to tell you, the HighWire has been doing an extraordinary job of exposing the lies and misperceptions and disinformation when it comes to COVID, and it has bravely told the truth, interviewed people and brought it out publicly in ways that very few other people are doing right now in the world. Del's passion, his intelligence and his ability to get to the truth is something that the world needs right now, and I am happy that he came to our series to be able to share what he's been finding out when it comes to COVID. So enjoy part one of this interview right now.

Dr. Patrick Gentempo: Del Bigtree, I'm really excited for this interview. I've been anticipating it because I follow the HighWire very closely. It's really one of the best places I get my information from to keep myself updated. And you're certainly making some waves and attracting some attention because of how deep you've been diving into this subject of COVID and everything that there is surrounding it. And the people that you've been interviewing for the HighWire, and the depth that you've been going into it has been admirable. So, thank you for taking the time to share what you've been doing with us.

Del Bigtree: Patrick, I'm looking forward to it, too. It's always great to do these interviews with you. So I'm forward to see where this all goes?

Dr. Patrick Gentempo: I'm sure it will be a good place. But let's just start if we can with your background so people understand how you got to be doing what you're doing. Because you had a background in TV and TV production, and then suddenly here you are with your own show that's become hugely popular the HighWire. But how did you get here?

Del Bigtree: So I started out, really, my goal was to be a filmmaker. I'd landed in Los Angeles and I'd written screenplays, and I was sort of moving in that direction. But as fate would have it, all of that shifted, really, looking back now, benefit of hindsight, when a friend of mine called and said, "Hey, Del, I, I know you know how to shoot camera, and we need an extra videographer on the Dr. Phil show." It was this Love Smart Island. It was a whole weekend on Catalina Island. "Could you do it?" I said, "Sure." That changed my life forever. I didn't know it at the moment, but I was there. I just a backup camera person. Somebody said, "Look, that couple's arguing over there. Why don't run over and do an interview real quick? We don't have any producers around."

Del Bigtree: So I did, and it went well. The next thing I knew, I was traveling all over the country for Dr. Phil, interviewing families and people going through these crazy situations in their lives. And then the Dr. Phil show created this show called The Doctors, and I was sort of teamed up with this brand new executive producer that was going to attempt to turn medicine and disease into daytime television,

and we did. And so, through that job and sort of setting that up, I started scrubbing into ORs and shooting surgeries, and then doing stories about cutting edge techniques.

Del Bigtree: And so that I was on that show, The Doctors, producing for six years. I won an Emmy award doing it, and it was amazing, really, because I had never really been to a doctor in my life. My mom would call me and say, "Del, what are you doing working on a medical talk show? You've never been to a doctor in your life." And I said, "I don't know. It's a really weird journey I'm on here, but I actually enjoy it." And I found that as I was producing these shows about science and medicine, and I was reading more and more medical journals and peer reviewed studies, and breaking stories on science and health. And I remember once, reading through this medical journal, which at that point was still about half of it seemed like it was in Chinese. We all have to admit, you sit there like looking up the big words, trying to see the meaning in them, but I got the idea. But I was sitting there reading medical journal, and thinking, man, I wish I could go back to my 18 year old self and say, "In your future, you are going to be reading medical journals," but I found a passion for it.

Del Bigtree: And so, that was what I was doing. And I actually was interviewing Zach Bush who I know you know. And Zach, when I interviewed him, I said, "How did you get here?" And he talked about how he might have ended up being a mechanic or maybe an engineer until he accidentally ended up working with his aunt who was a midwife for a summer, and then realized, oh my God, I've got this passion in medicine. I feel very much the same way that had this all happened earlier, I probably would've gone to med school. Had my parents ever sent me to a doctor, who knows? Maybe I'd be a doctor right now. So there was a real passion there. And then while I was working The Doctors, I got tipped off by an inside source that said that there was going to be a whistleblower coming forward inside of the Centers for Disease Control and Prevention named Dr. William Thompson, and that he was going to put out proof that they were committing scientific fraud on the vaccine safety studies, and specifically the MMR, the measles, mumps, rubella study that looked at autism done by the CDC between 2000 and 2004. So I went, as I always did when I had a breaking story like that, to the executive producers of The Doctors. And I said, "Look, I don't know if this story's going to pan out or not, but I have a lead and a jump on a story I don't think anyone in the nation knows about." There's going to be a whistleblower at the CDC that's going to say that they're committing scientific fraud in the vaccine safety studies."

Del Bigtree: My executive producers that normally would go just about anywhere I wanted to go with the show. I mean, I produced one episode every week. There was about seven producers, but I rated so high, my shows did so well, normally I didn't really have to fight for the stories I wanted to do. But in this case, they're like, "Del, are you crazy? We are not going to attack the CDC who lets us behind the scenes every time there's a flu outbreak to show the pandemonium. We're not going to go after Merck, who's a sponsor of this show and who does all the commercials and stuff during our breaks. So let this one alone." And I couldn't. I

couldn't let go of that story. And so through a miraculous set of circumstances, I ended up teaming up with Dr. Andy Wakefield, who was already making a documentary about this story. And we created the documentary Vaxxed: From Cover-Up to Catastrophe, which I think swept the world by storm and really threw me in the middle of this conversation.

Dr. Patrick Gentempo: Yeah. And what's fascinating, and I'm wondering what went through your mind when they said, "Listen, this is a real story, but we can't run it for commercial reasons." What was your response to that? Because I think a lot of that's going on now. That was the first whiff of censorship that you got saying, "Oh, this we can't talk about this."

Del Bigtree: Well, to be honest, you're always dealing with some censorship, right? It's not lost on anyone inside of media, who's funding the work that you're doing. You only have to step on that third rail once or twice before you go, "Oh, I just don't go near these types of stories." And so, I wasn't shocked that they didn't want to do the story. It's to be expected. And there's a way that it's said where you just know, there's no pushing back here. This is going nowhere. And so, that was the meeting.

Del Bigtree: I think what shocked me the most was not that we wouldn't do the story. I had assumed that since this was such a big breaking story... And no matter how you told it, right? Either you really do have a whistle blower that's showing that they have committed scientific fraud on very important safety studies that would affect our children, or you're doing a story on the fact that they need to do a better job at human resources at the CDC, because they have a lunatic working there that is spreading lies. But either way, it's a big story. And so I figured Fox and CNN and MSNBC and NBC, they're going to jump on the story. New York Times. And then once they do, I'll go back to my executive producers and say, "Well, now that this is a big medical story, why don't we give The Doctors' perspective and let me do that." So I thought I was still going to get an end to the story, I just wasn't going to get to break the story, which is sort of what you want to do as a journalist.

Del Bigtree: What shocked me was when no one in media covered it. Two weeks later, just as I was told, these recorded interviews of this whistleblower came out and he was saying things like, "Every time I see a child with autism, I feel guilty. We hid statistically significant information from this study." And I just thought, this is huge and no one's covering it. In fact, even CNN had, at that time, this eye report where people could just put up reports in their local area, and someone put up whistleblower inside of the CDC, and it came down almost immediately. And that, I think, was the most shocking moment because I think I knew that my medical talk show was being funded and essentially produced by the pharmaceutical industry. That's the moment I realized all of television is being controlled by the pharmaceutical industry, and that was the shocking moment for me. Yeah.

Dr. Patrick Gentempo: And there's relevance here as we fast forward, because the trust that we're putting into the CDC which has this history that you just described. As far as saying, "Hey, we can trust what's coming out of there, and we have to remake society basically based on what the CDC is saying." And people don't really understand that it's a very flawed organization. So I think that backdrop is very relevant to this conversation.

Del Bigtree: Well, it absolutely is. And I think it's the hardest part of the work that people like you and I do, which is trying to get through to people that these agencies and these icons like Tony Fauci, that you have sort of been raised to trust, really are not trustworthy. And so when we find ourselves in the middle of a pandemic and we're being told people are dying all over the world and we've got to save our brothers and sisters, most people think, I mean, that must be true. Who would lie about that? And then when we find out from those same sources that hydroxychloroquine doesn't work and ivermectin doesn't work and budesonide doesn't work, we think, Well, that must be true. Why would the head of a health department, or the head of the NIH, or why would the CDC keep me from taking a product if it works? And then if they tell me the vaccine works, certainly it must work. If they tell me it's safe, it must be safe.

Del Bigtree: But what we don't realize is, really, what's behind the scenes of how all the decisions have been made, and that's been the journey that I've been on for this last five years, since I made Vaxxed and basically kissed my television career goodbye, because I offended all of those entities that make television possible. But my investigation was really into how are these decisions being made? Where does the CDC get their information? For instance, I think we're all under the impression, at least I was, that when we hear about safety studies being done on drugs or vaccines, I always thought the FDA was doing those studies. I always thought we have billions of dollars bundling through the NIH. If there's a new product that's going to come out, the FDA puts its team of top scientists and Tony Faucis in there, and they're running studies to make sure this is safe before it goes out to the public. I really didn't know that they never do this studies. I didn't know that every study on safety that we are being told about is being done by the manufacturer that's going to make billions of dollars from the product, and that the FDA and CDC basically just take their word for it.

Del Bigtree: When they say, "Oh, it was really safe, and we love our outcome." We just go, "Oh, great." Which I find that shocking, right? You wouldn't do that with a car. We don't do that with cars. We still take cars and have independent laboratories that do crash tests and make sure that I know you love the car that you've made, but how safe is it? I assumed that was taking place with drugs and vaccines and nothing could be really further from the truth. The industry itself loves its product. It wants to make billions. It tells the FDA and CDC it's safe, the FDA and CDC sort of rubber stamped that.

Del Bigtree: And just to give just a moment of proof to that, because I know it's really hard for people to hear that. Because this, in many ways, is, I think, the easier way to understand how we look at mainstream medicine and the CDC and the FDA is to

consider it more like a religion. It's really much more like a religion than it is a science. How many people have read the emergency use authorization of the Pfizer vaccine or the Moderna vaccine before they got it? I would guess probably 0.02% or something like that. I read it. And if you read it, it's really quite shocking how little they know about what it does. But for people that think, well, somebody's reading it, the doctors are reading it. No they're not. Doctors do not read it. Nurses do not read it. In fact, they know less about these products than really at this point, your average mother with an autistic child or a mother of someone in their family has an autoimmune disease. Once it's in your family, the recognition that you have a sensitive body system, those parents do more investigation and reading and understand the science better than almost any pediatrician I've ever met, and almost any doctor I've ever met.

Del Bigtree: But to make that clear, because I know people going that's preposterous. How do you think it is that we have drugs like, let's say, Vioxx that kills over a hundred thousand people before it's pulled from the shelves? How is it that that happens if doctors read the science? If the CDC is doing the safety studies? They're not. So the CDC said Vioxx was safe, the FDA said Vioxx was safe. And how did they determine it was safe? Because they were told that it was safe by Merck, I believe it was. And so, Merck says, "Our studies look great." Now, when they get sued and we take them to court, that's when we get discovery and recognize, oh my God, you guys knew this caused heart attacks all the way back in your phase one trial and phase two trials; only you hid that from the FDA. You hid that from the CDC.

Del Bigtree: This is happening over and over and over again. More recently was talcum powder, Johnson & Johnson's baby powder. We now know, after they've paid out billions of dollars in legals settlements, that they always knew it had asbestos in it. That the removal of talc from mountainside, it was impossible, it tends to be right next to where you would find asbestos. They never told anybody. It's in all of their studies, and when we finally sued and went back and said, "You mean, when we've been sprinkling this powder on our naked babies when they've come out of their bath, that you always knew it had asbestos?" And CDC and doctors and how many pediatricians said, "This is a great way to keep your baby dry." Or mothers that were coming out of showers, using the shower to shower each day product.

Del Bigtree: And did you know that once it started, that educated people were starting to recognize it had asbestos, that Johnson & Johnson moved their advertising to try and find populations of ethnicity to push the product there. These are the same companies that are making the vaccines that we are talking about today. Johnson & Johnson, Merck, Pfizer, Sinopia Pigments. This is how they work, and this is what people need to understand when they try to decide, am I just going to take my doctor's word for it, or am I going to do my own research?

Dr. Patrick Gentempo: You're making a lot of great points as far as misplaced trust, and the fact that there's huge conflicts of interest. And the other thing is that people in our governmental agencies end up leaving those posts and getting very big fat

consulting jobs and board seats and so on in these same companies. So if they play ball while they're in government, they're writing their ticket for when they leave government. Then they're taking care of, and it's just sort of this unspoken thing that's going on. And that, I think, is a huge thing, is why are we trusting on such a significant level these people who have been convicted of fraud? I mean, they've been fined by our justice department. So, and I think that's lost on most the population. And you can't really get that out in mainstream media. It's not happening.

Dr. Patrick Gentempo: Now, we come into COVID, and what I'm seeing is that there's this growing course of extraordinarily well-credentialed scientists, academic people in medicine, clinicians, and it seems to be growing, as far as COVID, the COVID vaccine and et cetera. And yet this is still not making headlines. So, what do you see as far as our current circumstance relative to COVID, the vaccine? And do you think that a dam is going to break where finally is just overwhelming, as far as the people who are shouting, "This is insanity. We have to change course."

Del Bigtree: Well, you already have the beginnings of a dam break, right? It starts to the crack and the water starts flowing through, and then the brick starts falling apart. And now you have homes that are flooding all down the valley, which is our nation and the world; all of the millions of people that are marching around the world are already being affected by these lies and they know it's a lie. And so, we are watching the beginning of that sort of dam break moment taking place right now. And it is. It's fascinating that I think it's such a scary moment with this vaccine, and I want people to really think about that. I've been at this for five years, and I can't tell you how many scientists and doctors I met while making Vaxxed that would say "Del, I believe that there is a really good chance that vaccines are contributing to autism, but I will never say that on a camera because I will destroy my career. I will lose the work that I'm doing. I'll be shut down at the university I'm at. And so I'm just not going to risk all the great work that I'm doing to make that statement. I'm sorry."

Del Bigtree: So when I'm seeing scientists at the level that we are now talking about across the world, Dr. Geert Vanden Bossche, who's former charged of the Ebola vaccine program for GAVI, the number one largest vaccine company or nonprofit NGO in the world. When you see Dr. Robert Malone, who invented the mRNA vaccine technology, when people like that start speaking out against the vaccine and warning that it may not be doing what we think is doing, and perhaps pressuring the virus to become more deadly, which could be very catastrophic species. Or Dr. Michael Yeadon, who's an ex vice president at Pfizer who's come out against his vaccine. He spent his whole life in immunology and allergies and vaccines. These people made their legacies on vaccination. So when they come out and say, "This vaccine is dangerous," it's not just that we think it was rushed. We know the problems behind the scenes with this product, and we're telling you, you need to stop this mass vaccination program immediately.

Del Bigtree: I listen. I think the whole world should be listening, and frankly, I do believe that more and more people are starting to listen. Unfortunately, not just because these scientist have spoken out, but because we are seeing so many people we know dying right after receiving the vaccine, or children we know, having their heart swell and getting myocarditis right after the vaccine. I mean, this is the problem when you rush a product that is this experimental out. It doesn't matter how much propaganda you have by behind it. You can't hide the damage that it's doing. And what we now know is this vaccine has more death reports than every single vaccine ever made in America combined over the last 20 years. We have not gotten this many death reports from all them combined as we have in the last eight months of these three COVID vaccines here in the United States of America.

Del Bigtree: And then you couple that with the pressure by Joe Biden now, and the government of the United States, essentially saying, "I am going to forcibly vaccinate you, whether I have to do it through your employer, whether I have to do it through your ability to travel, whether I have to do it through your university." And mark my words, by the time this video is out, we might find out that you can't get into a grocery store without a vaccine passport. I mean, this thing is moving so fast. And what's, I think, brilliant about is instead of it having the reaction in America that I'm sure they hoped for, which was we all sort of just bend over or kowtow and take it, it is actually waking up that spirit inside of Americans that I think are remembering our history and our DNA and our founding fathers that fought for freedom against oppression. And when we feel oppression, it doesn't make us shut down; it actually wakes us up and says, "Maybe it's time to fight," And that's what we're seeing all across this country.

Del Bigtree: I was really depressed with, or upset or somewhat frustrated with America because on the HighWire, we kept showing a million people in London marching, a million people in Germany, in France. I'm watching all these other nations, Canada, really standing up and out in the streets. And I just kept thinking, Where is America? What is it going to take for America to wake up? And then, it was probably about a month and a half ago now, I couldn't sleep in the middle of the night and I'm watching TV, and the news comes on. I think it's CBS. And they said, "We've just reached 42% of America is now fully vaccinated," and I was shocked. I'd been hearing them telling me numbers like 75% or 80%. And I know, and then I reached out to the sources and it was true in England. They're nearing 75% vaccination; Germany, really high; France, Spain. We have one of the lowest vaccination rates in the world, especially in the modern industrialized world.

Del Bigtree: And I just thought to myself, I kind of got a little glow and a sort of giggle, because we may not be marching the streets of the United States of America, but quietly there has been a resistance that's going on. And now that is apparent to our government. It's apparent to the world. I am sure Joe Biden is being pressured by this globalist push to make everybody be members of this constant vaccination program. They've got to be saying, "Joe, you better get your act together. You're dragging a boat anchored on what we want to do here

in moving the world forward with the great reset," and all of these things. I don't think Joe's going to be able to pull it off because the more pressure he now brings on that remaining half of this nation, as I said, the more we're rising up and it's feeding a movement. And I think in many ways, ironically or shockingly, this is what had to happen for us to, I think, stand up and fight for freedom the way that we should have probably done it 10 years ago. It's happening now.

Dr. Patrick Gentempo: Yeah. And more to your point, it was interesting when Biden was talking about the unvaccinated in one of his speeches, and he said, "Our patience is wearing thin," as like a threat. "Hey, we've been tolerant, we've been patient with you people, but now our patience is wearing thin, meaning we're going to force you against your will." And I think recently, we're starting to see some demonstrations erupt even in the United States, which is good. I think there was one in New York recently, and people really do need to take to the streets. I'm hoping they underestimated the reset. They thought fear could be weaponized enough where people would just submit, and that's really not a part of the DNA of Americans. They're going to respond.

Dr. Patrick Gentempo: I had, and you've probably heard stories too, and these are, of course, anecdotal. But I happened to run a guy yesterday, we were going for brunch, standing by our table, we start to talk. And he finds out I was with Zach Bush and my wife, and he finds out that we're doctors, and he really gently just says, "Do you mind if I ask you a question about the vaccine?" And I said, "Sure, I think you're talking to the right people right now." Or, "Maybe you are," as far as, I don't know what he was looking for. He said I'm unvaccinated. And I said, "Well, we aren't either." And he's like, "Oh, okay." He begins to tell us about a woman that he just met that was a nurse, that he was starting... you set up mutual friends, would have you, they're going to date.

Dr. Patrick Gentempo: And before the first date, she was struggling with this issue because she had to get the vaccine. She had two kids, single mom, had to get the vaccine before she can go back to work. Her employer was mandating it. She really didn't want it. She's weighing it out. "I'm responsible for these kids." And what happened, she has the first vaccine, and really, really bad response. I mean, hospitalized, et cetera, from the first dose. And I look at him and I said, "Yo, can I interview her for our series? I want people to be able to tell their story." And he said, shocked, "You can't." He said, "She went back and got the second dose and died."

Del Bigtree: Wow.

Dr. Patrick Gentempo: Stunned silence, because I'm looking at somebody who was reluctant. But a single mom with two kids, her economic liberty being threatened. It's not just medical here. It's not just social. Can I go to a grocery store? It's economic. And she's dead. And whether it gets countered or not is, of course, another thing. And I'm sure you've had some conversations around this, because you cited the fact that we've got these extraordinary number of reported deaths, but has

anybody given you any indication as to how underreported the adverse events might be?

Del Bigtree: I just did an interview on my show a little bit ago with a whistleblower from inside of a hospital that came forward and described exactly what she came upon. Believed in the vaccine, believed in the pandemic, but started seeing really weird issues happen in the hospital. This incredible rise in cancers, weird cancers; people that were in remission suddenly, just like crazy, piling in, and now the cancer is back. And it's moving so aggressively that before they could even get a biopsy, the person is dead. And then thrombocytopenia and blood clots at numbers she had never seen before. And she just thought, Something's wrong. And I'm going to have to say that the only thing I know we've changed is we're giving this vaccine like crazy.

Del Bigtree: So then when she started investigating it, she found out there was this thing called VAERS, vaccine adverse events reporting system. Let me say that again 20 year veteran in a hospital who is in sort of committees that decides new protocols and things, so very high up, discovered this year something called VAERS, the vaccine adverse events reporting system. This is the reporting system for the nation that every doctor is supposed to know about if someone is injured. And so that right there tells you... That there was a study, and we've talked about this before, done by Harvard medical school. CDC funded them, paid them about a million dollars to investigate our capture system VAERS to see how efficient it is at capturing vaccine injury. After a thorough review and investigation, I think it went on for about a year, and then using their own HMO system and automating it to see what types of reporting was going on inside of their own insurance system. They came to the conclusion that VAERS this capturing less than 1% of vaccine injuries. Now I've been on other interviews with you where we talked about that before COVID. We talked about there was 400, there's usually around 400 to 500 deaths every year from vaccines. And I've said if that is only 1%, if that only ends up being 1% then what is that? 40,000 deaths by the time we do the actual numbers every year in the United States of America from all the vaccines we're giving.

Del Bigtree: Well, now we have a vaccine that in the last eight months is listed as having on VAERS 14,000 reported deaths. Okay. If that's 1%, then we are in real trouble now, right? Now we're talking what? 140,000 deaths from this vaccine just right now as we speak, or let's just go ahead, and they're going to make this argument. This is the argument right now is, "Well, all the doctors know under the emergency use authorization they're supposed to report these things. So we believe it's above that 1% where it's been." And that was the interview you I had with, Deborah was her name, on my show. And you can go watch the show. Super interesting interview with the emergency use authorization where you she's like, "No, we were never told."

Del Bigtree: That's what was so shocking is how is it you're releasing this thing as an emergency. Every hospital now, every person in America has now become a part of the largest test group, the largest experiment of all times yet you didn't

warn us that our job was going to be to report any injuries that we're seeing. And then she tells her hospital what starts out with she's putting up all of her cases. She sees VAERS. And she says that VAERS says, "You are obligated to, you're mandated essentially as a doctor to report injuries. And it says it's not up to you to determine whether or not the vaccine caused these issues. It's really just if there's a strange issue that happens within the first two months after vaccination, just report it. We'll take it from there, and see how accurate it is or if we start seeing anomalies or things that are consistent, we can figure things out."

Del Bigtree: So she went to the rest of her staff and started saying to the ER doctors and to the pediatricians, "Are you reporting these weird instances that are happening with your patients?" They're like, "No, I didn't. Where do you do that?" She's like, "Well, it's VAERS." And then they look at it and most are like, "Oh man, that's too time consuming. I don't have time for that." So she took it upon herself to say then, "Fine. I think this is really important. We're telling the world this vaccine is safe and effective. How do we know it's safe if hospitals like ours aren't reporting all of the injuries that are coming through the door?" So she started saying, "Just give me your reports. I will take my weekends my week off and spend the whole time reporting all of these things to VAERS."

Del Bigtree: Well, then her hospital finds out about it. And she actually said to them, sent a big... One of the things she sent an email to everybody and saying, "Do you know that thrombocytopenia and this blood clot issue that is happening all the time, coming through our doors, that we should not be treating it with blood thinners like heparin because it's actually being caused by the vaccine? And if you give the normal treatment to a blood clot, the person will die. They could bleed out." So she just gave this advice that she had just read about through information from the CDC, and that out or in trouble. The hospital said, "What are you doing? What are you doing talking out against this vaccine?"

Del Bigtree: And they basically shut her down and said, "You are not to do any of these reports with any patients except your own, and stop talking to everybody else." And so there's where you're at. That's just one hospital, but we can only assume when the hospital is promoting the vaccine, all of its signage says, "Get your vaccine today." That if they are that excited about a product that hasn't been tested, it's doubtful. They're going to go out of their way to point out the problems and submit those problems to VAERS. And so I would have to guess that we may even be worse than we were before. There is such a desire for this vaccine to work and get us back to normal that there may be a lot of doctors and nurses that are literally looking the other way on purpose.

Dr. Patrick Gentempo: My biggest concern to your point about this being a huge, massive experiment is that there's no controls or parameters around the experiment for attribution because as you're sighting, all these weird conditions are coming in, but nobody's thinking in terms of, "Oh, that might be related to vaccine or might be vaccine injury." And I think the real chilling part in speaking with people like Dr. Malone or Peter McCullough also, they both had said the same thing. They said

that this isn't just a vaccine, it's also gene therapy. And they said studies to really... To do safety studies on gene therapy it requires 10 years to do it properly.

Dr. Patrick Gentempo: So we don't even know what we've got in any way, shape or form. And we don't have attribution even happening currently saying that there could be cause and effect here, let's run it down, not happening. And the question is, "Is that willful?" Meaning, "Hey, they don't want attribution. They don't want to even have the hint of it because it might create vaccine hesitancy," to use their terms. So we're really in this very kind of spooky place. And I'm wondering what your sentiments are around how much of this is, how can I put it misguided, good intentions that are misguided and how much of it is more willful greed, profit motive, or other such things that are causing this lack of respect for trying to get to the truth?

Del Bigtree: Well, let me answer that with some obvious facts and the types of things that set off red flags in someone like myself, a medical journalist. Number one, what people need to understand is a few things. This mRNA vaccine technology had never been injected into an animal in an animal trial before we injected it into human beings in those trials that we saw just start last year. That those trial groups in the third phase, the third phase that trial was supposed to at least two years, but about two weeks after all of those in 45,000 in the Pfizer, I think it was Pfizer had 45,000. Moderna had 35,000 people. Half of them getting a placebo and the other half getting the vaccination.

Del Bigtree: I want to say I'm proud of that placebo group really quickly. There wasn't going to be a saline placebo group except that my non profit the Informed Consent Action Network essentially threatened the FDA with a lawsuit that we would come out against the safety of this vaccine if they did not have an appropriate control, that is a group that was getting a saline injection so we could establish a safety baseline. The FDA actually got our notice, and then within two days shut down all phase three trials, and about five days later changed the protocol and added that saline placebo. So we were really happy that at least we were making sure that we were going to get a proper safety trial.

Del Bigtree: But then what they do, they bailed out early. Instead of tracking and following those people for two years in a closed environment where we would see how many had immediate issues like anaphylaxis or this thrombocytopenia and blood clots and heart attacks and strokes and bell's palsy, all these things we've heard about compared to those that only got the saline injection. As I said, about two weeks after that second shot, they submitted for the emergency use authorization that essentially let them bail out of these trials, and then just give this to people all across the world.

Del Bigtree: And so what that did was it then, as I just said earlier, it turned all of us into a clinical trial, a worldwide clinical trial. Well, if you are going to do that and you're going to have a clinical, you need to be tracking and following the injuries that are happening. And so if this was accidental, you would've done all the

precautions that are necessary. Let me just say the simplest thing, we now have Joe Biden threatening, I think it's $14,000 judgements against any employer that doesn't reinforce vaccination program over the hundred employee level. Corporations that are larger than a hundred employees, if they don't bring a mandatory vaccine program, the government's going to find them $14,000.

Del Bigtree: Meanwhile, there are doctors and nurses as I just interviewed all across this nation that don't know that their job right now is to be capturing and logging all of the injuries that are happening from this vaccine so that we know is it safer than the virus itself? Is it causing more injury to than the virus itself? There's only one way to know that, you need to be capturing it. And what did they do? They didn't do anything. They didn't make Merck in the Eway. They said, "Look, we're going to let you make tens of billions of dollars this year, but you better build a robust capture system that takes in all the injuries that are out there." They didn't do that. They didn't make that point of how you get your EUA and how you get to all be billionaires.

Del Bigtree: And in fact, this product has turned people into billionaires that are presidents and CEOs of those companies, but they could have even been simpler than that. If you don't want to trust Pfizer or you don't want to trust Moderna, why didn't you just say to all the doctors and nurses in America, "It's so critical to understand the safety of this product that's only weeks into being injected into human beings that we are going to mandate. And we're going to send people out for classes in every hospital how you do a report to VAERS. And if you don't do it, you are the ones that will be fined. We will fine your hospital if we find out you're are not reporting the injuries."

Del Bigtree: That is what a CDC and an FDA absolutely should have done if they cared about the safety of this product. If they really wanted to know the answers to how effective is it, that's what they should have done. And instead they didn't tell anybody anything. They didn't tell hospitals, "You are the ones we're counting on." And then when none of those hospitals report they tell us, "Look, we're not getting any reports. The vaccine appears to be very safe." That right there tells me that at least at the highest levels of decision making, the heads of the FDA, Tony Fauci, NIH, CDC, these people know what they're doing. And it is willful ignorance that I think really could cost us hundreds and millions if not billions of lives.

Dr. Patrick Gentempo: That completes part one of my two part interview with Del Bigtree. And I suspect that you are really interested in seeing part two after seeing part one. It's going to be coming up later on. So make sure you stay tuned to see it.

Dr. Robert Malone

Dr. Patrick Gentempo: One of the most critical voices in the chaos of COVID is Dr. Robert Malone. Why? Because he is the pioneering inventor of the mRNA vaccine. Now when Dr. Malone started to raise his voice and start to speak to concerns he had relative to the vaccine and the vaccine program, he was viciously attacked, and they tried to cancel him. They tried to actually rewrite history, trying to deny that he played the role he did in the development of mRNA vaccines.

Dr. Patrick Gentempo: So in this three part interview, part one starts out focused on the storyline and the background. What did he do? Where did he do it? When did he do it? Why am I spending time there? Because I want to establish the fact that he played a seminal role in the development of mRNA vaccines. And once we establish that, then we go on to other aspects of conversations that you must hear. This conversation's not an option for anyone. You need to hear what Dr. Robert Malone has to say about COVID and the COVID vaccine. So this is part one, let's get started. Dr. Malone, thanks for taking the time to sit with us and tell us what you know about this particular subject. I'd like to start out really with your background, your academic background. Can you kind of give us the evolution of it starting with medical school maybe.

Dr. Robert Malone: Yeah, it really goes a little deeper than that. I had been a computer science student for the first two years of my undergraduate, and decided I didn't want to continue staring at a computer screen in a room with no windows. And I wanted to go into molecular biology, and this was a hot new topic at the time. This is early 1980s. I went to UC Davis for my last two years of undergraduate training. And the honest truth is my mother was deathly afraid of breast cancer, and I wanted to spend some time in the laboratory during the undergraduate years to learn whether this was really a good career idea.

Dr. Robert Malone: And I had an opportunity to join a laboratory in the department of pathology at UC Davis, and went for my interview with the pathologist there who eventually became my department chair later on, Bob Cardiff. And I had done well for my first two years of school. And so I tried to be modest, but forthright and say that I really wanted to work for him and do breast cancer research. And he looked me straight in the eye, it's something I'll never forget, he says, "I have no time for false modesty." And that was kind of a. "You're not in Kansas anymore," moment.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: But he took me in, and that turned out to be kind of a seminal event because that he had just come from a fellowship sabbatical with Bishop and Varmus who had got the Nobel prize for oncogenes. And he'd set up the operation together with a guy they'd just rooted from USC Cancer Center named Murray Gardner to become department chair. And Murray had a long history in being at the absolute forefront of molecular genetics and cancer, and cancer vaccines. And

they landed there. Murray did. Bob had already been there working on mouse biology mostly, and as a pathologist is his experimental area, and it's happened, and this is Davis.

Dr. Robert Malone: So I got to meet people like Don Francis, and I got to see the very earliest days of the whole AIDS story develop, and Murray and Preston Marks and others in the lab group had this observation that there was a immuno deficiencies syndrome in the macaques at the primate center. And they tracked it down and found that it was associated with the retrovirus. That was the first disclosure, it was published in Lancet. And for me as a undergraduate, total lab rat, every free moment I was spending in the laboratory working on the molecular biology of mouse memory, tumor virus, and working with RNA and DNA. And this thing happened, this new disease, this new outbreak, and the lab was right at the forefront.

Dr. Robert Malone: And Murray traveled, if you've ever seen And the Band Played On, Murray went with Bob Gallo for this infamous trip to visit Luc Montagnier and Francois Barre. And I can never get that out of my mind. Murray, this older pathologist, almost dancing down the hall after he came back from the trip saying, "I've got the virus that causes AIDS in my pocket." Then they proceeded to try to develop vaccines, et cetera. And that was kind of how I cut my teeth. There was a lot of heavy politics that went on. Those early days of AIDS are pretty intense, a lot of incredible competition. And from that, I really wanted to work on retroviruses.

Dr. Patrick Gentempo: What is a retrovirus?

Dr. Robert Malone: So retrovirus, the term retro has nothing to do with 1950s or mid century. It has to do with the fact that the central dogma biology is that DNA makes RNA, RNA makes protein, right? So it's a linear process. It only goes in one direction. And the odd thing about these viruses that were associated with cancer, so this is why it was particularly relevant, is that many of these had the characteristic that they existed as RNA as their genome when they are a virus form outside of the cell, and yet had a DNA form inside the cell. So that's backwards. It's supposed to go DNA to RNA to protein, not RNA back to DNA.

Dr. Robert Malone: So that's retro, and it has a specific enzyme called reverse transcriptase that's responsible for that, that was characterized by David Baltimore and by the guy that eventually become my PhD mentor of sorts, Inder Verma. So that's what a retrovirus is, is it's a virus that has a life cycle that's kind of backwards that exists as an RNA molecule for its genome when it's outside the cell. And then that gets converted into DNA and integrated into the chromosome. So that's how I kind of got that start. And I wanted to continue to focus on retroviruses. I had to imagine back in the, just to set the stage, the eighties where it was insanely competitive to get into medical school.

Dr. Robert Malone: And to have the hubris to think that you would be able to do so was a little beyond the pale, but I wanted to try. And being in this laboratory environment with these guys and the work that I did and the hard work that I showed, and

my kind of skillset for it got me an MD PhD scholarship, which was way beyond my expectations. But at the time it was kind of a fallback. "Well, what can I do if I don't get that? I'm probably not going to get it and whatever." But once I got accepted, I was like, "Okay, what are you going to do with this? I don't want to be just another doc." I want to kind of carry on with the science. I was totally wrapped up in the.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: And working with retroviruses. So one of the hot topics for a young person in this emerging field was gene therapy. And so the gene therapy using retroviruses was the leading method. Gene therapy had actually been around conceptually since the late seventies, Ted Friedman had come up with the idea. But the embodiment that was working was using retroviruses, and you would place your gene of interest into the retrovirus and engineered in certain ways that it would be packaged and you could infect other cells. When I made the decision that I wanted to chase this dragon, I had imagined that there would be gene therapists in every hospital. This is going to become mainstream by the time like the present day.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: There would be gene therapists everywhere, and we would be burning through curing pediatric disease and all would be good. And so this is what I really wanted to do. And I made it through the first two years of school and Jill, my wife and I grew up in the Santa Barbara area, Central Coast. And I had received a scholarship from Northwestern University in Chicago. And I went from my interview, and it was like a little weather break. And so I came back and I said, "Jill, no, this stuff about Chicago. Chicago is just fine." And she will never forgive me, and will never approve any relocation again. And she has executive authority over that.

Dr. Robert Malone: And so after two years in Chicago and a young son being born, she was pretty fed up. And my experience was the molecular biology that I was experiencing at Northwestern and that I had access to, there was some great people. I did some work on RNA even there, but in also with Bob Lamb with influenza, but it just wasn't what I had experienced on the West Coast. She wasn't happy. So I applied for graduate school in lieu of doing my PhD at Northwestern, and having been now through two years of medical school, my GREs were just a off scale.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: And so I kind of had the pick the litter, and you see San Diego had these two leading guys, Ted Friedman, who'd originally imagined it, and Inder Verma, the Salk Institute, and both were working on retroviral vectors. And so that's what led me into that whole world. And that was the origin of the passion. It was

about viruses and particularly about retroviruses, and particularly about gene therapy.

Dr. Patrick Gentempo: So it's interesting that this was a passion as far as seeing a potential future for what this could mean to humanity, and you ended up at the Salk Institute for a period of time.

Dr. Robert Malone: Yeah.

Dr. Patrick Gentempo: So did you finish the post grad work at the university and then went to Salk or what?

Dr. Robert Malone: So the way it worked is that at... So UC San Diego at the time, Torrey Pines Road and that whole La Jolla complex was just taking off.

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: And one of the founding companies in the technology of monoclonal antibodies had recently been sold for a few hundred million dollars, which at the time just seemed everybody thought it was an enormous amount of money for a biotech company, how naive they were. A friend of mine just sold his company for 9.6 billion, and all he does is a RNA and DNA, but that was then. And so La Jolla was flooded with people that there was a climate, it was like a gold rush. Young faculty thought they were going to get rich. It was truly a gold rush. And I kind of landed in the middle of this, not really realizing how much it was going to affect the whole culture of the environment including the Salk.

Dr. Robert Malone: So I went there and the structure was that you get into the graduate school, and you have a lot of fairly intensive coursework from leading thinkers. It's not just the Salk, but Scripps Institute. And I don't think La Jolla allergy immunology was there yet, but there was some high powered folk. At the Salk there was half a dozen Nobel laureates when I was there, and plus Jonas was there still including Francis Creek. So it was a pretty intense environment. There was something akin to it at MIT with David Baltimore, but that La Jolla situation was pretty intense. So I parachuted into this, took the coursework and we had to do rotations as graduate students. And so I rotated through a laboratory that it's kind of amazing in retrospect. One of the guys that really wanted to take me on was one of the top people in viral evolution at the time. He was disappointed I didn't go to work for him. One was Debbie Specter who had just come from the same Bishop and Varmus Group. And she was passionate. Her and her husband were passionate about the possibility that the AIDS virus would interact with the cytomegalovirus, which is her core competency.

Dr. Robert Malone: And one was a guy that had participated in the very first proof of concept of the use of this firefly gene for detecting gene expression, Suresh Subramani was his name. And I spent my requisite couple months in his lab. During the time he had just published the first paper on the use of this luciferase as a reporter gene.

And that turned out if there's one thing that I could put my finger on that said, "This is what made all this possible," it was that luciferase firefly gene. And it was totally a ping pong. The whole story is a story of truly being surrounded by giants, intellectual giants, and this amazing brew of ideas and technology that was coming out. And so I did my rotations there. I did one with Inder's Lab, and I talked to Ted Friedman and he said, "No, no, no, I'm not going to take you in my laboratory to do retroviral vectors because they're not working very well. And what I want you to do, if you want to come in here is develop an ordered cosmic library of a chromosome." And I'd spent plenty of time doing sequencing. And I thought that sounded like the most boring thing I could possibly imagine. And if I had done that, I would've been at the forefront of the human genome project, but it's how it goes. He was right probably in a lot of ways. That would've been a much more appropriate career track, but I really wanted to do gene therapy.

Dr. Robert Malone: And so Inder's lab is across the street. The Salk is an amazing place. It's brutalist architecture, but fantastic with really elements of kind of Persian garden in it. It's got this little water trough and marble and everything, sits on the cliff in LA Jolla. It's a very amazing. Imposing, really, temple to vaccines on the cliffs in La Jolla and the chance to work there, I was just, I'm overwhelmed by that opportunity. But Inder's Lab was a amazing pressure cooker. No graduate students, and I'm the little graduate student in the corner and doing weird stuff outside of the mainstream of the main focus of the laboratory.

Dr. Robert Malone: And one of the postdocs kind of took me under his wing a little bit, a guy named Dan St. Louis. He's still in San Diego. And he was doing a series of studies where he was taking retroviruses, putting them into mouse cells, causing those mouse cells to contract into a little ball in cell culture and then implanting them into a mouse. Okay. And hopefully this transplanted will continue to produce the protein that the retroviral vector had conferred. So this was a gene therapy's type study structure question. And Dan went through all this in the cell culture and whatnot, and the mice, and they only produced the protein for about three weeks. And this was a big conundrum. A lot of the focus of the laboratory was on fundamentals of gene expression.

Dr. Robert Malone: And so normally as you would expect, everybody's mind went to, "Oh, there must be something fancy going on about gene expression control." And I kind of dug out the medical textbooks and came to the conclusion, "No, no, no. This is an immune response because of the timeline against the foreign protein," which was heresy because if that was the case, it would call into question the whole logic of gene therapy because the basic idea is that you take, for instance... Ted Friedman came up with the idea, he's a pediatrician. So the idea was how to correct inborn errors metabolism in infants in a pediatric environment, people that have genetic defects like cystic fibrosis or muscular dystrophy.

Dr. Robert Malone: What they hadn't thought through was that if you take the good gene that would not have the disease and transfer it into the patient, the patient's immune system wouldn't see that as a good gene or a bad gene, they would see it as a different gene. And they'd mount an immune response again. So that's

what Dan's work showed. And that was heresy because it meant the whole house of cards, the logic structure around gene therapy would fall. And it did over the next three or four years, but I had this insight. And so what do you do with that? I've come into this all passionate. This is going to be my life, but I had some background in vaccines. And so the aha moment was, "Oh, we can..." I like to say we can make lemonade out of lemons. We can use gene therapy technologies for purposes of eliciting a vaccine immune response. And so that kind of set that whole thing in motion.

Dr. Patrick Gentempo: And that is the breakthrough, right? I mean, it's basically, you used a great analogy of lemons into lemonade. This was a discouraging result, unless you say, "Well, maybe there's actually a positive function to what we're observing even though it's not what you were hoping for.

Dr. Robert Malone: Yeah, exactly.

Dr. Patrick Gentempo: And that's how you basically came to this idea of...

Dr. Robert Malone: So to read forward, the senior postdoc in the lab was this guy named Dinko Valerio, and Dinko had moved beyond retroviral technology and was at the very forefront, this is late eighties, of this new technology for gene transfer called adenoviral vectors. And so he was pioneering this at the time in Inder's Lab. And when he left the lab, he formed a company called Crucell focused on gene therapy. And I left the lab and had my excursions and we met back about three years later at a gene therapy conference. He came to me and he said, "Robert, you know what? You were right. I'm going to take Crucell and stop the focus on being a gene therapy company and turn it into a vaccine company." Crucell got sold to J and J and that is the technology, that's still the same cell line that they use for producing the J and J vaccine for COVID.

Dr. Patrick Gentempo: Wow.

Dr. Robert Malone: All of these vaccines all trace back to kind of that bing moment at the salk, which was not what anybody was looking for. It wasn't where Inder was at. I filed patent disclosures on use of RNA as a drug and other things. As this was proceeding, so Dan had his thing and that was the start of the thread of vaccine out of gene therapy kind of. But the RNA work kept going on.

Dr. Patrick Gentempo: You did get it published though. I think you...

Dr. Robert Malone: Yeah. The PNES paper was way ahead of its time.

Dr. Patrick Gentempo: What year was that published?

Dr. Robert Malone: 1989.

Dr. Patrick Gentempo: That's the earliest published reference we could find right now?

Dr. Robert Malone: Yeah. Some claim that there's an earlier reference from about eight years before that's relevant that I was completely ignorant about. But ignorance is... No patents were filed from that. No claims were made. It involved using classical liposomes and RNA to prime immune responses in cultured cells.

Dr. Patrick Gentempo: It doesn't work with classic liposomes, right?

Dr. Robert Malone: No it doesn't. Nothing ever came of that paper, but my detractors cite that as the prior art. I acknowledged that that exists. I didn't know it at the time and it's a very different technology.

Dr. Patrick Gentempo: Basically your seminal paper was '89. You are also listed on the patents as an inventor?

Dr. Robert Malone: Yeah. Ended up filing a patent. I had done all these patent disclosures on RNA as a drug, et cetera. They had gone through a formal process of determining who is to be the inventor, because this is central to a patent. If you don't have people who should be inventors, the patent can be disqualified. If you include people who aren't qualified to be inventors, then the patent can be disallowed. It's an important thing to do. They'd gone through this process and determined that Inder was not an inventor, but then Inder had objected to that. In the end, they filed a patent in which they named Inder and myself as the inventors of RNA as a drug, based on all this technology and formulations and stuff. They sent it to me on request. I got a copy of it in 1991. They filed it at '89.

Dr. Robert Malone: They actually filed it on the same exact date that all of the salk patent, I mean, all the Vikal patents were filed, which is an odd thing. That's another part of the story. But they did file that. Then they somehow withdrew it, but didn't tell me and lost all records of having withdrawn it. When they'd been contacted about this and trying to recreate the history of this, their position is basically, "We don't know anything about this." I left and what happens next is the lawyers. I get plugged into a really high quality lawyer in downtown San Diego and spend days with him just brain drain. What can this be used for? How can you use this new one?

Dr. Patrick Gentempo: Because they want to file all these patents? Did they get awarded?

Dr. Robert Malone: Yeah. There's nine domestic US awarded patents out of all that.

Dr. Patrick Gentempo: All related to the mRNA technology?

Dr. Robert Malone: And DNA.

Dr. Patrick Gentempo: And DNA?

Dr. Robert Malone: Yeah. It's mRNA and DNA. That is the basis for this when we talk about mRNA and DNA vaccines, and those didn't come out for a number of years. The

findings were disclosed in these manuscripts and also in various academic meetings. Then the technology was sold to Merck. Part of the Merck deal was that Merck got to take credit for the discovery. There was a downplaying of what I had done and the people that followed me immediately. One is mentioned in The Atlantic piece, Stan Gromkoski, he's the one that's got the salty statement at the very end. Anybody that knows Stan knows that that was his quote, because that's pretty much exactly how he speaks.

Dr. Robert Malone: Stan was brought in to do the cellular immunology after I left. I left after about four months, frustrating that my ideas again, were being taken, other people were taking credit for them. I'd filed another patent disclosure on a nuance of making the RNA more stable and had my supervisor countersign as the inventor when he had not even understood it. It just was, that's the environment though. Everybody was so much of a pressure cooker and there was money and fame and everything else on the line. All the ideas roll out and the patents get filed. Like I said, there's four of them that all get filed in the same day that enters, and then salk goes in. That forms the basis for kind of the new Vikal. That wasn't part of their business plan.

Dr. Robert Malone: Maurice Hilleman, this had been pitched to him, who is the great vaccinologist that really drove Merck vaccines with the pediatric vaccines that we know of. He became enamored of it. The deal was Vikal was cash strapped. I forget what they got. It's like 6 million bucks or something. It wasn't a huge amount, but at the time it was, for this tech. Doug Richmond had set up all the work and done the initial, built a team and done the initial proof of concept, freezing it for flu vaccines. Merck swooped in and said, "Okay, well, if we're going to do this deal, we want to be able to take credit for this." They took the work that Doug and the Vikal team had done, built off of the work that I'd done, and basically took it, reproduced some of the experiments and put that as a science paper, but put their own people as the first and senior and that kind of stuff and didn't even put Doug on it. Doug Richmond is now in Emeritus at UC San Diego and runs their AIDS group. He's a very senior well established guy. He's still pissed off.

Dr. Patrick Gentempo: You've got publication that's citable. I believe also it's referenced in other subsequent publications that people are using you in their references from the work that you did. There's objectivity around being able to say, "Well, okay, there's the story," but then there's the publication, the patents that filed, et cetera, that shows the timeline of when you were there and what you're doing.

Dr. Robert Malone: Then this comes to the present. When I get this phone call from a Swiss journalist saying, "I'd like to talk to you because we think you were the first." I'm like, "I haven't... Thank you very much." Actually, the first time I caught wind to this that people were going to acknowledge me was at a vaccines conference that I was one of the kind of organizers or chairs for up in Boston in September 2019, so right before the outbreak happened. There was a presentation from a German scientist that cited both of those papers. He was talking about mRNA vaccines. I was just blown away because it was the first time I had been acknowledged in my memory. I mean, it brought tears to my eyes and this is 30

years later and I'm not even sure he knew I was in the room. He must have, but he specifically called me out and I'd never had that experience.

Dr. Robert Malone: Then I get this phone call from this Swiss journalist and he wants documents. My wife pulls out, we've got boxes and boxes, the old data, my old lab books and the primary data, the actual disclosures, all of this stuff, the original documents. She starts pulling it out for this Swiss journalist and sending him copies of this, that, and the other thing. Then she decides to upload it all on her website and write her own narrative about what actually happened. She's so aggravated at the press putting out these other stories that other people that came about a decade later were the ones that had launched all this, that she takes her narrative and puts it into a mail chimp blast. Because we've got a mailing list of about three, 4,000 hardcore scientists that we've built up over the years for the consulting business. She sends it out to everybody and that just sparks off...

Dr. Patrick Gentempo: Firestone.

Dr. Robert Malone: Because it's contrary to the dominant narrative, which gets back to our core theme here. Because this has already been promoted by BioNTech because Kati Kariko is a BioNTech VP and promoted by UPEN, very aggressively. UPEN has the patent on this improvement about the use of pseudouridine as opposed to the standard uracil that makes the RNA somewhat less immunogenic and makes it work a little bit better.

Dr. Robert Malone: The storyline that's been promoted is that this is an essential, an enabling finding. Now it's not as shown by the CureVac company that doesn't use that technology. In my opinion, the true enabling technology between then and now was largely led by Pieter Cullis. He's never talked about. Dr. Pieter Cullis and his team at University of British Columbia and he spawned three or four different companies there. That had to do with the nuance of the charge, the nature of the chemical charge, the imine, and he uses a tertiary imine that changes its charge based on pH.

Dr. Robert Malone: What we were using was a quaternary imine, which is forced to always be positive structurally in the organic chemistry that is then linked to the lipid that condenses around the RNA. Pieter is in his group developed this improved formulation method and many others have contributed that to also, but I think Pieter and his group get the most credit. That's what's made these amazingly potent formulations for use in humans that are built off of that old idea.

Dr. Patrick Gentempo: Why was there, so we're going back 30 years or so.

Dr. Robert Malone: That question.

Dr. Patrick Gentempo: Suddenly here we are and these things are being rushed to market. Why did it take 30 years to get them developed to a point where... Is there something that's still...

Dr. Robert Malone: That's a great question and I think there's going to be other media coming out about that. There might even be one in nature. I'm not sure. I know that there's an article being written.

Dr. Robert Malone: What happened was that Vikal and then Merck buys it, has this enormously broad patent estate that covers the whole domain in terms of the applications and the concepts and the fundamental formulation and everything. They sell it to Merck. Merck spends something like a billion dollars to try to develop a product, but they make it strategic decision, and Vikal did also. When I left, basically I don't think there was anybody that was very good at making RNA. I think that's what happened. But DNA's easy to make, dead easy make. They thought, "Okay, RNA, DNA, we can do this with DNA." DNA vaccination works really good in my mice, so why not?

Dr. Robert Malone: Vikal made the decision to just focus on the DNA, not on the RNA. Then Merck mirrored that decision when they bought the rights and they only focused on the DNA. They ended up going up to a milligram in injection and they never could get it to work. This is true with many others. They chase the DNA for years. But what Vikal and Merck also did was they very aggressively kept anybody else from developing anything that was covered in any of those patents, typical pharmaceutical industry behavior, including sending me as a young academic then by that point, after I finished my medical school and gone back and started a lab, sending me cease and desist letters saying that I should not work on anything that I was working on before, because that was the terms and conditions of my employment. Sometimes people say, "Well, didn't you get rich from this?" No, I got one Susan B. Anthony dollar for the patents. Wow. No, I didn't get any money out of this, still don't.

Dr. Patrick Gentempo: A lot of people I think would try to assert, well it's just sour grapes. That's why you're talking about this. But here's what I'm taking away from all this. Your experience in the realm is vast. You were in the heart of it all when the stuff was going on. You've got publication and the publication is cited and it's really the earliest, except for the other thing that you've mentioned that really has a technology that doesn't work with the liposome. You've got patents and so your trail is observable through all of this.

Dr. Robert Malone: Then there's all the primary data.

Dr. Patrick Gentempo: That completes part one of my three part interview with Dr. Robert Malone. We've established the past now really well to know how things unfolded over time when it comes to this mRNA vaccine. Now we're going to start discussing what it means to you and I today. You don't want to miss these next two parts that are coming up later in the series. Thanks for being here.

Patient Testimonial: Erin Rhodes

Dr. Patrick Gentempo: Erin, thanks so much for taking the time to have this conversation and to share your story. Let's just start back with what were you doing in your life and career before you decided to have a COVID vaccine?

Erin Rhodes: I'm a home care speech pathologist. I've been working all through the pandemic. I was one of those people out driving around when it was a ghost town and everything was closed. I had been working right up until the vaccines were available. I have two children, 13 and 10. I have a dog. I have a stepdaughter who's eight. We have a very full, busy house. I was just working up to being a runner again. I was working out, I was getting really into training my dog and hiking and doing all that sort of stuff, so a very active household.

Dr. Patrick Gentempo: What caused you to want to go ahead and get the vaccine? What was your frame of reference at that point that said I'm going to go do this?

Erin Rhodes: I am very trusting of doctors and healthcare in general. I have never questioned any vaccines. Working for hospital systems, there's certain vaccine requirements that we have and when they tell me, "Hey, it's time to come in and get this vaccine," I don't think twice. I just do it. I just never question them. I had blind faith and I had such blind faith that I was excited to be one of the first.

Dr. Patrick Gentempo: Wow. Did you even try to distinguish whether you're getting a Moderna or Pfizer or J and J?

Erin Rhodes: No. We didn't have a choice. When I went it was Moderna. That's the one that I got. I got it through the hospital system that I work for.

Dr. Patrick Gentempo: When did you have your first dose?

Erin Rhodes: January 6th.

Dr. Patrick Gentempo: Roughly 10 months ago or so?

Erin Rhodes: Yes.

Dr. Patrick Gentempo: What did you experience after that?

Erin Rhodes: I had an immediate reaction. About five minutes after I had the injection, I had a very bad head headache. It wasn't anything to report to the staff at the time. It wasn't of any concern. I never get headaches. In my mind, I was sort of like, "Oh my God, what just went in me?" That evolved in the next couple of days into nausea, the headaches persisted, fatigue, just having to be in bed. I mean, I was probably in bed for at least three weeks straight, just getting out to go to the bathroom. I mean, I was missing. I was a missing mom in my bedroom. Just so sick. Every week that went by, my husband and I would look at each other and

say, "What is going on? What is happening?" Then it started to sort of turn into cycles of symptoms. I would have good days and bad days. I never would know when there was a good day or a bad day, but the bad days were many in a row. I was out of work for about three and a half months.

Dr. Patrick Gentempo: Did you talk to your doctors and say, "Hey, I'm having, I'm exhausted. I can't get out of bed," and explain that you felt like this was an adverse reaction to the vaccine?

Erin Rhodes: I did. I think being in healthcare, I kind of have always been right on top of who to go to, who to talk to. I went to my primary care doctor who just said, "I'm not sure what's going on. It could be anything." He was willing to refer me out to wherever I thought I needed. I asked to be seen by an immunologist. This is one of the reasons why I find it so important to tell these stories is because doctors even today, when someone has a reaction to the first are encouraging people to get the second without any knowledge that that's a mistake.

Dr. Patrick Gentempo: They recommended that you get the second dose and what happened?

Erin Rhodes: They did. I got the second dose and it made things much, much worse. It was a similar reaction at first in that my symptoms came back worse than they were at that time but just like they did after the first dose. But as time went on, the reason it was worse is I developed many, many, many more symptoms. I had pain in my heart. I had debilitating weakness in my muscles where if I walked up a flight of stairs, I felt like I had just run a race. My heart rate was out of control. When I would stand, it would go very high. I was getting just this high level of fight or flight feeling. I was also sleeping a lot, probably sleeping 12 to 15 hours a day. There were just a huge list of symptoms between pain, tingling in my hands and feet and up my legs. I just seems to be that there was no rhyme or reason I had any or all of these symptoms at any time.

Dr. Patrick Gentempo: Did anybody suggest to you that since you had such a bad reaction to the first shot, maybe it's not a good idea to go for the second one or everybody just said, "No, you go ahead and do it anyway."

Erin Rhodes: I think my primary care doctor didn't exactly say that, but he was maybe saying to think cautiously, but I chose to follow the advice of the specialist. My husband didn't want me to get it.

Dr. Patrick Gentempo: Well, that's why I'm wondering, because sometimes it's other people other than the medical professional that might say, "Hey, I'm a little concerned here." It's kind of interesting that the logic of a husband might actually be better than the logic of this specialist. But I guess it's just in hindsight, because look, you're saying you've got this vaccine that's still only authorized under emergency use. It's basically experimental. You have a bad reaction to a shot, it's kind of like, maybe you shouldn't go back for another one and yet there's still kind of pushing that saying, "Oh no, you should go back."

Dr. Patrick Gentempo: How are you now? In other words, so here you are all these months later, what's your life like? What's your symptoms like?

Erin Rhodes: Well, my progression of this is a little different than everyone else's. I've actually been diagnosed with a genetic disorder called Ehlers-Danlos syndrome. They believe it was triggered by the vaccine. It also triggered some mast cell activation, which has been pretty common with folks who've been injured by the vaccine. They believe that the vaccine may have caused these mast cells to activate. Since the mast cells live in the connective tissue, Ehlers-Danlos is a connective tissue disorder. They believe that that triggered Ehlers-Danlos.

Erin Rhodes: It's a diagnosis that I would've had my whole life, but I never knew I had it. I would've never known I had it. I would've never been suffering the way I am if not for the vaccine. The vaccine sort of ruined my life. I know that I look okay, but there's a lot of work that goes into me being able to do this with you today. Since I have such serious reactions to foods and chemicals and things, I had to make sure that I didn't eat yet today, that I've been drinking enough water. I made sure that I got enough sleep last night. Everything is very manipulated and controlled so that I can just function with the basic stuff. I mean, I'm working and after work, I'm in bed.

Dr. Patrick Gentempo: You had all this happen. I guess at this point, unlike some other people I've interviewed or many others, at least they're saying there's some kind of a diagnosis. Many of them, they just say, "Well, we can't really find anything wrong," yet, they're suffering, they're tremoring. They're having similar issues in way of autonomic response. It seems like their autonomic system's on fire and they're sweating and they're expressing a lot of things that you just described. Did this get reported as an adverse event?

Erin Rhodes: Yes. I've called Moderna and I've reported to VAERS and I've also reported to that system that texts you for updates.

Dr. Patrick Gentempo: With VAERS, did you have to report it yourself? You went online and actually had to go through and report it yourself, or did the doctors do that for you?

Erin Rhodes: I reported it.

Dr. Patrick Gentempo: How difficult a process was that or was it not that difficult?

Erin Rhodes: Well, for me it wasn't that difficult, but I found out recently through someone who spoke to the people at VAERS that they actually prefer you go in and enter each symptom individually. If I had done the correct thing, I would've put in maybe 50 to 20 symptoms. That would've been rather difficult.

Dr. Patrick Gentempo: I guess it's kind of laborious if you have to try to do all that. At this point in the way that you report to VAERS, they don't really understand the full spectrum of what's going on with you. They just kind of have a highlight or two?

Erin Rhodes: Right. Then Moderna did send paperwork back asking for more information, which I sent to them maybe two months ago and never heard anything back.

Dr. Patrick Gentempo: Really? Does anybody have potential solutions for you? I mean, what's the prognosis? Do you feel like you might be able to somehow detox the effects of this vaccine out of your system or are people just trying to say, "Well, let's just best manage these adverse events that occurred for you?"

Erin Rhodes: I mean, no doctor has been willing to say anything like any of that. I had a different take on things. I used my medical insurance to see doctors for maybe the first five months or so. I had doctors telling me that it was anxiety. It was in my head. I even had one doctor hold my hands and tell me to try yoga. It was just absurd. I think I was getting a better response from them because I look things up. I kind of know what things are. I work in the general healthcare field so it's not like they weren't really believing me, but they weren't believing me. I started to pay privately. That's actually how I found out about the Ehlers-Danlos. I mean, I've probably paid $4,000 towards my deductible and I've probably paid several thousand dollars above that to see people privately.

Erin Rhodes: I'll tell you, once you start paying specialists privately, you start getting what you need. I was referred by a specialist to a functional neurologist who was a chiropractor and he actually made my life livable. I told him he was the first person to actually test me, to actually look at me, to see me move, to see me balancing, to see how my eyes tracked. He found things through that testing that rang so true to me, little things that I hadn't really told anybody that were, I felt were off or wrong, that he picked up right away. I had postural orthostatic tachycardia. My heart rate was going really high. This meant I was laying down all the time. I couldn't even really tolerate sitting up. I went to see him for about four weeks or so, four or five weeks. He made the tachycardia go away.

Dr. Patrick Gentempo: Wow.

Erin Rhodes: He made my life livable and there were a lot of symptoms that were much more severe when I had that heart rate raising all the time. My nausea was unbearable. Even though I still have nausea, he made it much less. He made it so I could go back to work. I'll never forget him because I mean, he changed how my life was going.

Dr. Patrick Gentempo: Well, I'm glad that you found at least a part of a solution to go from unlivable to livable. I'll just say that there may be more help out there for you that people that approach things a bit differently. I'm really glad that you found that support. Again, I wish for you to heal and I wish for you to get better.

Erin Rhodes: Thank you.

Dr. Patrick Gentempo: I also, again, appreciate your courage in sitting here right now and sharing your story.

Erin Rhodes: Thank you.

Dr. Patrick Gentempo: Thank you.

Erin Rhodes: I'm happy to do it.

Outro

Dr. Patrick Gentempo: Well, that concludes episode one of our nine part docuseries, COVID Revealed. We are just getting started. As you can see, powerful, powerful information from extraordinary experts. There's a lot more ground to cover. We're still in the very beginning of the free viewing period. If you haven't already, please share with other people so they can join us, they can get this information and we together can take this journey, learn more, spread this information and create some rationality in the world when it comes to COVID. Thanks for being here. I'll see you in episode two.

Robert F. Kennedy Jr.: There is something really wrong with this. This is not about medicine. This is not about trying to heal people. This is about trying to control people. We want to see the science. Literally every one of the bill of rights with one exception, the second amendment has been trashed in a dumpster this year. In one year, it was all about how do you impose censorship? How do you impose totalitarian control? The term misinformation does not actually mean it's faculty erroneous. It's a euphemism for any statement that departs from official pronouncements of the government or the pharmaceutical industry.

Dr. Peter McCullough: There were excess numbers of people dying after the vaccine that were being reported to the vaccine adverse event reporting system, exceeding the level of comfort. If we can't get 50% protection, it's a no go. If a vaccine can't last a year, it's a no go. Because all we're going to do is just keep creating a dependency on these boosters. A mutant strain, which is already there, is going to find a vaccinated environment maybe more ideal to flourish. Those who we want to protect the most with the vaccines, the vaccines are failing.

Bonus Interview: Megan Redshaw

Dr. Patrick Gentempo: I'll tell you one of the things this world needs more than anything else right now is good investigative journalism and that is what Megan Redshaw brings to the table. She is someone that goes out there, investigates the issues around COVID and reports on them. You're not seeing much of this right now because the media is hiding from you information that you need to know. Well, Megan goes out there and gets it and delivers it. And she's someone that I wanted to interview so I can ask her about what kind of things she was finding in her investigations. Enjoy this interview.

Dr. Patrick Gentempo: Megan, thanks for coming in and taking the time to have this conversation.

Megan Redshaw: Thank you for having me.

Dr. Patrick Gentempo: So how does one end up as an investigative journalist?

Megan Redshaw: Well, I think that the position just kind of found me. I began writing and found topics that I was passionate about and one of those topics is vaccinations. And I think to be an investigative journalist means that you're searching for answers and trying uncover the roots of stories and the truth.

Dr. Patrick Gentempo: So did you have an academic background in journalism or anything of the sort, or what did you do before that?

Megan Redshaw: My academic background is in political science and then I also have a law degree and additional training in natural medicine, but I never went to journalism school.

Dr. Patrick Gentempo: So how long have you been doing this type of work?

Megan Redshaw: Since about 2013 when I started my blog, Living Whole. And for the past six months, I've been almost exclusively reporting for Children's Health Defense, their publication, The Defender.

Dr. Patrick Gentempo: What kind of stuff are you reporting on right now?

Megan Redshaw: Mostly COVID vaccines. I don't think that was the plan from the outset of my writing with them, but that's kind of how it's evolved.

Dr. Patrick Gentempo: So you said you were writing of vaccines for a while now, before you were at Children's Health Defense, so what got you interested in that?

Megan Redshaw: I went to naturopathy school and there was a module on vaccinations and I was married to a physician at the time, so that was just a subject of interest. And then I had my own children and it became imperative that I researched that topic in having my own children. So it started out with researching pediatric

vaccines and the pediatric vaccination schedule. Today, I would say it's much more focused around COVID vaccinations because that's what's affecting all Americans, children to the elderly. I feel like the pediatric vaccines have kind of taken somewhat of a backseat as the pressure is on Americans, really to get vaccinated with the COVID vaccine.

Dr. Patrick Gentempo: Are there any similarities that you have found in your research with the vaccine arena in general and then what's going on with COVID, or is this a completely different animal?

Megan Redshaw: Well, I would say the most notable thing is that the same key players are involved. You have the FDA, you have the CDC, you have some of the same pharmaceutical companies. You have Pfizer, Johnson and Johnson, and Merck, though with Johnson and Johnson, they've kind of stuck to the anthrax vaccination, Ebola, and this is COVID vaccine, they don't really have many of the pediatric vaccinations. But you have a lot of revolving doors between the pharmaceutical companies and the US regulatory agencies for vaccinations, whether it's for the COVID vaccine or the pediatric vaccine. So I would say that's the most notable thing that I've seen.

Dr. Patrick Gentempo: You say revolving doors, are you talking about people who leave their position in government and go to work for the pharmaceutical companies?

Megan Redshaw: I am talking about that. Like the former FDA commissioner now sits on the board at Pfizer. The mainstream media quotes him all the time about how we need to get our vaccinations, but nobody ever talks about his background with the FDA, that he used to work with the FDA and that he has conflicts of interest. And I would say it goes a little bit beyond that too, with the mainstream media, you now have big tech involved in this. You have the mainstream media involved in this. You have revolving doors there. You have the Trusted News Initiative. So I would almost say it's even bigger now than it was when we were just talking about the measles vaccines or any of your other childhood vaccinations.

Dr. Patrick Gentempo: Let's talk about the conflicts of interest. So are you saying the conflict is the fact that you're entrusted with a government post and there seems to be these pathways from there to get very big pay days out of becoming a consultant or maybe even being employed by the pharmaceutical company, who you're supposed to police in the first place?

Megan Redshaw: Yes, I think that's definitely it, but I think it goes a little bit beyond that. I mean, as Americans we're supposed to trust our US regulatory agencies, we're supposed to trust our elected officials that they're independently reviewing the safety and efficacy of these vaccinations. We're supposed to be able to trust the scientific bodies that are coming out with these studies, but I'm not sure that we can do that when there is the revolving door. You have literally somebody from the FDA who's sitting on the board at Pfizer. You have Reuters who is supposed

to be fact checking for Pfizer information, they have conflicts of interest with Pfizer as well. You have the Trusted-

Dr. Patrick Gentempo: What is their conflict of interest?

Megan Redshaw: Reuters is a little bit complicated because they have so many different boards and bodies within Reuters, but basically Dr. Malone pointed out that somebody who is the chairman of Reuters and used to be the former CEO of Reuters also sits on the board at Pfizer and at the World Economic Forum. And Reuters is in charge of fact checking Pfizer's information that comes out in posts.

Megan Redshaw: So you literally have people who are fact checking information, working with the pharmaceutical companies. You have the pharmaceutical companies who are funding various foundations, including the CDC Foundation, the American Medical Association, the American Academy of Pediatrics that is supposed to be making these recommendations for Americans in getting COVID vaccinations. You have pharmaceutical companies funding politicians who are supposed to be supposedly taking independent positions on issues. And so I feel like there's a major conflict of interest on every level of our government.

Dr. Patrick Gentempo: Yeah. So this is something that I think not many people know or understand. And how come we don't see this much in the media as far as saying that there are these, let's call them unholy alliances and these people who have severe conflict of interest who are making very significant decisions that are looking to be enforced in a way that take away our liberty? So what do you think the most egregious thing is that you're seeing right now with COVID as far as those conflicts?

Megan Redshaw: I think the most egregious thing is that we are being lied to about the safety and efficacy of vaccinations. To begin with, let's focus on safety. The mainstream media is not reporting about any of the adverse reactions with the COVID vaccines. When the vaccine was first approved for emergency use authorization in December, we saw some stories come out, people being injured by vaccines, most notably blood clots at the time. It was Johnson and Johnson or AstraZeneca, which is used in Europe, though AstraZeneca was seeking emergency use authorization or planning to from the US government at the time. But then you really saw this crackdown in the mainstream media because it was causing vaccine hesitancy.

Megan Redshaw: I think it was last week, Facebook came out with a story, basically their number one vaccine story that was causing vaccine hesitancy, and it was an adverse reaction that a doctor had to the Pfizer vaccine, Dr. Michael. It was very early on, I think back in February, he suffered a very rare blood disorder. And at that point, the mainstream media stopped reporting on adverse reactions to vaccinations. If you put anything on social media about the Vaccine Adverse Events Reporting System by the CDC, it's flagged as misinformation. You're not allowed to post about it, you're not allowed to talk about it, the mainstream media doesn't post about it.

Megan Redshaw: So we're not able to make an informed decision if we're not getting all of the information. And every time there is an adverse reaction, nobody takes it seriously. The CDC doesn't follow up on it. The CDC doesn't properly conduct an investigation. The CDC doesn't answer questions about it. And at this point, as it sits today, we have almost 700,000 adverse events reported to VAERS and we have-

Dr. Patrick Gentempo: 700,000?

Megan Redshaw: Almost 700,000 adverse events reported to VAERS. And we have 13,000 deaths reported to VAERS, 6,000 of those or over 6,000 of those are US deaths and nobody's talking about that. So we have a big safety issue.

Megan Redshaw: The other issue is that we have an efficacy issue. We're not getting adequate research that's being conducted or publicized, and we're being lied to about the efficacy of the COVID vaccinations. I would say I'm not a scientist, but I'm very well aware of the research out there that says that universal vaccination can create more dangerous variants to the virus and that's kind of what we're seeing now with the Delta variant. The CDC isn't properly tracking breakthrough cases, that's a huge problem.

Megan Redshaw: May 1st, they put out a statement that they were not going to count all breakthrough cases anymore, but only those breakthrough cases that resulted in hospitalization or death, which means we don't have accurate numbers about whether or not vaccines actually work, and if so, how much so. What we know is that we're seeing a significant number of breakthrough cases. And everybody's on the same page with the belief that we don't have accurate data and that's because the CDC has chosen not to track and, or report accurate data.

Dr. Patrick Gentempo: So how do you take government reports like theirs and say it's misinformation, or disinformation is the term I think they use a lot? So what's the justification here? Does anybody raise that issue?

Megan Redshaw: Well, their argument is that it's a passive surveillance system that anybody can file a report. And it's true that anybody can file a report. I would say, if anybody's doing that, they have too much time on their hands, but that's their argument. It's voluntary, it's passive. They haven't investigated all of those reports and therefore causation doesn't equal correlation, or correlation doesn't equal causation, that's what they say.

Megan Redshaw: At the same time on the CDCs website, it says that the adverse events are under reported and there have been numerous studies that have come out that have said that there's only about 1% to 17% of adverse events that are actually reported to VAERS, doctors aren't trained in medical school to report to VAERS, they're not openly encouraged to report to VAERS. On the CDC's website, it states both that there's under reporting and both that you can't trust VAERS because it's passive reporting.

Dr. Patrick Gentempo: But what I don't get is that it's still something that is reported, so how is it misinformation if you're saying, according to VAERS, you post this on social media? How are they saying that's vaccine misinformation? It's information. Are they trying to say that the government is spreading disinformation by having VAERS and reporting on it? It seems to me there's no justification for trying to take posts like that down at least under the umbrella of disinformation. It sounds more like they want to say anything that might create hesitancy, we won't allow you to post.

Megan Redshaw: I would say that's what's accurate, it's about vaccine hesitancy because I know in my writing, I post the VAERS numbers every single week, we put that none of these deaths have been investigated, we put that it's a passive reporting system, we report that it's voluntary, but the warning label that gets put on our posts states that it's missing context. There's no way to appeal that and there's really no other explanation for that other than it's missing context. But my opinion is that behind the scenes, it's really about vaccine hesitancy and it's pressure from the Biden administration on Facebook and Twitter and these other social media companies to crack down on vaccine hesitancy. And I don't know what would make somebody more hesitant to get a vaccine than seeing that there have been thousands of adverse events reported including death.

Dr. Patrick Gentempo: When they report that the vaccine's 95% effective, isn't that missing context also?

Megan Redshaw: I do believe that's missing context because do we know if it's 95% effective at preventing COVID, or is it just severe COVID, hospitalization and death? Is it the Delta variant or the Alpha, Beta variant? We don't don't really know.

Dr. Patrick Gentempo: And 95% effective, have you ever written anything about a relative risk reduction versus absolute risk reduction as far as those numbers and how they pan out?

Megan Redshaw: I have only written about it in the context of Dr. Peter Doshi with the BMJ. He wrote several articles about that stating that using those principles, the vaccines are not 95% effective. Of course, when you see those headlines in the mainstream media, they don't talk about that.

Dr. Patrick Gentempo: What's your view now? So you've been investigating this and obviously you've been going deep into it, in I think a lot of the areas that people aren't talking about. I mean, a lot of people are debating the science, but they're not getting really deeper into the people and who's on the government's payroll in these varying agencies and who's on the payrolls of the pharmaceutical industry and seeing the relationship between these things. I think that's an area that really requires a lot of investigation and not many people are talking about it. But now that you've looked at that, you looked at what's going on, you see the censorship that's happening, all the things that you've been talking about, do you have any speculation around what's going on here? Why is this agenda being driven so hard? Why is there censorship? Why is there propaganda?

Megan Redshaw: I think it's about two things. I think it's about money and I think it's about control. For example, Pfizer is projected to make $33 billion this year off of their COVID vaccine. I have sat in on their earning calls where they ensure their investors, and I'm sure you can think about who their investors are, big banks, big corporations, people who want to make a lot of money, about their plans after the pandemic to continue with boosters. And they have a whole plan set up to make money, even after the pandemic wanes, and about their pandemic pricing environment, how they're going to jack the price up like they do with other vaccines after the pandemic wanes. I think it's very much about money. I think the boosters are very much about money.

Megan Redshaw: I think for some people though, it's about control. If you look over the past year about how our society has changed, the civil liberties that have been taken away, the freedoms that have been taken away, our children don't even have the right to go to school and breathe clean air.

Megan Redshaw: And I think that the most alarming thing to me is the fact that we're not recognizing natural immunity. I think if corporations, these corporations, these pharmaceutical companies, these government officials really thought about people and prioritized them as number one and it was about our health and our best interests, we would recognize natural immunity. We would recognize that if somebody has COVID naturally and has natural immunity, they have just as good of protection, if not far better, the research shows far better protection and long lasting protection, we wouldn't be forcing these people to get vaccinated.

Megan Redshaw: And we have research coming out that says that people who've already had COVID and get a vaccine are at a higher risk of suffering an adverse event, we wouldn't be forcing these people to get vaccinated. So I think it's about money. It's about control and it's being used as an excuse to take freedoms away from people and to infringe upon civil liberties that you really can't do, if you don't have a compelling interest like a pandemic.

Dr. Patrick Gentempo: So now it gets to be kind of interesting because I think you're right, but now there's the people who actually have an agenda that is a dark agenda in the ways that you're describing, and then there's a bunch of people who are a part of the machine that probably believe that what they're doing is the right thing, a lot of providers, doctors, nurses, what have you, that are following the CDC guidelines and think they're doing the right thing. Let's, for lack of a better characterization, call them useful idiots. So where do you think the lines are drawn between the people who just aren't asking the questions like you're asking as an investigative reporter and then the people who literally have the agenda? Like where do you think Fauci is in all this, for example?

Megan Redshaw: Well, I think Fauci is the agenda. He's a key player in the agenda. I think that it would be very hard to perpetuate this without him. But I think you're absolutely right, there are a lot of physicians especially, who just don't know. They think that it's safe, they haven't seen anything concerning. They rely on the American

Medical Association to tell them what their recommendations should be. They haven't thought well, who funds the American Medical Association? What's Pfizer's ties here? How many millions of dollars has Johnson and Johnson given to the American Medical Association? They don't ask those questions that I think part of it is because they're busy and part of it is that they just aren't trained that way.

Megan Redshaw: I mean, when they're in medical school, they're not taught to question vaccinations. They're not taught about the Vaccine Adverse Events Reporting system. They're not taught about the ties between pharmaceutical companies and how all of this works. They see a study, they read the conclusion, American Medical Association or American Academy of Pediatrics says that this is good, and they go with that. I think it's unfortunate.

Megan Redshaw: I think that as a physician, they should be properly informing patients and that means giving them the good and the bad, which is not saying, well, the vaccine only carries a risk of swelling or redness at the injection site. That's just simply not true. That's not what the data shows, but that's what they're told. But I definitely think there's a significant portion of the medical profession, who I wouldn't say they're bad, I wouldn't say their intentions are bad, they are just ignorant of what's going on and see no need or have felt no need or have thought to question what we're being told.

Dr. Patrick Gentempo: It gets confusing because... And I've spoken to doctors who work in ICUs, who are handling. They're seeing death every day and they certainly feel that, hey, there's a real problem here in their own, I guess anecdotal way are looking at how many people are vaccinated who are making it to hospital, et cetera. But then you take a step back and you look at like one guy I spoke to, I said, "I saw an article published in Nature that said that that natural immunity, if you have it, it's probably good for a lifetime, very likely that it's good for a lifetime and will work against most variants." And his response was, "Tear that up, it's (beep)." And I'm like, "Okay. Well, why do you feel that way?" So people will draw their own conclusions.

Dr. Patrick Gentempo: But what I'm finding is that there's a growing course of real scientists, like you mentioned, Dr. Robert Malone, who's in this series and they're talking about that the actions being taken are really against fundamental principles of virology and vaccinology or basic molecular biology, that you don't do the types of things that we're doing as far as quarantining healthy people and injecting or giving vaccinations that are very untested, whose safety and efficacy are questionable but that you vaccinate into a pandemic. And they're being silenced. So if people who are legitimate scientists in this realm who have amazing pedigrees, as far as saying, they have a right to speak to this issue, if they're being silenced, does that not indicate that there's an agenda as compared to an open discourse here that's necessary?

Megan Redshaw: I absolutely think that it indicates that there's an agenda here and I think that's what causes a lot of Americans to question the narrative. I saw a headline the

other day where it was talking about the breakthrough cases and this was all over, it was Bloomberg, it was all of your mainstream media news sites and they were all saying, well, scientists just don't know why we're having breakthrough cases and why the Delta variant is such an issue. And I thought to myself, yeah, scientists do know, you're just censoring the ones who have opinions that explain why we're having an issue with the Delta variant, because it conflicts with your narrative that vaccines are safe, that they're effective and that they work.

Megan Redshaw: So I, 100% agree with you. I think there's actually a lot of scientists which encourages me and gives me hope that there's people fighting under the current against what's going on. A lot of them have been vaccinated. Dr. Robert Malone admitted that he had been vaccinated with, I believe Moderna. He regrets that decision. But a lot of these scientists have been vaccinated. They weren't anti-vaxers, they're not anti-vaxers, they're just against the anti-science narrative that's being perpetuated.

Dr. Patrick Gentempo: Do you think that this information could be repressed forever? I mean, the machine seems to be built and the censorship, it's unabashed at this point, it's not like they're trying to pretend they're not censoring, they are. And yet, I get the sense that there is this growing ground swell and that there's some cracks in the dam that are starting to occur. And I see that also in the United States that I think that they're not really being forthright about the data that's being reported, although in places like Israel that's where we seem to be getting a lot of our information. One of the highest in the world, as far as the percentage of their population that has been vaccinated, what they're seeing there and they're reporting on it, seemingly openly. Do you think that the dam is going to break here and we're going to actually get to the truth or how are you feeling about it right now?

Megan Redshaw: Well, I would hope that the dam breaks and that we get to the truth. I do believe that it will, but I'm not so sure it's going to happen as soon as I would like. I think that what it feels like to me is that there's a significant, at least 50% of the population right now is unvaccinated and we're subjected to an immense amount of peer pressure and so I think that that probably will increase. But I think as people continue to ask questions and continue to seek answers and continue to educate other people that we're going to get to the bottom of it.

Megan Redshaw: And I think Facebook and Twitter, they can do whatever they want to, to censor information, but it's pretty hard to ignore somebody who suffers an adverse reaction and they're walking down the street and they can't walk on their own anymore, or they're not here anymore. I think that there's enough things happening that people are questioning, that will continue to talk and educate others, that I don't think they'll be that successful at suppressing information. But I think it's going to take a while.

Dr. Patrick Gentempo: And by the time it comes out, it could be new edicts, new... I mean, all this stuff is now entrenched and it's kind of hard to remove. So with people that are

injured fairly immediately after the vaccine, that's one thing, is there a concern about effects that take longer, maybe even years before you might understand or know about them?

Megan Redshaw: There's a big concern about this and even, I would say mostly from the scientific community, the physicians that are speaking out. Dr. Robert Malone has mentioned this as well. We fully authorized, fully approved the Comirnaty vaccine with Pfizer, but none of the long term phase three clinic trials have been completed. Those are scheduled to be completed, I believe it's 2022 for Pfizer and 2023 for Moderna. Basically a year or two from now is when we're going to get our, quote, "long term data." Until then, we're just part of this experiment. We don't know what the long term effects are. And I think that we are ignoring any potential effects that are arising because it could fuel vaccine hesitancy and it could interfere with the rate at which they're trying to get people vaccinated.

Dr. Patrick Gentempo: Did the FDA follow their own rules in giving full approval to the Pfizer vaccine?

Megan Redshaw: My understanding is that they did not follow their own rules. They said that it was going to be a transparent process, that they would allow for an independent review. There's usually public discussion when it comes to fully approving a vaccine where they take comments from the public, including physicians and scientists who are concerned about the process. That did not happen with Pfizer's approval. Not only that, they approved the Pfizer Comirnaty vaccine and not Pfizer's BioNTech vaccine, which is what we're giving here in the United States.

Dr. Patrick Gentempo: So let's talk about the significance of that.

Megan Redshaw: According to the FDA approval letter, the Pfizer BioNTech vaccine, which we currently have here is still under emergency use authorization. It is not fully approved. We currently have no stocks of Pfizer's Comirnaty vaccine here in the United States.

Dr. Patrick Gentempo: Are they different?

Megan Redshaw: According to the FDA, there's a few differences, but they don't state what they are and they don't interfere with safety and efficacy. I believe that's in a footnote in the FDA approval letter. And if they don't state how it's different or what tests have been done and don't allow for public discussion, then that's even more so nobody knows what these changes are. They do say that the BioNTech vaccine and Comirnaty vaccine can be used interchangeably.

Megan Redshaw: That's an issue because the BioNTech vaccine being under emergency use authorization protects a pharmaceutical company from liability. So if you're injured by the Pfizer BioNTech vaccine, you have very little recourse for being compensated, though the government has a small countermeasure, it's called

the CICP program where I think they've awarded 4% of claims that have been made. It's kind of a joke. Other than that, there's nothing.

Megan Redshaw: But with Comirnaty, if you suffered an adverse event to Comirnaty, you could potentially sue a pharmaceutical company and the pharmaceutical company could be subjected to an immense amount of liability. But if you can use them interchangeably, how is a patient supposed to prove which vaccine they're getting? They may think they're getting a licensed vaccine, but it's really an experimental vaccine and they have no recourse for any reaction they experience

Dr. Patrick Gentempo: The vaccines that are out there that are the Pfizer vaccines is the emergency authorization vaccine, it is not the approved vaccine?

Megan Redshaw: That is correct.

Dr. Patrick Gentempo: So people might mistakenly think they're getting the approved vaccine when they're not, they're getting something that's similar, but different? And their rights ... You're an attorney so this is, I think a legal question. So their rights in receiving the emergency use authorization vaccine are different should they be injured than with the approved vaccine? So does the provider have a duty to disclose through informed consent which vaccine they're getting?

Megan Redshaw: In my personal opinion, the physician has an obligation to disclose to a patient which vaccine they're getting. That's assuming the physician knows about the difference between Comirnaty and Pfizer's BioNTech vaccine. I've spoken to several physicians just this past week, they had no idea about the information that I gave them, that there was a difference between the two vaccines. They just, it's Pfizer's vaccine. They didn't know anything about it. And I've had several patients talk to me about how they've gone into their physician's office, because they're mandated to get the vaccination and have asked for Comirnaty and the physician does not have Comirnaty and says that they won't have Comirnaty for some time.

Dr. Patrick Gentempo: Shouldn't the FDA be directing Pfizer, or actually the people who have the stocks of the old vaccine to dispose of it saying, hey, this was something that was not approved, so we should get rid of this now that we have an approved vaccine? And does it also create a problem saying, hey, we have this approved vaccine, but we have this other one, Moderna, that's still under emergency use? Why would our regulatory agency allow anybody to get a vaccine that is not approved when they have an approved one?

Megan Redshaw: That's a very good question. I think, honestly, this is a little bit of a bait and switch. I'm not the FDA, so I don't know what the FDA was thinking, but my instincts tell me that the FDA is looking for a way to dispose of those stocks of Pfizer's BioNTech vaccines and is doing so through this method, in addition to trying to find a way to protect Pfizer from liability, because you can't tell me

they aren't aware of the almost 700,000 adverse reactions, a significant number of those have been reported after receiving Pfizer's vaccination. So I think it's about those two things.

Dr. Patrick Gentempo: Pfizer doesn't have liability for the BioNTech, right? So they almost prefer that people keep getting that vaccine, because if somebody's injured, it can't come back to them. But am I understanding correctly that on an approved vaccine for adults, not for kids because the government indemnifies all the childhood vaccines, right?

Megan Redshaw: Yes.

Dr. Patrick Gentempo: But for adults, does the government indemnify for approved adult vaccines or do they have to have private insurance for that?

Megan Redshaw: Comirnaty, so if it's approved for adults, would be treated like other drugs. So if you see, for example, we have a lot of shingles litigation, shingles is a vaccine that is for adults, you can sue the pharmaceutical company for more than just fraud. You could potentially sue them for your adverse event, if you could connect it to it being caused by their vaccine or their product.

Dr. Patrick Gentempo: And I think this is an important distinction because I think people understand that if you got an MMR vaccine and the kid is injured through having the MMR vaccine that you can't sue the vaccine manufacturer, you have to actually sue the government in their vaccine compensation program. But this isn't true for adult vaccines, it's almost like you said, treated like any other drug that they might have and that the vaccine manufacturer themselves, they are liable, they can be sued directly. So do you have a speculation of what might happen here? Do you think that you'll start seeing lawsuits or do you think that Pfizer's worried about this?

Megan Redshaw: Well, I would like to see a response to Senator Ron Johnson's letter. He sent a letter to the FDA asking about these very things, why Comirnaty? Why wasn't there allowed public debate? Why was this rushed through? This seems to be about pushing vaccine mandates and not about the safety of Americans. So I would like to see those questions answered.

Megan Redshaw: I think that in order to bring a lawsuit, somebody would have to be able to get the Comirnaty vaccine and to prove that they're getting the Comirnaty vaccine and to prove that their adverse reaction was connected to that vaccine and I think that that's an uphill battle. But if the FDA doesn't come up with a way to blanket indemnify pharmaceutical companies like Pfizer, Moderna or Johnson and Johnson, assuming they get full approval for their vaccinations, then this would be the way to do it. You keep giving people the Pfizer BioNTech vaccine. It says, I believe in the FDA letter they can interchange labels. So potentially, Pfizer could continue to make BioNTech vaccines and continue to give those to

Americans while the mainstream media perpetuates the belief that this is a fully approved product.

Dr. Patrick Gentempo: It seems like the FDA was trying to give them cover there in the letter. I mean, it was sort of unprecedented this approval letter in how it was conflating the two vaccines together. And I'm glad that we have legislators who are investigating saying, hey, something seems like it doesn't smell right here.

Dr. Patrick Gentempo: But I wonder and I laugh because I say Comirna, it sounds a lot like Moderna, doesn't it? So I'm wondering if Pfizer's trying to gain some kind of a competitive advantage making their vaccine sound like Moderna, but it's still Pfizer and it's all approved. I don't know, this whole thing just is really, really weird. When you have mothers coming to you, talking about children saying I understand the vaccines are now approved for, was it 16 and older and now they're looking at maybe 12 and older and so on, do you think there are special considerations for kids as compared to adults when it comes to these COVID vaccines?

Megan Redshaw: I definitely think that there's special considerations, the most notable one being that kids are not at a high risk of getting severe COVID or experiencing hospitalization or death per the CDC statistics. And I don't think it's ethical to vaccinate a subset of the population for the protection of another subset of the population. I believe it was maybe Peter Doshi in a comment to the FDA during a meeting when they were discussing approving the vaccinations for children, he made a comment like that. I think we have to look at the risks and we have to look at the benefits of vaccinations versus the risks and benefits of natural immunity or getting or not getting COVID. And for children, they're just not at a high risk of hospitalization or death. And we also have to think about the fact that there are very real risks associated with the vaccines, which we know now do not provide long term protection.

Dr. Patrick Gentempo: I've had some experts share with me that the degree of symptomatology typically has some correlation with how likely you are to be spreading COVID. I don't know that it's been measured, but are kids likely to spread COVID since they don't really get severe COVID if they are exposed as a rule?

Megan Redshaw: I believe that they can spread COVID, whether they're symptomatic or not. I know that it's a little bit controversial in the scientific community right now about whether asymptomatic people, whether they're children or adults can spread it or not, but my belief is that they can still spread COVID.

Dr. Patrick Gentempo: What's interesting because you refer to it as an ethical issue because what we're saying here is that kids have to take a risk on a medical procedure to try to protect others who might be more vulnerable, and that that's an okay thing to do. So what does it say about a culture that says that their kids can become sacrificial beings for the betterment of others? It doesn't sound like it aligns with probably the constitutional law that you learned while you were in school.

Megan Redshaw: I don't think it aligns with the constitutional law and I just think it's depravity. I mean, we should not be subjecting children to an arguably unnecessary procedure that could carry an inherent risk of harm or death simply to protect another subset of the population who could take precautions outside of a COVID vaccination or who could utilize other treatments or measures, should they actually get COVID that would not put anybody else at risk.

Dr. Patrick Gentempo: Well, let's talk about that. In your investigations, hydroxychloroquine, ivermectin, zinc, et cetera, these things again, taken down off of social media. I mean, there are good studies that are published on these things, meta studies that look at aggregates of other studies, but social media doesn't want those things posted. So what have you found around any of that?

Megan Redshaw: Well, they don't want these things posted because it undermines emergency use authorization because if there's alternative treatments out there that actually work, then they cannot authorize these vaccinations for emergency use authorization. So we have to pretend that there's nothing out there that works. We have to create a narrative that hydroxychloroquine is dangerous, that ivermectin doesn't work, that you could die if you take it. Ivermectin has been used for years. Billions of people have taken. It's on the WHO's essential medicines list and it has a very low risk of any side effects when used properly, same with hydroxychloroquine, which has been used all over the world.

Megan Redshaw: So we have something that's affordable for the average American and comes with a little to no side effect or at least a risk of death that you could arguably say accompanies a vaccination. I don't see why we wouldn't use that, but for the fact that it would not allow vaccinations that we're currently using to be authorized.

Dr. Patrick Gentempo: It's interesting because I think they're trying to lead people to believe that ivermectin's for horses, not for humans, you keep seeing that in the headlines also. But there's no patents, the patents have expired on these medications and they seem to be effective. And I can remember at one point there was a physician who was testifying in front of Congress, it was on C-SPAN, talking about studies that had been done that looked very promising so he came bearing good news, and YouTube took the video down. And this was going on right in our own capital, Washington, DC, in front of our own Congress and that can't be shown to people. So have you ever witnessed, or do you have a historical reference point where there's been this kind of censorship?

Megan Redshaw: This is unprecedented. The censorship is unprecedented. If somebody messages me that I should watch a video because this is so good and it's about ... I know it's going to be gone before I get there. They're very, very quick about censoring it. It's not even about misinformation anymore, it's missing context, which something theoretically could always be missing context. If the government posts it, it could be missing context. If I post something, it could be missing context because I have a different perception. But this is unprecedented censorship. This is just censoring every single thing that goes against the

narrative that we're being told. And anything that could create vaccine hesitancy and not only vaccine hesitancy, but if you thought that you could treat COVID with something that is affordable and has relatively little side effects and you could have long lasting natural immunity, we can't have people thinking that either.

Dr. Patrick Gentempo: So where do you think this all goes now? Have you been personally attacked for the stuff that you're investigating and writing? What have you been experiencing on the personal level?

Megan Redshaw: Well, I took my website down very shortly after I started working for The Defender because the censorship was just so bad. You almost have to work for a company that has funding and a team of people who are working 24/7 around the algorithms and the censorship and rely on email lists and newsletters and people reading their emails because you really can't reach people on social media or doing things like this. So I've personally been censored. My posts have personally been censored, but I've also experienced a lot of backlash just for speaking out, backlash from Child Protective Services, backlash from people who think that I should die, who are praying for my soul because I'm helping people get religious exemptions to vaccinations. But at the same time, I've also experienced a lot of positivity too.

Dr. Patrick Gentempo: Well, you talked about the negativity, give us some of the positive stuff.

Megan Redshaw: Well, I've helped a lot of people get religious exemptions to vaccinations. This is a subject that is very concerning to a lot of adults. I had somebody reach out to me the other day, who's had a liver transplant. He's felt sick his whole entire life, he's felt healthy for the very first time in the history of ever, but now he's looking at having a mandated COVID vaccine and he doesn't want it. And so I've helped people like him get medical exemptions and religious exemptions, and I've also educated a lot of people, a lot of scientists, a lot of physicians. And I've also tried to get the thoughts and opinions out there from scientists who are being censored. There's been a lot of positivity with it, too, people thanking me for educating them and helping them get exemptions.

Dr. Patrick Gentempo: What drove you to go to law school?

Megan Redshaw: I honestly don't know. I think I just liked to argue, but now I definitely have a passion for parental rights and civil liberties and our freedoms and just educating people on questioning when somebody says you can't do something, well, what does the constitution say about that? And encouraging people to fight for their own rights and advocating for families.

Dr. Patrick Gentempo: One of the things I think that has to be investigated and I'm excited for this investigation to occur, and it has to some degree, and I'm wondering if you have any data on this, we're 50 different states with 50 different governors with 50 different mandates or lack thereof, but if we take like New York and California,

which seem to be the most restrictive and then states like maybe Texas and Florida, which seem to be maybe the more open where we're looking at quarantines and shutdowns and masking and all this kind of stuff. Well, we have and are going to have an ongoing basis data about, okay, we can compare these tales of two cities basically and say, did this work or did it not work? Have you investigated that at all, and if so, what have you found?

Megan Redshaw: Well, I have investigated this to some degree because I do look at the breakthrough numbers from every state and I would say Florida's a very good maybe benchmark for comparing what's working and what's not working. The problem is that the media lies about the COVID breakthrough data in Florida. For example, it was a couple weeks ago, they combined several days worth of COVID cases into one day. And they said there was this many cases in Florida and the governor came out and said, wait, that was over a period of time. So if you break this up over to period of time, that's not very many cases. Or they're saying that there are COVID cases mostly happening in the unvaccinated or their percentage is off on how many people are getting it, who've actually had a COVID vaccine. So I think we are going to see different data that we can compare. The question is going to be whether or not it's reported to us accurately.

Dr. Patrick Gentempo: And that is the hard part. I mean, there's reasons to distrust the data as it exists now, what's coming out. When they talked about, for example, I don't know if you might have written about this, but when they said this high percentage of people who were new COVID cases were unvaccinated, but the data was taken at a point in time when most people weren't vaccinated. Is that accurate?

Megan Redshaw: That's absolutely correct. I believe it was Science that posted on this a couple of days ago and somebody pointed out, hey, you're using data from before we were even giving vaccinations to people. That's obviously skewing the data. And that's been happening for months now and all of the major news outlets have been telling people this look, it's mostly happening in the unvaccinated, it's so bad, everything else. But nobody's thought to say, wait a minute, we weren't giving vaccinations during that period of time.

Dr. Patrick Gentempo: Well, because a lot of people just read the headline, rather than look at the data, when it was collected and have to get in there. And that's where investigation, I guess, starts, it's in the details, I'd imagine. Are you consumed in your days in just digging into all this stuff?

Megan Redshaw: I write about COVID vaccinations every day and two to three posts per day. So I'm writing maybe about 12 articles a week on the COVID vaccine. So I'm very familiar with every headline that comes out. And I look at all the mainstream media sources when I'm writing a post because I don't want to be censored. So I have to take from the mainstream media when I'm writing. But then what I also do is I go to the actual study and I read the study and I'm like, wait a minute, this does not line up with what this article is saying. Then I have to go to the scientists, like a Dr. Robert Malone, or a Vanden Bossche or a Hooman

Noorchashm, or whoever authority is on that subject. And I'm like, what does the study say and what are these discrepancies here? So there's a lot that goes into just writing one piece and then also getting around censorship.

Dr. Patrick Gentempo: Earlier I brought up that we have to kind of look to Israel for our data because I feel like they're reporting kind of openly and without bias. So is there anything that's coming out of Israel that we should be paying attention to?

Megan Redshaw: Well, I think one of the things we need to look at with Israel is we need to get our hands on an unredacted copy of their contract with Pfizer, because this is coming from an Israeli scientist and Dr. Robert Malone can confirm this, we don't have access to all of Israel's data, only Pfizer does. And Pfizer is holding on to some of the data so that the US health regulatory agencies don't have access to it. And obviously the only way to confirm that is to get a copy of the unredacted contracts between Pfizer and Israel, but most notably the first contract that went into place, where they promised to give Israel COVID vaccinations in return for that health data.

Megan Redshaw: But I would say that Israel is the benchmark what we look to for what's going to be happening in the United States. So if a vaccine is going to fail in Israel, then we're going to be seeing that here in the US. If they're seeing more breakthrough cases in Israel, we're going to see that in the US. Israel came out with the myocarditis first, I believe they came out with the blood clots first. There's a lot of things that come out of Israel that eventually make its way to the United States. But I would not feel comfortable saying that we have all of the health data or that it's all being shared with us because there is a lot that is not being shared with us that Pfizer is aware of because of the reporting obligations in their contract.

Dr. Patrick Gentempo: So Pfizer was holding the data hostage in exchange for giving them the vaccine early?

Megan Redshaw: That's correct.

Dr. Patrick Gentempo: Wow. And you have to say that there's a reason why they would do that, right? In other words, that's the opposite of transparency and we still don't know what the limitations or restrictions are that were placed on them.

Megan Redshaw: Well, it is a lack of transparency, but if I were a pharmaceutical company and I knew that potentially people could be harmed by my product, I would probably want to put some parameters on the health data as well. I would want to know about it first. I would want to see how I could spin it. I would want to see how I can make it go away or cover it up or not share it with the health regulatory agencies. So from a pharmaceutical company's perspective, it's a deal for Pfizer and then they get access to a whole bunch of health data from millions of people who signed up to take a vaccine that they were convinced would save them from COVID.

Dr. Patrick Gentempo: Yeah, but it implies that we don't know everything and they're withholding information for fear that it would create adverse popularity to their product. So anyway, that's very suspect. So polishing up that legal degree of yours, vaccine's been a very interesting thing when it comes to mandates and enforcing them. With COVID, where do you think this might go, vaccine passports, for example, trying to limit people's ability to travel, other countries, I think it was Pakistan that will deactivate SIM cards of people who don't get vaccinated? So there's the actual, we're going to break down your door and give you a jab or we're going to make life impossible for you to live, if you don't go and get this vaccine. So where do you see this going?

Megan Redshaw: I think it's going to get a lot worse before it gets better with the vaccine mandates. But I think we have options, for example, for emergency use products, which is definitely Moderna, Johnson and Johnson, the Pfizer vaccine, for anybody under the age of 16 currently, booster doses, because those are under emergency use authorization and the BioNTech vaccine, which is what most people are getting right now, you can't be forced to get a vaccine approved under emergency use authorization. It says right in the FDA materials that this vaccine has to be voluntary. So that is definitely an argument that I would make with my employer or with anybody else.

Megan Redshaw: And then there are also potential civil rights implications with mandating a vaccination and not accommodating somebody's medical disabilities or religious beliefs. There are several bodies of law, federal law that can be used to argue that an accommodation should be made. That still leaves a big subset of the population who maybe aren't religious and don't have a medical issue, it leaves them without some potential options if vaccines are fully approved, but that's something obviously that they could speak with a lawyer about.

Megan Redshaw: But I think it's going to get worse. I think you're going to see a divide between the states. This shouldn't be a political issue, but it is a political issue. All of your blue states, they're the states that are mandating vaccination passports, the mandating vaccines and all of these reporting obligations. And in your red states, the governors are trying to initiate executive orders saying, hey, you can't force somebody to disclose their vaccination status, you can't base it on employment, you can't mandate vaccination passports. So I think you're going to see a divide between the states and you're going to see people moving from one state to another state, simply because that other state may accommodate their beliefs and their desire not to take a vaccine.

Dr. Patrick Gentempo: We're seeing several employers who are mandating the vaccine and legally they shouldn't be able to do that is what you're saying?

Megan Redshaw: Well, I can't say that an employer legally can't mandate a vaccination or not. I think employers have, especially at your state level, your states have a lot more leeway when it comes to vaccine mandates than the federal government does. That's why you see the federal government operating through the spending clause. They're saying, hey, if you don't do this, if you don't force masks, I'm

going to take away your federal funding. They're not technically mandating a vaccination, but they're saying, hey, we won't work with your business unless you do this or we won't give money to your school unless you do this. And they're also commandeering corporations, which they're allowed to do. On the state level-

Dr. Patrick Gentempo: What do you mean by commandeering?

Megan Redshaw: They're basically saying we won't work with you, if you... For example, I'm not going to work with any of the contractors who work with the federal government, if they're not mandating the vaccination for their employee. Or they'll call Facebook up or your social media companies or your big tech companies or Google, or all of these elite corporate members and tell them to mandate vaccinations for their employees and how it would serve their interests. There's a lot of corporations who are mandating vaccinations who have stock in the pharmaceutical companies and the products that are being mandated on their employees.

Dr. Patrick Gentempo: Clearly a conflict of interest.

Megan Redshaw: Correct. But your states have a lot more leeway in implementing vaccine mandates and removing exemptions to vaccinations.

Dr. Patrick Gentempo: But what I'm saying is if I work for a corporation, pick one, and they are mandating as a term of my employment that I get this vaccine, especially with an experimental vaccine or emergency use authorization vaccine, can I sue them and say, you can't mandate this, you want to force me to have an experimental medical procedure as a term of my employment?

Megan Redshaw: I think it depends on the details of that situation. If they're mandating an emergency use authorization vaccine, that's a problem. The EEOC, which gives federal guidance to employers on vaccine mandates issued a statement in May and said, hey, you can mandate vaccinations, however, you must make accommodations for religious beliefs and disabilities. So it depends what they're mandating. If it's emergency use authorization, if it's fully approved, if they're making accommodations for religious beliefs. I would argue that there are some very serious issues with mandating a vaccination, especially an emergency use authorization vaccination and conditioning it on somebody's employment or requiring an employee to share their vaccination status. But again, it's not an issue until it's raised in court.

Dr. Patrick Gentempo: In the end, do you think that it's going to become this state by state issue as compared to a federal issue, I guess? Does the federal government have the authority to be able to create a vaccine mandate for all 50 states, or does that have to be decided on the state level?

Megan Redshaw: I think it will be decided on the state level. There are calls for the federal government to issue a vaccine mandate, and we should expect that that will be a growing call as more and more people object to getting, not only the vaccination initially, but the booster doses, because you're not just signing up for one or two, you're signing up for the whole booster program after that. So I think we're going to see increased calls for that, but the federal government could come into serious issues, legal issues, constitutional issues if they push a vaccine mandate on their citizens. So they're going to try to influence states as much as possible to implement those mandates.

Dr. Patrick Gentempo: So are childhood vaccination mandates, state by state also? I think they are for the most part, right?

Megan Redshaw: Vaccines on the pediatric schedule are state by state.

Dr. Patrick Gentempo: Yeah. So it would probably follow that format. So that's interesting. So we might have some population migration based on people's disposition towards vaccines.

Megan Redshaw: I think we will see migration, especially from the states that don't currently allow religious exemptions like California and New York, Maine, Connecticut, West Virginia, Mississippi. You're going to see people leaving those states, or pulling their kids out of school to homeschool. And then there's also a gray area of whether the COVID vaccine is included in the laws that states already have about pediatric vaccines, which could be great if you're in a state like New York or California, you could argue that this isn't a pediatric vaccination, therefore your rules that I have to get my child vaccinated don't apply. But if you're in a state that does allow exemptions, you might want to say, hey, this is a pediatric vaccine, my kid has to get it. It's a pediatric vaccine and this exemption should apply to this vaccination just like it does to everything else. I'd be making one argument if I lived in one state and one argument if I lived in another.

Dr. Patrick Gentempo: Yeah. Interesting. Well, I'm sure we probably, since you're writing 12 articles a week could talk for another few hours, but nonetheless, this has been really informative. I appreciate you taking the time to come by and share all this.

Megan Redshaw: Thank you for having me.

Dr. Patrick Gentempo: That completes my interview with investigative journalist, Megan Redshaw. I'm really glad that there's people like her that are willing to investigate, publish what they find and speak out publicly and not be intimidated by people who try to stop them.

Episode Two

Robert F. Kennedy Jr.: There is something really wrong with this. This is not about medicine. This is not about trying to heal people. This is about trying to control people, and we want to see the science. Literally every one of the Bill of Rights, with one exception, the Second Amendment, has been trashed in a dumpster this year. In one year, it was all about how do you impose censorship? How do you impose totalitarian control? The term misinformation does not actually mean it's factually erroneous. It's a euphemism for any statement that departs from official pronouncements of the government or the pharmaceutical industry.

Dr. Peter McCullough: There were excess numbers of people dying after the vaccine that were being reported to the Vaccine Adverse Event Reporting System, exceeding the level of comfort. If we can't get 50% protection, it's a no-go. And if a vaccine can't last a year, it's a no-go. Because all we're going to do is just keep creating a dependency on these boosters. A mutant strain, which is already there, is going to find a vaccinated environment may be more ideal to flourish. So those who we want to protect the most with the vaccines, the vaccines are failing.

Dr. Patrick Gentempo: Welcome to episode two of our nine-episode docusseries, COVID Revealed. As you can see in episode one, man, we've got some powerful information that you're really not hearing out there in the mainstream media or on social media platforms, but you're going to get it and hear it right here. It's still early in the free viewing period, so please send people the link. Let them register and watch this information for free also.

Dr. Patrick Gentempo: Each one of these episodes is packed with important information on all the varying aspects of COVID that you need to know. It's critical information. And I'll tell you, when I hear the phrase, sharing is caring, in this case, I really mean it. Sharing is caring. Also, just a quick mention, if you want to own the COVID Revealed series, and you want to see all the bonuses that we have to go with it, there's information right here in the page. Go ahead and take a look. But what I want you to know for right now, we're in the free viewing period. We have a lot more content to come. Please go ahead and share this with other people, and let's start episode two.

Robert F. Kennedy Jr.

Dr. Patrick Gentempo: When it comes to vaccine safety and efficacy, environmental issues, and other such things, when it comes to defending the downtrodden or the underdog, Robert F. Kennedy Jr. is an icon in this arena. He unabashedly has been speaking out and speaking the truth in ways like no one else. And his passion and his leadership has made a huge difference in the world.

Dr. Patrick Gentempo: When it comes to COVID, boy, does he have a lot to say. He just completed his book on Anthony Fauci, and as well, he has perspectives from a legal and scientific perspective that we all need to know and understand. His mind works in a very unique and powerful way in organizing information, understanding it, and then communicating it. I have to tell you, he's one of my heroes. I support personally the Children's Health Defense, his nonprofit organization, and he's someone that we need to listen to right now. Enjoy this conversation with Robert F. Kennedy Jr.

Dr. Patrick Gentempo: Robert, thanks so much for taking the time. I know you've been real busy. So let's start. Give me the big picture view of this COVID scenario over the past a year or two, what have you been seeing from your point of view?

Robert F. Kennedy Jr.: I think that the thing that surprises most people about this is that the response to the COVID pandemic has not really been a medical response. It's been more of a militarized and a monetized response. It's been about not providing early treatment to people, and not making a conservative effort to identify and repurpose drugs to keep people from going into the hospital. Instead, it's about waiting for them to go to the hospital... and at that point for many of them it's too late... and keeping people on lockdown.

Robert F. Kennedy Jr.: All these draconian mandates for which there is really no scientific support or very, very meager scientific support. Lockdowns, masking, social distancing, they're all just as likely to cause more harms than good. Everybody wait under house arrest for these miraculous vaccines that are going to arrive, and basically using all of this propaganda, and censorship, and the forced lockdowns, the cratering, the oblation of the economy, the demolition of our middle class, the deconstruction of our constitution.

Robert F. Kennedy Jr.: And inducing in the public this kind of Stockholm syndrome where people are terrified and where they become grateful to their captors. They have the understanding that the only path to safety is complete obedience to their captors. It's really, I think, a lot of damage to democracy, the constitution and to Western democracies globally.

Dr. Patrick Gentempo: I never kind of considered the Stockholm syndrome aspect of this, but as you say it, it makes a lot of sense. Because it is obedience to being a captive and hoping that they'll come save the day. Which is psychologically, especially on a

social psychological level, something I've never seen before in my lifetime. Do you have any reference point for this from your experience?

Robert F. Kennedy Jr.: I don't. I think we've seen these kind of things in totalitarian regimes where people, for example... and it's always dangerous to make comparisons to what happened to the imposition of fascism before World War II. A lot of the techniques, and a lot of the sort of human reaction, the belief by populations who were oppressed populations... like Jews and gypsies and others... that if they just did what they were told, then that things would be okay. And there really wasn't an effort to resist on a large scale, at least at the beginning. I think we've seen that.

Robert F. Kennedy Jr.: I've spent a lot of time... because my family had long involvement with the CIA... really a six year fist fight with the CIA... I've written about that extensively, including a whole book about it called American Values. I researched it and I read the CIA manuals... even the ones that are almost impossible to get your hands on now... and the CIA for 30 years was developing techniques for destroying indigenous societies and then imposing centralized control.

Robert F. Kennedy Jr.: There were techniques that they used. They developed mind control techniques and population control techniques. They talk about how you go in and you destroy local economies, you shatter and atomize traditional relationships and institutions, family relationships, relationships with your church, and you sell chaos. And you use propaganda and censorship to impose fear and to stop people from talking to each other, and confuse the truth all the time.

Robert F. Kennedy Jr.: Then when there's total chaos, you bring in kind of a centralized control. I think we've seen a lot of those techniques at work here. One of the things that I learned when I was writing my book is a lot of people have heard of Event 201, which is this event that people can go view on the internet that occurred in October of 2019. The best information now is that the virus was circulating in Wuhan by mid-September, around September 12. The hospital parking lots were full. There was lots of chatter. There were people who were at the Wuhan lab, workers who had been sent to the hospital with COVID-like symptoms.

Robert F. Kennedy Jr.: So a month after that, you have Bill Gates and the former Deputy Director of the CIA, Avril Haines... who is now the head of national security under the Biden Administration... and other people who were from social media networks, from the health agencies, from the media... very, very powerful people... who come together at the Pierre Hotel in New York City and they simulate a coronavirus pandemic.

Robert F. Kennedy Jr.: Specifically, a coronavirus that has escaped from a lab, a laboratory generated one. This is in October when nobody knows that this is already happening. And the curious thing, for anybody who reads and anybody can go on the internet and look at this... is they weren't talking about, "How do we respond to a pandemic?"

Robert F. Kennedy Jr.: There was no medical response. People weren't asking, "How do you get vitamin D to people? How do you get zinc to people? How do you make sure that people get exercise, that have the right diets that protect their immune systems? How do you quarantine the sick and then let the healthy continue to go to work? How do you protect constitutional rights in a pandemic?"

Robert F. Kennedy Jr.: None of that was drilled. It was all about, "How do you impose censorship? How do you impose totalitarian controls? How do you impose mass vaccination on an unwilling population?" And this is strange thing because there's never a time in human history when during the heat of a pandemic, you've had people refuse an efficacious medicine.

Dr. Patrick Gentempo: Right.

Robert F. Kennedy Jr.: If there's an efficacious medicine, people are running for it. So why are they thinking in advance that people are going to resist this vaccination? And yet, that's what they drill. How do you make people do it? How do you make black people do it? They say African Americans are likely to resist this. There's other demographics who are likely to resist.

Robert F. Kennedy Jr.: The thing of drilling is not how do you reduce deaths, and injuries, and hospitalizations during a pandemic, but how do you use a pandemic as a pretext for obliterating democracy for a coup d'état against the American Constitution. And they talk about censorship. In fact, they spend a lot of time saying, "How do we censor it when people start saying that the microbe is laboratory generated, that the coronavirus is laboratory generated?" They spend a whole session of the four sessions talking about how do you control people and force them to stop talking about that this pathogen is laboratory generated.

Robert F. Kennedy Jr.: So during the course of my book, people are really shocked when they see this, that it was so prescient. These people are like Nostradamus, everything they predicted came true. They talk about mRNA vaccines and how quickly they're going to put them out and everything. When I was researching the book, I discovered that this was not a lone incident. They had been doing this same drill for 20 years. I found transcripts of at least 18 of them.

Robert F. Kennedy Jr.: They were all written by people from the CIA, whose names I know and record. Including James Woolsey, who's a former director of the CIA, Robert Cadillac, Tara O'Toole, people who are deeply involved with the agency and who were deeply involved in imposing the biosecurity agenda after the anthrax attacks in 2001, when biosecurity became the spear tip of U.S. foreign policy.

Robert F. Kennedy Jr.: These simulations involved hundreds of thousands of people. They were top secret. Almost all of them included somebody who was very, very famous, like Senator Sam Nuun, UN ambassador Madeleine Albright, Senator Frank Church, various congressmen. And those important figures would come in and give the imprimatur of legitimacy to what they were drilling.

Robert F. Kennedy Jr.: But many of them involved tens of thousands of frontline workers of hospital systems all over our country, and of police and firefighters, of all of the law enforcement agencies, the FBI, the CIA, the Department of Homeland Security, and many, many others. They were simultaneously doing this in Canada, in Europe and all over the world.

Robert F. Kennedy Jr.: One of the first ones was called Operation Lockstep. I think one of the baffling things about this whole pandemic to a lot of people has been... everybody's kind of uneasy with this imposition of authoritarian controls that has occurred. But people keep wondering, "How do they all do it at once? How do they know what to do when they did it at the same time in France, and Germany, and Canada, and Mexico, and all over the world?"

Robert F. Kennedy Jr.: Well, it turns out they've been drilling it for 20 years. And each one of these drills... which the intelligence agencies not only for the United States, but from Great Britain and other nations are involved in... each one of them is like a training exercise to teach people to override their most sacred values. Which are constitutional rights, freedom of speech, property rights, and privacy and all of these rights that just get overwhelmed and thrown out.

Robert F. Kennedy Jr.: A lot of people are uneasy with this saying, "How did they all know to do this at once? Why was this this kind of lockstep reaction?" But if you look at these simulations, it's very clear that they had all of the key players. And by the way, if you look at the people who took part in those simulations, including Event 201, four months later the people who were running Event 201 were running the agencies.

Robert F. Kennedy Jr.: They stepped into place. Like Avril Haines, the CIA former deputy director who played a key role in it, became Biden's Director of National Security in charge of the COVID response. And all the other people... or most of the other people who were involved... all got official positions where they were directing the pandemic response. What had happened is they all... by participating in these tabletop drills, these war games, year after year after year... essentially were giving their sign off to this project to get rid of the constitution and get rid of democracy.

Robert F. Kennedy Jr.: They were saying, "Yeah, that's what you do." They were being told again and again, "That's what you do when there's a pandemic. You get rid of democracy, you get rid of constitutional rights, you get rid of all of the things that basically define our country." And the key people were all signing off on it by participating again and again, without knowing it. They were essentially signing off on this project.

Robert F. Kennedy Jr.: The CIA for many, many years was developing all of these techniques for manipulating individual people, but also manipulating populations. During MK-Ultra era from the 50s, the 60s, and the early 70s, up until it was all exposed in '75 by the Church Committee, they were developing means of, "How do you control people? How do you control populations?"

Robert F. Kennedy Jr.: They were doing experiments at 150 universities around North America, Canada, the United States all the way down to Guatemala. They were experimenting on what they called expendable populations, people from institutions with intellectual disabilities, people from prisons, military people whose absence wouldn't be noticed. And they were using psychoactive drugs like LSD, they were using isolation, they were using physical torture... including waterboarding... but they were also using very, very sophisticated psychological warfare techniques, particularly isolation and sensory deprivation. Which they again and again say, "If you want to really control a population, you isolate people. It is more effective than any torture."

Robert F. Kennedy Jr.: One of the experiments the CIA appears to been deeply involved in was called the Milgram experiment that took place in the 60s at Yale. It was a young sociologist called Dr. Stanley Milgram. He recruited people from every walk of life. Students, professors, construction workers, blacks, whites, every kind of American. They would put the recruits in a room, and they would sit them at a table where there was a dial.

Robert F. Kennedy Jr.: They were told that when they twisted that dial, it would electrocute somebody in the next room who they couldn't see, but they were told was tied to a chair. That person was actually an actor. When they turned up the electricity, that person in the next room would scream, he would beg, he would cry, and they could hear the cries and shouts. And they would try to stop. They had a doctor in a white lab coat who was telling them, "Now, turn it up higher. Now, turn it up higher."

Robert F. Kennedy Jr.: Anybody can go out and look this up on Wikipedia. 67% of the people who took part in that experiment turned it up to 450 volts, which it was marked on the dial, "Potentially lethal." None of them wanted to do it. They were all asking for permission to quit. Some of them were crying. And yet when the doctor in the white lab coat ordered them to do it, that order, that demand from an authority figure overwhelmed their conscience, their most fundamental value, and they did something that they knew was wrong.

Robert F. Kennedy Jr.: What Milgram concluded is that a voice of authority, particularly a doctor, can overwhelm human conscience in 67% of people and can get people to do things that they know is wrong. So in many ways, you look at what's happening and it looks like we're all engaged in a giant Milgram experiment where Tony Fauci is the doctor in the lab coat and he's telling us, "You need to get rid of the constitution. You need to censor speech. You need to get rid of the first amendment. The other part of the first amendment, of course, is religious freedom and you need to shut every church in the country for a year." Without any due process, without any hearing. And simultaneously keep the liquor stores open as essential businesses. Well, there's nothing about liquor stores in the constitution, but there's a lot about churches.

Robert F. Kennedy Jr.: We got rid of property rights, closed every business in this country with no due process and no just compensation. A million businesses for a year. We got rid of

jury trials. They wrote a law that says... it's the seventh amendment... that no American shall be denied their right to a trial by their peers in any matter exceeding $25 in value. That's the whole constitutional provision.

Robert F. Kennedy Jr.: And yet they said, "You don't get a jury trial. You don't get any trial at all. If somebody involved in a counter measure injures you. No matter how negligent that company is, no matter how dishonest, no matter how reckless, no matter how grievous your injury, no matter how toxic the ingredients of that product, you cannot sue them." So they've gotten rid of that amendment. They've gotten rid of the prohibitions against unwarranted searches and seizures. Our privacy rights, now you have to tell whether you got the vaccine, and you have to give people your medical records. They're doing all this track and trace surveillance on Americans with no warrants and no way to object.

Robert F. Kennedy Jr.: Literally every one of the Bill of Rights with one exception, the second amendment, has been trashed in a dumpster this year. In one year, we destroyed the Constitution of the United States. And what I say to people out there, "There's worse things than dying." That sounds cold, but there was a generation of Americans in 1776 who said it would be better to be dead then to have no constitutional rights. They gave us our country, and they gave us our constitution ,and many of them gave their lives. Healthy people who sacrificed their lives, their livelihoods, their property, their relationship, their freedom, everything they had in order to give us those amendments.

Robert F. Kennedy Jr.: In one year, because we're told to be frightened by a flu-like illness, we gave all those constitutional rights back. And here's something really wrong with that. Americans have to understand that we have to be the land of the free, and in order to be the land of the free, we need to be the home of the brave. And when somebody tries to frighten us, as Tony Fauci and CNN and all these people have been purposely drumming up fear for a year, we can't trust them. We need leadership like Franklin Roosevelt gave us. "The only thing we have to fear is fear itself."

Dr. Patrick Gentempo: Yes.

Robert F. Kennedy Jr.: Fear is the enemy of our country, it's the enemy of our values, and se should be very, very suspicious of people who appear to be deliberately drumming up fears.

Dr. Patrick Gentempo: Have you been able to identify who organized Event 201 and all the other assemblies.

Robert F. Kennedy Jr.: I mean, Event 201... all of these events were organized... the later ones were financed by Bill Gates and The Gates Foundation.

Dr. Patrick Gentempo: Really?

Robert F. Kennedy Jr.: Yeah.

Dr. Patrick Gentempo: With the participation of the federal government though? Or people in the government?

Robert F. Kennedy Jr.: Oh, yeah. In every one of them, there was involvement from the public health agencies like NIH. One of the constant characters was the Johns Hopkins... what they called at one point the Population Center... but also now they call it the School of Public Health, and biosecurity.

Robert F. Kennedy Jr.: Then the intelligence agencies were involved in every single one of them, and military. Pentagon people like DARPA and BARDA and those Pentagon agencies were also involved in them. So it's a constant... it's the same characters that show up again and again and again, and who write the scripts.

Dr. Patrick Gentempo: Wow. Because one of the things that's hard to wrap one's mind around is, is there sort of this cabal that's orchestrating all this? Where are the people who have intention here versus the useful idiots who are out here just doing their bidding?

Robert F. Kennedy Jr.: Well, you know what, I've talked to Robert Malone about this who was kind enough to read my book, and whose life has been immersed in not only the pharmaceutical industry, but also with the biosecurity agenda, with the Pentagon and the intelligence agencies. He's had touchdowns with all of those characters during all of his career. And what he said after reading the documentation and that chapter in my book where I talk about that... just the last chapter in the published book... he kind of added to it and said... because everybody is puzzled about how they did this, how it all happened at lockstep, and one of the things he said to me is, "For 20 years there's been a selective pressure that the people who rise in these agencies and are put in control of pandemic response happen to be a group of people who are also very, very comfortable with authoritarian controls."

Robert F. Kennedy Jr.: Part of the simulations have been kind of a selective process that have selected and then elevated the people who embrace it. What was interesting about the Milgram experiments is that 67% of the people responded to the fear. They responded to the authority telling them, "You should do this," and they did it. But there were are also 33% of people who said, "No," who said, "I'm not going to do that."

Robert F. Kennedy Jr.: Those are the people today who are out on the streets offering resistance. And in my political party and the democratic party, oftentimes looks at those people who are resisting and they say, "Those are Trumpers. They're people who are motivated by racism. They're people who are selfish. They're people who are anti-science," and it's just not true. These are people, a lot of them are Democrats or former Democrats, who are looking at what's happening now and are saying, "There's something really wrong with this. This is not about

medicine. This is not about trying to heal people. This is about trying to control people. And we want to see the science. Let's see the science on the masks. Let's see the..."

Robert F. Kennedy Jr.: Listen, if somebody shows me some science that says that masks are a good idea, I'd wear a mask. I'm not going to wear one unless somebody shows me the respect of showing me the study, and Tony Fauci has never done that. Tony Fauci, when you read his emails, he himself is saying in those emails, "Well, masks don't work." He later said, "Well, I just said that to prevent a run on masks, when we wanted the masks to go to-"

Dr. Patrick Gentempo: In other words, lying is okay to control public behavior.

Robert F. Kennedy Jr.: Oh, yeah. But it was a lie. And the reason it's clear it's a lie is he was advising private people, friends, about his emails. But not only private people, he was advising his boss at HHS quietly in emails, "Masks don't work." He was giving private speeches to scientists at HHS telling them, "Masks don't work." So it wasn't just the public statements that he made to USA Today and on 60 Minutes. He was giving private advice saying, "Here's why they don't work. Because the caliber in the mask is too large to prevent a virus, and there's leakage around the edge of the mask." And he knew it.

Robert F. Kennedy Jr.: I do not have any ownership or bias or prejudice about whether people should wear masks or not from any kind of point of view other than what I'm seeing. What we did at Children's Health Defense is I said, "Let's go find out every study that's ever been done on masks." We went out and we started looking at the studies. What I assumed was that the masks probably work in institutional settings, like in hospitals or particularly in surgery theaters. It seems clear that you don't want a doctor sneezing into your chest cavity. And so I assumed they work in those settings, but I had a lot of skepticism about whether they are used useful at all on a hiking trail.

Robert F. Kennedy Jr.: And so the science, when I actually read it, really surprised me. Because the science said even in the surgery theaters, even in the hospitals, that when you remove masks, infection rates go down. This is consistent in study after study after study. And then the question is what are we trying to do with masks? Originally, we were trying to slow down the infection to dampen the curve and to give us time to develop medications.

Robert F. Kennedy Jr.: But we never tried to develop the medications and the curb got flattened. So are you just trying to slow down the virus? Because we know normally the assumption is when an infectious virus gets into a population, unless you're an island population that can cut off all contact with the outside world, the virus is going to spread to everybody in your population. What is the end game with the mask? Are we wearing masks for the rest of our lives or are we going to do it till the vaccines come? Well, the vaccines came and they don't work, and people are still in masks.

Dr. Patrick Gentempo: Yeah.

Robert F. Kennedy Jr.: We were able to identify, I think 54 studies that say that the masks don't work. And those studies, I want to give a caveat. They were mainly for other viruses. Very, very few studies on coronavirus. They're mainly to do with flu, and they could be wrong. But so far, at this point in history, the only convincing studies we have say that masks don't work. Then there were 34 studies that said that the masks actually hurt you. They cause gum problems, they cause respiratory injuries, they cause higher rates of infection, they cause gastrointestinal and dermatological injuries, most seriously psychological injuries, particularly when you put them on children.

Dr. Patrick Gentempo: I was just about to ask because this applies especially the children, and it seems to be no rationale for masking children, say when in school then.

Robert F. Kennedy Jr.: No, there's no rationale for mask that anybody's been able to make from scientific point of view.

Dr. Patrick Gentempo: Yeah.

Robert F. Kennedy Jr.: If you look throughout history, the most totalitarian regimes, the ultimate intention of a totalitarian regime is complete control over human expression. They want to be able to control dissent of all kinds. So when he Hitler went into Poland, when he went into Czechoslovakia, when he went into Romania, he sent the Gestapo in at the outset, day one, and he said, "Kill all the intellectuals, kill all the poets, kill all the artists. Kill anybody who is a thought leader, who is capable or inclined to express dangerous thoughts and to convey those to other people." So the intention is to control all expression. The most totalitarian regimes in world history, which are probably the... It's simply because we now have the technology to exercise a level of control we never had before. But our totalitarian theocracies of the Middle East, like Saudi Arabia, which tell people certain groups of people oppress people in the society, you have to wear masks all the time.

Robert F. Kennedy Jr.: By the way, if a Muslim woman wants to wear a burka as an emblem of piety, I absolutely respect and honor that. When the government orders you to do it and tells you, "You're going to go to jail if you don't," there's something really wrong with that. And the face, God and evolution have equipped us with 42 facial muscles. We can express subtle thoughts like skepticism, like sarcasm, like irony, like humor and love, and all of these other things that we do with our face. And children are constantly learning how to do that and make those expressions, and to shut them out is like sealing their mouths and telling them they can't talk because we talk through our faces all the time. So there's something really, I think ultimately that's abusive.

Dr. Patrick Gentempo: One of the largest groups, and I read this recently, I don't know if you've seen this, but when they look at who's resisting the vaccine and of course, they

separate people into the vaxxed and the unvaxxed and creating that polarization. I read a survey that said that the largest single group of unvaccinated people are PhDs. So from what-

Robert F. Kennedy Jr.: There is two demographics that are the highest resistance. One is PhDs and the other is black Americans have a skepticism for medical authorities that I think we should all have. The PhDs doesn't surprise me, and there's plenty of other data consistently that show that people who are resisting are better informed than people who are not. And if you ask the people who are compliant, "Why do you think that we should be taking vaccines," et cetera, that they respond essentially with shibboleths. They say, "Well, we need to protect Grandma and we need to follow the science."

Robert F. Kennedy Jr.: Then if you go to the deeper level and say, "Well, what science is that?" They can't tell you. They all almost always end up with an appeal to authority, which is a logical fallacy. They'll say the science is what Anthony Fauci says the science is, or the science is what CDC says is the science is, or the science is what WHO says the science is, and that's not science. What CDC says is not science. CDC is a regulatory agency. Regulatory agencies become captive of the industries they're supposed to regulate, and what they say is not science. What Einstein says is not science. Science is what you see in the peer-reviewed literature. And a lot of that science is wrong too. You have to read science critically.

Dr. Patrick Gentempo: Yeah.

Robert F. Kennedy Jr.: Listen, the whole idea that we should follow the science is anti-science.

Dr. Patrick Gentempo: I say it's become like scienceism, right? It's like almost become-

Robert F. Kennedy Jr.: It's a cult. It's a cult.

Dr. Patrick Gentempo: It's a cult.

Robert F. Kennedy Jr.: You follow a powerful leader, and what he says to science says, that's what it is.

Dr. Patrick Gentempo: Right.

Robert F. Kennedy Jr.: That's not what it is. And by the way, I've brought many, many hundreds of lawsuits, almost all of them have involved some scientific controversy. In each one of them, when you get to trial, there's scientists on both sides. They're both equally qualified, and they're both saying diametrically opposed of. When we sued Monsanto, which we won those lawsuits, Monsanto brought in scientists from the Harvard School of Public Health, and we bought scientists from Yale and Stanford, and they argued. You conduct what it essentially is an argument in front of the jury. And the jury ended up saying that scientists that we brought were more believable and the science, because we show them the peer-reviewed literature, and we measure its quality and we measure its power, we

look at the people who wrote it and they try to assess it for bias, and they came down on our side.

Robert F. Kennedy Jr.: Listen, when you go to a doctor, generally speaking, you ask for a second opinion, and nobody asked for a second opinion. The people who were giving that opinion, Dr. Fauci, Dr. Redfield, Dr. Birx, none of them were treating COVID patients. And when you talk to the people are actually treating COVID patients on the ground, virtually all of them, and I'm talking about early treatment. I'm not talking about end of life, put them on remdesivir and ventilators and say goodbye. I'm talking about the people who actually have a track record of preventing people from going to hospitals. And they all, virtually 100% of them say that Tony Fauci is wrong.

Dr. Patrick Gentempo: Dissenting opinions in this case are violently censored, right?

Robert F. Kennedy Jr.: Yeah, of course.

Dr. Patrick Gentempo: Because I think in order for science to work, you need that debate. That's how you get to closer to the truth.

Robert F. Kennedy Jr.: Not only science is based on debate, but so is democracy. Democracy is based on the free flow of information and the presumption that the policies that rise to the top are annealed in the cauldron of debate, and that we get to some kind of existential truth through this process, this dialectic of conflict and open debate. But none of that happened. They're telling people, "You can't talk about this, something's wrong with that." And you're telling people, when you're silencing people... Listen, Louis Brandeis said that the remedy for bad speech, the remedy for misinformation is more information. It's not saying, "We're not going to allow you to talk about that," it's saying, "Here's the reason that's not true and let's have that debate."

Dr. Patrick Gentempo: You've personally been censored. I think I saw, especially when Instagram censored you, and I'm going to ask you speak about this a little bit, but you said, "All I ever posted were links to government websites, and that's censored?"

Robert F. Kennedy Jr.: Yeah.

Dr. Patrick Gentempo: So talk about that.

Robert F. Kennedy Jr.: I was censored supposedly for misinformation, but I never posted any misinformation. Everything that we posed, everything that we post on Children's Health Defense is cited and sourced to a government website or to peer-reviewed publications. When I tried to appeal, Facebook has an appeals process that is much ballyhooed, they say this is a fair process, and President Trump was allowed to do that process. Actually, I think that process probably is fair because the people, the jury in that process are law professors from all over the world, prestigious law professors. And having been a law professor myself, I

think it would be really difficult to get them to that many people to participate in censorship. It would be antithetical. So I think that process is probably a pretty good process. But what they did with me is they said, "We're not going to let you do that process."

Dr. Patrick Gentempo: Why not?

Robert F. Kennedy Jr.: They never explained it, they just said, "You can't do it." So they didn't allow me to appeal. They allowed Trump to appeal, but I think they didn't allow me to appeal because they knew I was going to win the appeal. and I was looking forward to appealing to my fellow law professors and saying, "How can you do this? We've now stepped away from democracy and freedom of speech." About a month and a half later, Facebook whistleblowers release, publish the algorithms, and of course, what it turned out is what they call misinformation.

Robert F. Kennedy Jr.: The term misinformation does not actually mean it's factually erroneous, it means it departs... It's a euphemism for any statement that departs from official pronouncements of the government or the pharmaceutical industry. It has nothing to do with whether or not it's fact based, it has to do whether or not it's dissent. What they're censoring under the rubric of misinformation is just any dissent, anything that disagrees with what big pharma or with what the WHO and Bill Gates or what Tony Fauci tells us is truth.

Dr. Patrick Gentempo: So basically no minority opinions allowed or even minority discourse against what the party line is.

Robert F. Kennedy Jr.: Yeah.

Dr. Patrick Gentempo: But secondly, it seems that because it says, well it descends, but it seems like really the characterization is anything that can cause vaccine hesitancy is what we're going to take down, even if it is from government websites, et cetera, if you're organizing information, presenting it, it might create hesitation in somebody from getting vaccinated. That seems to be the common denominator.

Robert F. Kennedy Jr.: Yeah. The way that they disappear and gaslight individuals who say, "I've been injured. I got the vaccine and 10 minutes later I got seizures and I've never had seizures, and I've been in a wheelchair ever since." There are people who that has happened to and they try to talk about it and they are disappeared. And doctors, physicians, scientists who tried to discuss these things like Robert Malone who invented the vaccine, and he has now been disappeared from the internet. But also, he's not allowed to even access medical journals, like the New England Journal of Medicine, the Lancet.

Dr. Patrick Gentempo: Oh, they cut off his access?

Robert F. Kennedy Jr.: Yeah. They cut off his access. So you're just being eliminated from society.

Dr. Patrick Gentempo: Wow.

Robert F. Kennedy Jr.: And if you dissent, you are eliminated.

Dr. Patrick Gentempo: Three years ago, if somebody told you this was-

Robert F. Kennedy Jr.: I wouldn't believe it.

Dr. Patrick Gentempo: You couldn't believe it, right?

Robert F. Kennedy Jr.: I couldn't believe it. When I believe ultimately that that's going to happen because I spent a lot of time reading history, and democracy is a fragile system. At some point when there's severe economic problems or war or whatever, you can lose big chunks of democracy, but I just would've never believed it. Listen, I read Aldous Huxley when I was a kid, I read Robert Heinlein, I read Solzhenitsyn, I read Orwell and all the others. And they're all talking about this dystopian future when everything falls apart, when democracy falls apart, and it makes sense that that would happen at some point in history, but for it to happen in a single year is breathtaking.

Robert F. Kennedy Jr.: It's worth remembering that there is no pandemic exception to the United States Constitution, and it's not because they didn't know about pandemics, because there were two pandemics during the Revolutionary War, or there was two epidemics. One was a smallpox epidemic that literally froze the armies of New England in place for months. And then there was a malaria epidemic in the armies of Virginia and the Western armies. So Washington's two major armies were debilitated by epidemics. Yet, when it came time for the framers to write the constitution, they knew that and they decided not to put an epidemic exception in the bill of rights.

Dr. Patrick Gentempo: I never heard that before. Wow. It wasn't that they didn't think of this. It is the opposite. They did think of it and said, "This could be a danger point to democracy if we actually add this in."

Robert F. Kennedy Jr.: Well, it was never debated. People assumed today, "Well, they didn't have pandemics back then. They didn't know about it," and they did. It wasn't ever even a discussion, nobody thought. A few people get sick from a pandemic. By the way, the average age of death from this pandemic in most countries is higher than the average age of death.

Dr. Patrick Gentempo: Wow.

Robert F. Kennedy Jr.: So in Europe, the average age of death in the pandemic, I think is 82 or 84, and the average age of death is 82. In our country, the average age of death is 76. Somebody who is 76 years old when they were born in 1940s, '49, the average life expectancy was in the 60s, so they've actually exceeded their life expectancy

at birth. The pandemic has not affected US life expectancy, but the lockdowns have, and the lockdowns took off 1.9 years in US life expectancy.

Dr. Patrick Gentempo: I haven't heard that.

Robert F. Kennedy Jr.: Yeah. It's the highest of any country in the world. And that's the other thing about Tony Fauci. We have the highest deaths of any country. Why does anybody think that's a good track record? We had among the highest ratio of deaths, in other words, deaths per million, we had around I think 2000 deaths per million. Well between 1500 and 2000, depending on when you look at it. But there is many kind countries that had in the double digits. We had 1000 times more death per million than some countries, the countries they were using hydroxychloroquine And I met them for malaria on those countries lost almost nobody. So why does anybody think that Tony Fauci had this great track record when literally, America had more deaths than any country in the world?

Dr. Patrick Gentempo: Yeah. He should be fired just for that fact alone as compared to hailed. So last thing to talk about, maybe on the bright side, my sense is the resistance is a lot bigger than people think. Because of the censorship and how they don't show things, I think more people are rebelling than maybe they anticipated, and that people might think based on looking at the news or looking at the media. In Europe also, there's been big demonstrations. I think you actually were personal witness to some of them and spoke at them. So can you talk about how you're seeing the resistance right now and is there ray of light in all this?

Robert F. Kennedy Jr.: Yeah. I'm very heartened about what's happening now in our country that people are resisting. People are drawing lines, they're saying no. I talked to a nurse the other day from Santa Barbara and she's a leader of one of the groups of about 600 nurses, who are ready to get fired and about to be fired. I said to her, "I'm not going to advise you to take that route," because I can't do that to somebody. They need to make their own assessment of risk. And she said, "You don't have to talk us into anything. This is the hill we're going to die on." And you have people all over the country saying, "This is the hill that we're going to die on," because we know if they push us over this one, there's no end to the totalitarian ambitions of this movement, of what's happening now. And they will run us over and plow us under and we need to say, right now, "Stop."

Robert F. Kennedy Jr.: I've been doing this issue, Patrick, for 17 years. Unwillingly, but I've been doing it. There are many, many celebrities who've come up to me, long before COVID, talking about the vaccines, and sports figures, et cetera, and saying, "I agree 100% with you. We need better testing. They're not being tested. We're being lied to." But most of them won't come out publicly because their careers are destroyed. I never say to them, "You need to come out and say that," because it's not my place to tell people to put their livelihoods and their families at risk. I know what was done to me. And I have tremendous resilience because of my track record with litigation, and because of my long history of environmental advocacy and because of the power of my friendships and contacts with people,

that it's much more difficult for them to hurt me, but they have. And they can destroy people who don't have the kind of resources I have.

Robert F. Kennedy Jr.: But what I say to people now is, "Now we got to draw the line. It's time." Everybody's got to be involved in civil disobedience. If you're doing two or three civil disobedience every day, and that could be just talking to a mom who's walking down the street and handing her a card saying, "Here, before you vaccinate those kids the COVID vaccine, here's something that you need to know." And we give those cards to people. Those cards are available at CH... That's an act of civil disobedience. Tell a business owner who posts a sign saying, "Don't come in here unless you are wearing a mask or vaccinated." say, "I'm going to notify all my friends to not come into this business," and to resist every way that you can.

Robert F. Kennedy Jr.: Because the reason people are going along with this is because it's a propaganda tactic. If you tell people again and again, again, if you have CNN, telling people again and again, and again, "Do what you're told or you're going to die. Do what you're told because you're going to kill your neighbor. Do what you're told." All these lies that you hear from the network who are making tons of money from scaring the hell out of people. They repeat the message again and again, and that works. What we need to do is start repeating a different message to Americans and saying, "Don't be scared. Do not be scared of this microbe. Act prudently, build your health, build your immune system, take care of your family, and exercise, sunlight, educate yourself." And before you take a vaccine, make sure that you know all the side effects, make sure that you know the long-term cost benefit analysis of that product. Don't allow anybody to force you to take something that you don't understand.

Dr. Patrick Gentempo: Well, I shudder to think of where we might be if you weren't doing the work you were doing personally and also with Children's Health Defense. Also, congratulations, I know you just finally completed your most recent book, and that had to be an arduous task. What was the final title of the book?

Robert F. Kennedy Jr.: It's called The Real Anthony Fauci, Bill Gates, Big Pharma, and the Global War on Humanity and Democracy. Buy it on Amazon or Barnes and Noble, or anywhere. Go to your local bookstore, even better.

Dr. Patrick Gentempo: I pre-ordered it, so I'm looking forward to getting my copy.

Robert F. Kennedy Jr.: Thank you.

Dr. Patrick Gentempo: Thank you for taking the time and just thanks so much for all the work you're doing. It's making a difference.

Robert F. Kennedy Jr.: Thank you, Patrick. Same to you.

Dr. Patrick Gentempo: That concludes my interview with Robert F. Kennedy Jr. His grasp of the constitution, of the legality around what's going on right now and his perspectives on it all are very poignant, very well organized, and every time I listen to him, I learn something important that I take away. There are a lot of great takeaways with that interview. I hope you took notes and that you'll share them with other people.

Dr. Peter McCullough

Dr. Patrick Gentempo: Here comes part two of my three-part interview with Dr. Peter McCullough. If you saw part one, you know what an extraordinary gifted individual this is and thank goodness he's willing to share what he knows and understands with you and I. Part two is extraordinary and there will be a part or three to follow, but let's do part two right now. How'd that go for you, your personal journey in COVID? So you did the protocol, pretty much that you were recommending.

Dr. Peter McCullough: I did the protocol and I suffered... Not to spend too much time on it. I suffered on some confused information where I was a very ill in February 2020, and I made a trip to California. I was under the impression I may have already had it. I was involved in some earlier research in my center, where we were using experimental antibody essays, where I had some antibody essays that were positive. So I was under the impression that I had it, but it was the evidence wasn't very strong. And then sure enough, my wife got it, had the close contact. It was clear I got it. At that point in time, I got an FDA-approved test, I had it, and I had all the characteristic features and I got going on early treatment. It was a bit late, but I almost certainly had some pulmonary involvement, I had shorter breath.

Dr. Peter McCullough: I made a video. I exercised, just to show everybody when one has COVID, when you're away from people outside. But if you try to exercise, which is actually not a bad thing to do, as long as one doesn't have a fever, it's actually a good thing to do that, how short of breath one can be. Just to show that I look back and I say, "Wow, I was really shorter of breath."

Dr. Peter McCullough: I went through a sequence of drugs involving hydroxychloroquine, azithromycin, the nutraceutical supplements, either colchicine or a placebo, and then corticosteroid. So a pretty good program. I wasn't hospitalized, my wife wasn't hospitalized. So now, we had three of my family members have been through it. I was tightly communicating at that point in time with Senator Johnson, and Senator Johnson strongly believed that this was a time for doctors' judgment, that doctors' judgment was going to be critical to the pandemic response and that we just could not sit back and wait to be told what to do because no one was telling us what to do. There was just no guidance. People were getting test results and going home with no guidance and just saying, "Listen, if you get sick, show up to the hospital." That was the state of affairs from March 2020, all the way through to the historic Senate testimony hearings.

Dr. Patrick Gentempo: Well, let's talk about those. So what happened there?

Dr. Peter McCullough: Well, I have to tell you, I did have a moment in time of understanding what was going on. So I had gotten the letter to show up in the Senate and present, and that letter looks like getting called to jury duty.

Dr. Patrick Gentempo: Yeah.

Dr. Peter McCullough: It comes on letterhead, it says, "You will appear. You have five minutes and you must submit a 700-word speech of what you're going to say." It's pretty well circumscribed. I said, "I have a critical figure to help America understand about viral replication, cytokine storm, and thrombosis that I've got to show on the Senate floor. I need to do this, but I want to be able to cite it." So I knew the importance of publishing because I'm in this business. This is what. And not that, but we had data on ivermectin, we had data on monoclonal antibodies coming, we had data on colchicine now, very supported inhaled budesonide. These are supported by clinical trials, inhaled budesonide, two solid randomized trials, corticosteroids, a dozen trials. We are extrapolating from in hospital, stuff that worked in hospital late surely could be beneficial early, right? And as well as aspirin and anticoagulants.

Dr. Peter McCullough: So I had an update to the second paper, but I didn't have time to reach out to all the authors again and get all their opinions, and just this whole collaboration piece is just time consuming. It's a million emails. Everybody has their own words they want in there. So I said, "I'll do this solo. I'll do it as an update. And we'll publish it in the proceedings of the Baylor University Medical Center," our own journal. I would get internal a peer review. Dr. Roberts is the editor. So I submitted it. They got two peer viewers. It came back, changes requested, I did it. We went through some checks with the deputy editor about overlap with the American Journal of Medicine paper to make sure it didn't overlap too much, because it was clearly an update from the first paper. And got past that and who has got full acceptance by Dr. Roberts, and it was going to go to Taylor & Francis, the journal.

Dr. Peter McCullough: So I filled out the contract, publication agreement, paid a fee. The fee, as I recall is $3,500. It's not cheap to publish. I paid it on my own money, and it's off at Taylor & Francis, ready to get cited in the National Library of Medicine, PubMed, and ready to go. And I'm waiting, waiting, wait, because I want the NLM cite ID on the figure to show on the Senate floor. And time is coming. Time is coming. Time is coming. Nothing comes. Nothing comes. Nothing comes. And we're running out of time, and I contact Taylor & Francis, "Where is the citation? When is this going to be cited?" No answer. No answer. No answer. Then finally I get an answer from Taylor & Francis. They go, "Dr. McCullough, there's a problem with your publication. You have to talk to the editor."

Dr. Peter McCullough: I said, "Good grief. What type of problem?" This is over the finish line. Once we sign publication contracts, the peer review's already done.

Dr. Patrick Gentempo: Yeah.

Dr. Peter McCullough: Everything. All the checks are done. This is a done deal. It's actually contractually done. So I go down to Dr. Robert's office and he goes, "It's the first time I've seen this in my 50 years of editing." I said, "What?" He said, "The National Library of Medicine pulled this out and said the paper can't be published." I said, "Why?" He said, "Too much overlap with the first paper. I

said, we've already been through that. I already went through the checks. There's a..." "Sorry," he goes, "I've never seen it, but it can't go forward."

Dr. Peter McCullough: I said, "Good grief." So I went to the US Senate without having the NLM cite ID. I had an original date of issue from Baylor proceedings and I just had to go with that. And I went forward with the Senate testimony to finish the story on the paper. I felt like, wow, things are starting to really work against publishing any information on early treatment. So not only was my paper in the American Journal of Medicine pretty lonely, there were no other protocols. We didn't see a Harvard protocol or Mayo protocol or protocol from Karolinska, we didn't see any protocols from Italy. There were no protocols. No one was publishing different protocols. You can imagine if this was a cancer, there'd be 17 different protocols, everyone would be touting that they've come with an approach. All of our US medical centers would be so proud to say that they are saving Americans from being hospitalized. There was none.

Dr. Patrick Gentempo: Is your interpretation, it's not for lack of people trying, but that they're not allowing it to get published?

Dr. Peter McCullough: Well, again, to my knowledge, I don't think these medical centers even tried any protocols.

Dr. Patrick Gentempo: Wow. Okay.

Dr. Peter McCullough: Because none were listed by the clinicaltrials.gov. So not only we didn't see any papers, we didn't see any people out there saying, "Yes. So and so come to the Mayo Clinic and you'll be one of three of our outpatient protocols to keep you from being hospitalized." We didn't see this anywhere. You probably don't remember any being advertised.

Dr. Patrick Gentempo: No.

Dr. Peter McCullough: Nothing was offered to Americans from our major medical centers, which is really shocking. Our major medical centers offer something to everybody. They have programs for every illness under the sun, but suddenly for this one, it was just a complete lack of academic effort.

Dr. Patrick Gentempo: Yeah.

Dr. Peter McCullough: So I even felt more implored. I said, "Geez, if I'm the only one who can get a paper published on how to treat COVID-19, the update's super important," because we had the emergency use authorized antibodies. These were as good as we're going to get. They were the first FDA-approved new technology to treat COVID-19. First one. So what I did is to finish the story in the paper I recruited. I said, "You know what? Maybe I'm just taking too much on my own shoulders." I reached out to the doctors who were treating COVID-19 with all their innovations say, "You know what? I want your opinions."

Dr. Peter McCullough: Dr. Vladimir Zelenko, he was one of the original innovators. I didn't have a relationship with Dr. Rial, so I didn't reach out to him, but many others, Brian Tyson, George Fareed. I can go down the list, Ivette Lozano, Stella Immanuel. They were just all these... Now, they're iconic hero figures treating COVID 19, and asked for their opinions. I recognized many of them weren't hardcore academicians, but I had others that were really... I had Dr. Charles Geier, who was down at Texas Medical Center down in Houston, wonderful academician. I had just terrific academic input, made even a better paper. And then I started to feel as if I was getting worried that I actually could not get this published. I started to get a sense that I couldn't get a fair deal.

Dr. Peter McCullough: So, I commissioned a separate COVID-dedicated issue to Reviews in Cardiovascular Medicine, and I convinced the acting deputy editors that is important. They had to be funded by the journal, and then invited not only this paper, but a whole array of papers on COVID-19, largely how COVID influenced the heart, but this had a separate editor assigned to it. That editor had free hand in assigning its own reviewers. Many reviewers were assigned to it. It was heavily peer-reviewed, tons of comments, a big long rebuttal letter to handle all the comments. I mean, this is the vetting process that it goes through. That paper was published in the December issue 2020 in Reviews in Cardiovascular Medicine with the update. To this day, those two papers become really bedrock foundation for protocols. In fact, the first paper became the protocol that the Association of American Physicians and Surgeons utilized for the first home treatment guide.

Dr. Patrick Gentempo: Oh, wow.

Dr. Peter McCullough: Dr. Lee Vliet and Dr. Jane Orient published that, and I helped oversee it to make sure it was accurate that we had the doses and drugs right. That document was downloaded countless times and utilized probably enormously, passed person-to-person, so Americans could start to know what drugs could they use as an outpatient. The second paper now really had terrific... It had the monoclonal antibodies up front. It had the use of hydroxychloroquine or ivermectin. And then outside the United States, we had five countries already using favipiravir oral drug, moved into inhaled budesonide, oral prednisone, as an example, colchicine, and then down to aspirin and the anticoagulant. So, it was basically the full suite of drugs that we use today.

Dr. Peter McCullough: So, that went on and I was gearing up. I was recovering from COVID, but I was gearing up for the first set of Senate hearings. The decision was we were worried. We actually had already had some activities. I told you about YouTube videos and things being scrubbed and having some conference calls being hacked and Zooms and things not going well. So we had decided we're not going to do it by Zoom. We're going to go there in person. First time I had flown since the pandemic, I believe. I flew from Dallas to Washington. Harvey Risch came from Yale, drove down with his wife, and George Fareed flew in from Southern California. So, we flew in and we were the witnesses for the majority, which is

chaired by Senator Ron Johnson. The minority, Gary Peters, chose an academic physician from the Northeast to present in a sense of counterargument.

Dr. Peter McCullough: In that hearing, Gary Peters did say that I just was warning the Americans about misinformation. So we were already put on cue that, well, wait a minute, as we try to cite the literature and the evidence, what we know, that it's possible, whatever was said, there could be construed as misinformation. So, here we go. Who decides, right? So, we made our case that patients should be treated with sequential multidrug. We had great data on hydroxychloroquine. The counterargument was largely, "You don't enough evidence. You don't have enough evidence." What was held in the counterargument was the only evidence that we're ever really going to have are from large high quality randomized trials. We're talking 30,000, 40,000-patient clinical trials, and those only exist with the vaccines. This was November 19th. This is before obviously the vaccines were brought forward, but it was clear that that was going to be the only evidence that we are going to have.

Dr. Peter McCullough: The National Institutes of Health had a hydroxychloroquine, azithromycin trial. They started it in the spring. They had shut it down within a few months. They only collected 20 patients. They had scheduled to collect thousands of patients. All these other hydroxychloroquine, ivermectin studies were in a sense were administratively killed over the year. They never were brought to completion. We needed trials of 20,000, 40,000. I'm a cardiologist. This is where we used to. Didn't see it. We didn't see it. In fact, we were so interested in the early use of hydroxychloroquine that Joel Ladapo, from UCLA is the first author, gathered together, all the trials stopped early, all of them that declared no benefit to hydroxychloroquine, but hydroxychloroquine was always ahead a little bit in each one of the studies. When you compiled them all together, there actually was statist to be a significant benefit about 25% reduction in the outcome.

Dr. Patrick Gentempo: So, the Senate hearing happens. You get the dissenting voice. It seems like everything is pushing toward a vaccine agenda, and anything that is not aligned with that agenda is misinformation. I mean, is that pretty much the feeling you were getting?

Dr. Peter McCullough: No, but I was wary of the idea that despite our best efforts, that we would be somehow accused, wrongly accused of misinformation. Boy, Dr. Harvey Risch, he was pinpointed on the citations. We had first author listing. I made the case. There's a picture of me holding up my protocol. My hair is a mess because I'm trying to recover from COVID-19. I'm trying to wear N95 mask and do all this. I just said, "This can't be controversial. We're talking about prednisone. I mean, we use that for asthma. We're talking about Lovenox. We use that for blood clotting and aspirin. How is aspirin, how can that be a lightning rod here?" I was trying to diffuse all this incredible focus on hydroxychloroquine or ivermectin that we absolutely positively know not a single drug is going to cure this problem.

Dr. Peter McCullough: We don't have single drugs for fatal infectious diseases, never. A mistake would be to say, "Well, it's all about this drug. And if you can't do this drug, you shouldn't do anything at all." It almost seemed like that's where the argument was, well, what had come out after that is we went about our academic lives, but the minority witness in, I think, what was really a shot across the bow and a really a low, low blow in terms of unprofessionalism is he took the liberty of publishing an op-ed in the Wall Street Journal, where he called Senator Johnson, myself, George Fareed, and Harvey Risch, he called us snake oil salesman.

Dr. Patrick Gentempo: Whoa.

Dr. Peter McCullough: Snake oil salesman. Can you imagine, that's from a junior physician today?

Dr. Patrick Gentempo: I was going to say-

Dr. Peter McCullough: He's junior. He's junior. He doesn't have-

Dr. Patrick Gentempo: It's like he doesn't have the standard to be able to make that assertion.

Dr. Peter McCullough: He doesn't have 650 publications. He doesn't have a major contribution to his name.

Dr. Patrick Gentempo: Yeah.

Dr. Peter McCullough: And while that got into the Wall Street Journal, so the junior doctor is calling the senior doctors snake oil salesman. Senator Johnson was incensed. He tried to publish a reply that never went anywhere. The Senate hearings came out on C-SPAN, but they were systematically blocked. You turn on any of the major medias as if nothing happened.

Dr. Patrick Gentempo: So, let's fast forward to where we are today. There are videos being taken down off of media platforms, like YouTube, that aren't somebody in their basement making a video and spouting stuff. We're talking about C-SPAN at Congress in Washington D.C. recording what's going on there, and that is taken down saying, "No, no, you can't see that." You can't even see what's going on at the Capitol. So, are you seeing now that anything that's not aligned with the vaccine is the only answer agenda is just being taken away and there's a tax on the people who have a different point of view?

Dr. Peter McCullough: Yeah, that an important point. November 19th may actually be a very important historical point, because the whole purpose of Senate hearings are to get information to Americans. It's for America.

Dr. Patrick Gentempo: Right.

Dr. Peter McCullough: These weren't closed hearings. There was nothing confidential here. This was actually to America, and especially to not have it even summarized in the major

media and then have a really derogatory opinion, editorial from the minority witness, which is really out of... He's a witness. He shouldn't be turning around to then trying to report to America through the Wall Street Journal. That was just dastardly, if you will. It's very unprofessional. Of course, Senator Johnson said, "Well, what do you think about this? They're calling us snake oil salesman." I tried to turn into a positive. I said, "Every time there's an innovation, it's met with enormous skepticism, and maybe this snake oil salesman is really just an expression of skepticism that you really can't do this."

Dr. Peter McCullough: I had already received these letters to the editor. I had already seen this skepticism like, "You can't treat COVID-19. You can't do it. It's untreatable. It's unbeatable. You can't. You have to wait for the vaccine." Well, there was this second Senate hearings on December 8th and I helped Senator Johnson set up the lineup, Pierre Kory. It had Dr. Jean-Jacques Rajter, who had published the largest and highest quality U.S. study with ivermectin. We had Dr. Jane Orient, Dr. Ramin Oskoui and several others, a bigger panel. There, they came in strong in ivermectin, and Pierre Kory made an impression. He showed up in the Senate floor wearing his white lab coat.

Dr. Patrick Gentempo: I remember.

Dr. Peter McCullough: He told America that people were being slaughtered by the virus. He, as an inpatient doctor, which I'm not, he was seeing this happen. He, as well as Dr. Rajter and others, had concluded that we had to treat this before the hospitalization. They, as ICU doctors, were telling America it's too late to start treatment in the ICU. Dr. Rajter had already shown. He published his ICON study in CHEST, one of the best journals, that ivermectin clearly had an impact. Now, would we have wanted to have half a billion dollar, large scale, randomized, pharmaceutical supported, operation warp speed trials? We would've loved that, but it would've cost a ton of money and would've taken a ton of time and we didn't have it. Americans were dying. So we really kicked things into action.

Dr. Peter McCullough: There was a whole confluence of things. The AAPS guide was being broadly used. Telemedicine services sprang up. National ones sprang up. Regional ones sprang up. AAPS kept a list of treating doctors. It was even a global list of treating doctors. So Americans started to realize, "Listen, if my doctor turns me down on treatment, I can find some treatment." Most of these doctors were just calling in for monoclonal antibodies. We had a large number of these monoclonal antibodies. They were EUA approved, great opportunity to start treatment with those. I love treatment with EUA. I have somebody today developing COVID-19 high risk in my practice getting the EUA antibody. So, a great way to receive FDA EUA, operation warp speed, high tech, big pharma products. I mean, you can't beat it, right? I mean, that's American ingenuity and we wanted to highlight that for America, and then follow with these evidence-based sequence drugs. So, we had a big curve in December.

Dr. Peter McCullough: Now, looking back on it, maybe some of it was contributed by influenza. We don't know, but we know early treatment really kicked in and that we saw a

simultaneous reduction in new cases, hospitalizations and deaths. The only thing that can really hit that in my view as an epidemiologist is early treatment, because early treatment cuts down a viral replication phase from 14 days to about four days. So, the infectivity per person is dramatically reduced. It's the only way to do that, just letting somebody sit at home and bake with COVID-19. They're going to spread it. People are going to come over. This what's going to happen. So, we think early treatment had this big crushing effect on the curve. By February 1, we had fewer than 30 million Americans who had received any form of vaccination. We knew that the vaccine trials coming out. They looked like about 90% vaccine efficacy for all the trials recruited pretty low-risk populations that didn't come in contact with COVID, so the rates of COVID occurrence, binary occurrence, were less than 1% in the treatment group and in the placebo groups.

Dr. Patrick Gentempo: Can we pause that for a second? Because this is a part of what is being touted as data right now, efficacy 90, 95% efficacy, but what do they mean by efficacy? Does it prevent you from getting COVID? Does it prevent you from spreading COVID? Speaking of the Lancet, I reviewed an article in the Lancet that really got my attention because they said, "Let's talk about the elephant in the room." These trials are talking about relative risk reduction, not absolute risk reduction. So, can you speak to your views around that?

Dr. Peter McCullough: Sure. So, relative risk reduction or, a derivative of vaccine efficacy or VE, is the idea that in theory, what it means is in theory, if you came in contact with COVID, you would have 90% protection from getting COVID. That would be the best possible interpretation. The reality is if in placebo less than 1% of people get COVID, that means that there wasn't much of a challenge. That meant that if there was 18,000 in a placebo group, it's either placebo is really good, which it isn't, they just really just didn't get the contact. Okay. So, when we're below 1% for both groups, that means the absolute risk reduction is going to be less than 1%,, and provided that exposure rate to COVID is relatively constant and provided over time things don't change, the interpretation of that is the vaccine program could never impact an epidemic curve. It's impossible.

Dr. Patrick Gentempo: Because what that means to me as the consumer now is that my absolute risk, meaning not what happened in the trial, but what's going to happen to people out here in the real world, if you extrapolate, is that it doesn't reduce my risk by maybe 1% as compared to saying, oh, now 95%.

Dr. Peter McCullough: That's true. Well, as you walk around through, don't forget the big thing is exposure. The other thing that can happen is if it's just a two-month trial and if all vaccines rely on principles of immunity and the immunity wanes, as exposures pick up and immunity wanes, that 90% can only go down. We started to see that early on. There were papers. There's one out of Denmark, I recall, that it was done in nursing homes. The nursing home residents that calculated vaccine efficacy was about 70%, but the nursing home workers was 90%. But we started to see, "Wait a minute, oh, now, the groups that we really want to protect, maybe the protection isn't as high as 90%." But having said that, they

look good. It looked like the reactions in the arms and the lymph nodes and rates of Bell's palsy, what have you, were real, but coming out of the trials, I would interpret that as to be acceptable. I didn't voice...

Dr. Peter McCullough: We were asked at the end of our November 19th hearings, "Did anybody on the majority witness side have any questions or concerns about the vaccine program?" We remain silent. At that point in time was a press release. I had nothing to say. I saw the press release data, but being, I guess, a wisened academic physician, we never comment off press releases. We want to see the data. When we saw the briefing booklets and the first one we saw was Pfizer, we saw something interesting, and that is we saw actually a little flurry of suspected COVID and confirmed COVID after the first injection on the vaccine side of things, which was interesting. Now, it was curious that maybe just people got confused regarding the reaction that they were having from the vaccine, whether or not they came into contact. And then there were non-randomized reports that came from France and Israel showing the same thing. So, I think there's now a general acceptance that there's actually is a little bit of a susceptibility to COVID if exposed after the first shot.

Dr. Patrick Gentempo: I was just actually reading something about that exactly what you're saying. And so, that after the first shot, you're actually more vulnerable rather than more protected, yet there's no protocol saying between your first and second shot, you should isolate, you should quarantine, you should do anything to protect yourself. One of the things I'm really glad about is the details of the history of just your personal history and the world you come from and how serious you take academic medicine and how serious you take epidemiology, I think that's important, and then seeing how this whole story unfolded when we were kind of like disoriented. Nobody knows what's going on. We're all concerned. We think there might be this really bad thing that's going to happen and now where we are today.

Dr. Patrick Gentempo: Okay. So, we're at a point now where we have data. We can look at states like New York and California, which should behave very differently than, say, Florida and Texas, where you're from. We have the vaccine now. We got hundreds of millions of people who are vaccinated. Now, they've been vaccinated for some period of time and we're seeing variants come, et cetera. Now, I think there's perspective that didn't exist when you were testifying in front of the Senate last November. So, if we get into, for lack of a better term, a lightning round of topics here with now you have the perspective to be able to look retrospectively and say, "Okay. Here's what's going on," first, let's start in the nonclinical sense in saying, you've told your background, your story, but yet you're really being vilified, I mean, in pretty malicious ways right now.

Dr. Peter McCullough: Well, things were picking up through the year, going into the Senate testimony, where there was talk around the hospital that I was in a sense a maverick. I was treating my patients and I took on that responsibility. I carefully documented things. I was, in a sense, the medical monitor for the Baylor hydroxychloroquine trial. I was asked by officials to always say that my opinions were my own and

not necessarily those in the institution. I can tell you, my entire career that is the case. My opinions are always my own. I never put out a position on behalf of any organization or employee ever. As an academic doctor, I have a natural set of ties and it's impossible to sever those ties that exist.

Dr. Peter McCullough: So, there's profiles. I think when things came to a head, there was a search. It was 800,000 profiles at me on the internet, professional profiles over 16 million hits. So these can actions are impossible to break. Having said that, my opinions, the words that come out of my mouth are always my own. So I honored that request of saying, and specifically at the Senate, I said, "These are my opinions at my own and not necessarily my institution." I've always sent out to various producers some sets of this is my current sets of titles, but the problem is the titles and the positions eroded. So, by the end of January, my contract was not renewed. I was previously employed by Health Texas Provider Network, which is a doctor group under the umbrella of the Baylor Scott & White Health system. So, it's complicated.

Dr. Peter McCullough: So, doctors can't directly be employed by hospitals, but we're employed in physician groups that can be in a parent operating group. Independently, I have, and still do today, staff privileges to take care of patients at Baylor Heart and Vascular Hospital and Baylor University Medical Center. So, those relationships are there. And so, I literally had to scramble. Doctors, in many sense, they're like professional football players, professional athletes. I went on waivers and I got picked up by a private practice and was able to move my patients into a private practice on the same campus, in an office that is on the Baylor University Medical Center with my full privileges. I changed my mail practice. So, all my medical staff privileges, and by association, Baylor kept me up on their website as a cardiologist and all that. I had a separation agreement where we settled on terms, because of the unusual nature of this. It's not like this was a usual employment transition. The stated reason why they didn't renew my contract, which was like an evergreen type of renewal was no reason.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: And so, I had developed a feeling that this was a retaliation for my efforts in helping patients and trying to treat patients with COVID-19 and how I had taken on a role with the U.S. Senate, the media. I had promulgated some important points, one in the Senate was the four pillars of pandemic response, which really was published in December of 2020, but emphasized that our public health response should always have something about trying to reduce the spread of the virus, a big focus on early treatment, because the sick people, those are the people that are our biggest concern, to do the best we can in the hospitals, pillar number three, and then vaccination or herd immunity, but a balanced approach.

Dr. Peter McCullough: I had started through a series of publications in The Hill, a journal, Washington journal, A Window to America, basically telling them what I thought people wanted to know my opinion, and lots of people did. And so, it wasn't just the

White House, but the Senate, many others. And so, I published one, I published in the summer. I said, "The great gamble of the COVID-19 vaccine development program." It appeared to me by the summer of 2020, we were putting all our eggs in one basket for a vaccine. We didn't see the investment on early treatments at all. We didn't see things moving along. There was no big American push to get Americans into research. There was no eight hundred hotlines, no public service announcements. As it came forward, even when the monoclonal antibodies came out, they weren't widely advertised or made available. It just looked like it was going to be all about the vaccine.

Dr. Peter McCullough: So, I made a professional transition. Through the course of December, January, February, I didn't encourage or discourage the vaccine because it was a voluntary program and people could sign up for it if they wanted to or not. We didn't know much about it, honestly. We didn't know much about the mechanism of action. It's not like we had dozens and dozens of messenger RNA or adenoviral DNA vaccines. We didn't have any. People started volunteering for the vaccine. About 70% of my practice took the vaccine, patients in my practice. Various doctors and nurses did, but not all. It was a voluntary program. I don't think anybody had too much of a problem with it. By looking back, we actually developed a mortality signal on January 22nd.

Dr. Patrick Gentempo: What does that mean?

Dr. Peter McCullough: That means that there were excess numbers of people dying after the vaccine that were being reported to the Vaccine Adverse Event Reporting System exceeding the level of comfort. So, if the universe of total number of shots that Americans take per year is roughly 278 million across 70 or so vaccines, that in the database year by year by year, if you actually looked all vaccines, if you searched it, you see about 150 a year, sometimes 120 or averages about 150, we had already hit 186 with the COVID 19 vaccines alone by January 22nd. That was only with 22 million Americans vaccinated.

Dr. Patrick Gentempo: That was only 22 million there vaccinated at that point.

Dr. Peter McCullough: Yeah. I'm sorry. Maybe 27 million.

Dr. Patrick Gentempo: Okay. Simultaneously, I heard many experts say that VAERS is also underreported. Do you agree with that?

Dr. Peter McCullough: I could be, but let's just take it on face value that it's every single one. One of the things that we learned is that the public program, the U.S. public program is sponsored by the FDA and the CDC. They are the stakeholder. Pfizer, Moderna, and J&J, the vaccine manufacturers, they're not running the program. It's our CDC and FDA. So, it was the first time that we had two public health agencies and actually a regulatory agency running a program. Usually, the regulatory agency is regulating. They're not actually running a program. So they're stakeholders and they must have within these agencies a sense that this needs

to be successful. The program did not have a clinical event committee. It did not have a data and safety monitoring board. It did not have a human ethics board. So, there were no safety guardrails in place there at all.

Dr. Peter McCullough: And so, I've told a lot of people, I said, "Boy, I've chaired a lot of data and safety monitoring boards. If I was tasked with this, 186 deaths could have been analyzed and it could have been analyzed to what were the circumstances? Were they allergic deaths? Did they die right in the vaccine center? Did they die a few days later? Were they car accidents? Were they completely unrelated?" They could have been reviewed. A data and safety and monitoring board, if they would've come in a tight temporal relationship to the vaccine and it looked like it fit the mechanism of action of the vaccine is what we know that it does cause production of the spike protein, a decision could have been made by an external body that would have recommended to the FDA and CDC to say, "Listen, stop the program or modify the program. People of a certain age group are dying or people with certain backgrounds are dying," but none of that happened because there's none of these external safety mechanisms.

Dr. Patrick Gentempo: I think further, as you're looking at it, in your mind, by definition, is this a vaccine? Is it gene therapy? Is it both? How do you view it? Because it's-

Dr. Peter McCullough: The messenger RNA and adenoviral DNAs from my understanding are best classified as genetic therapy, gene transfer technology, because they do primarily involve transfer of genetic information into human cells. The prior vaccines were either a virus that was killed, a virus that was crippled that we respond to, or an inner protein, a protein that just like a tetanus shot that we respond to. This idea of inserting genetic material into human cells and then having the human cell produce the antigenic protein, that was brand new. The difficulty, what happened is there's so much learning going on as the vaccine program rolled out. One of the things we learned about is the virus is the ball that's nucleocapsid and then the spikes on the surface. That's what we learned. What the scientific community learned is the spikes themselves were dangerous. So the genetic material that goes into the cell, whether it be messenger RNA or adenoviral DNA, tricks the human body into producing the spike protein, which is now known to be dangerous.

Dr. Patrick Gentempo: Yeah. So the logic seems a bit concerning there, saying that part of the virus that is toxic to us and that could potentially kill us. We're going to now trick the body through gene therapy into producing the very thing that is noxious. Is the idea, well, we can do it and we can make sure the body only does it in small enough quantities that it can mount an immune response? I mean, what's the logic?

Dr. Peter McCullough: I'm not a vaccine developer, but I'm pretty expert in clinical trials and certainly have enough knowledge now. I think I'm on an 18-month sabbatical sojourn fellowship in SARS-COVID-2 in COVID-19, so I've reviewed thousands of reports. I've reviewed all the briefing booklets. I wrote over 45 publications in COVID-19. Now, not all of them, I'm the first author. I was carried in a block for a large program out of Harvard called the Stop COVID Program because we contributed

data, but I've authored enough and been involved enough to have a sense of what's going on. I think originally the idea was if a small enough amount of messenger RNA or adenoviral DNA could locally produce some spike protein in the deltoid muscle and surrounding tissues and we could form an immune response to that spike protein, we could get some immunity to SARS-COVI-2. I think that was the hope.

Dr. Peter McCullough: In fact, the initial studies on antibodies told us that, wow, the anti-spike protein antibodies were sky high with the vaccines, actually far higher than the natural infection. So this looked like something to behold. I mean, it's really, in a sense, reactogenic. It really stimulated antibody production. What had been found in those reports that came out, that in women, the breast was being distorted afterwards. So it was like, well, it doesn't look like it stays in the arm very well. The breast is being distorted. And then there was some messaging that came out that said, "Why don't we hold off on mammograms for a year? Because the breast is so significantly distorted from inflammation in the tissues and lymph nodes." And so, that was a concern.

Dr. Patrick Gentempo: Really? I mean, basically suggesting delayed mammograms if you have vaccine.

Dr. Peter McCullough: Yes. Yes, because it distorted the breast so much.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: So, that information came out. It came out through a series of, of various communications, official and unofficial, and I remember even discussions at my hospital about this. And then probably the next thing that came out was paper by Ogata and colleagues from Harvard that showed in some volunteers that there was measurable spike protein circulating the bloodstream for two weeks afterwards, after the first injection.

Dr. Patrick Gentempo: Not just local?

Dr. Peter McCullough: Systemic.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: Systemic. And then there was a second injection and then the antibody concentrations weren't measurable anymore. So, maybe the spike protein was damped down by of the antibodies. The spike was no longer measurable. So that paper came out. And then Pfizer did a biodistribution study on request of the Japanese investigators and animals to show where the lipid nanoparticles had gone. There were previous papers from China on lipid nanoparticles that suggested that they went to the ovaries and reproductive organs. Sure enough, the Pfizer biodistribution study, which was gained from a Freedom of Information Act from Japan to Canada, it was reviewed by scientists and thought to be credible that in fact, that the vaccine Pfizer vaccine, the lipid

nanoparticles seemed to hyperconcentrate in the ovaries while they washed out of other organs.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: So, that piece of my information got on there. And then there was an autopsy of a man who died in... This all is what happened this spring while the vaccine program was being rolled out, where he was fully vaccinated. He develops COVID. He dies. It looks like an aspiration pneumonia, but then there's an investigation of where do they find spike protein and material, and the idea was it was found all over. It was found all over. To make a long story short, things started really coming in hard. There was a paper and work done by Kyriakopoulos and colleagues out of Athens, Greece, I'm a co-author, suggesting the nucleoside analog caps on the messenger RNA really keep the messenger RNA stable to produce spike protein for a long period of time. Messenger RNA normally is dissolved after one use and that's it. So, this stabilization made us concern that spike protein was uncontrolled in terms of quantity and uncontrolled in terms of duration.

Dr. Peter McCullough: It also makes us wonder if there's not reverse transcription. So some, there's a layering down of DNA into the HERV region of our chromosomes, where there almost a permanent install of the ability to produce spike protein or potentially even the ability of messenger RNA to be spread by cell division through daughter cells. Because of so much is not known that the vaccine development program was normally it's two years of observation, it was cut to two months. If it's genetic transfer technology, we should have a five-year observation period, including five-year clinical follow up on individuals, all-

Dr. Patrick Gentempo: So it should be more like 10 years would be the normal right time span to study this.

Dr. Peter McCullough: The products have been around a long time, the technology, but they've actually just never worked in terms of... In a sustained way, producing a normal protein. So, a normal protein, let's say Fabry's disease as an example, where we'd use one of these products to produce messenger RNA coding for alpha-galactosidase. Well, the idea is to give the injections once a month and just kind of, you give an injection, and a month later, in a sense, give a booster and keep producing this normal protein.

Dr. Peter McCullough: Now, what we're faced with is the vaccine, shot one, shot two, and now boosters, instead of producing a normal protein, of producing an abnormal protein, the spike protein. Now, the spike protein is about 1,200 amino acids, about a dozen glycosylation spots. The code of the messenger RNA and adenoviral DNA that's explained to us is that's still coding for the original wild-type spike protein. And it's not coding for Alpha, Beta, Gamma, Delta, Lambda, Mu variants.

Dr. Patrick Gentempo: And they're different enough to matter.

Dr. Peter McCullough: They could be, certainly at the level of Delta. If we look at the data fairly, I think Alpha, which is the British variant, appeared to be responsive to the messenger RNA and adenoviral DNA. Remember, the adenoviral DNA, whether it's Johnson & Johnson or AstraZeneca, always is a step down in terms of vaccine efficacy. If Pfizer and Moderna are at 90%, they're always at about 70%. But even with the Beta variant for AstraZeneca in South Africa, that was only at 50% efficacy. And so, it's interesting.

Dr. Peter McCullough: So, 50% efficacy, that's a borderline. If we can't get 50% protection, it's a no-go, it's a non-viable. And if a vaccine can't last a year, it's a no-go, because all we're going to do is just keep creating a dependency on these boosters, and keep changing things. So, by the time we got to Delta, which came out of India originally, probably in response to mass vaccination in some pockets in Maharashtra-

Dr. Patrick Gentempo: That's what I was just about to ask. Is it, from an evolutionary biological perspective, that the vaccine program's causing the variant, as compared to the variant is naturally occurring?

Dr. Peter McCullough: My understanding is a little bit different. I always point listeners to a paper by Niesen and colleagues from the Mayo Clinic and a company called Nference in Boston, where they have a huge database of sequenced SARS-CoV-2, over a million cases. And I can tell you, before vaccination, we would have a dozen or so variants, and each one had a percentage, but there was ecological diversity. And it's my understanding that the vaccine is considered a non-lethal evolutionary pressure, a non-sterilizing, right? We knew the vaccines could not eradicate the disease. Once somebody got it, they couldn't just... Nobody expected eradication.

Dr. Peter McCullough: So, the idea is if the vaccines just, in a sense, create an environment where the virus is mutating, it makes mistakes, a mutant strain which is already there is going to find a vaccinated environment maybe more ideal to flourish.

Dr. Peter McCullough: And in Maharashtra, India, they were using the Sinovac or CoronaVac vaccine, and Delta seemed to flourish. Delta had originally seven mutations of the spike protein. Then it was found to be an eighth one called Delta Plus, and now British have described 20 additional mutations across the spike protein and nucleocapsid. So, it's heavily mutated.

Dr. Peter McCullough: Venkatakirshnan has shown what's called antigenic escape. It looks like at least Pfizer, it can't hit the antigens, despite that the spike protein has changed where the antibodies can't hit it. Our CDC directors come out a few weeks ago and said, "Well, yeah, with Delta, it looks like people can carry the virus and acquire the virus that concession was there. We had Farinholt describe the Houston wedding where fully vaccinated wedding occur and people developed Delta. We

had the democratic lawmaker flight from Texas to Washington. There's an outbreak of Delta and vice president scrambled to the White House and was concerned. A fully vaccinated naval vessel, 3,700 sailors. There was an outbreak of Delta there.

Dr. Patrick Gentempo: So, for the layperson, what's the implication saying, "Wow, we're having what they're calling now these breakthrough infections, being people are fully vaccinated."

Dr. Peter McCullough: But among fully vaccinated. So, it's interesting. So, it's fully vaccinated, among fully vaccinated having these breakouts. And so, to fast-forward, there was a paper that's just come out from Chau and colleagues in Ho Chi Minh City, it's a unit of tropical medicine from Oxford. There was an outbreak in June of 2021 of Delta. And they were to head the ability to lock down the hospital, not let the workers go home. "Don't go home." They're in quarters, they're being tested and they're seeing who evolves. They about 69 cases that I recall. And they could tell who was passing it to one another, because they even had detail sequencing.

Dr. Peter McCullough: But the important point is these are fully vaccinated people, on average, two months after AstraZeneca vaccine, fully vaccinated health care workers. None of them develop severe disease, but they developed symptomatic disease, but they showed a viral load that they estimated in the nose and mouth of Delta at 251 times that of the viral load from previous variants-

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: ... in previous patients in the unvaccinated era. That was published in Lancet. Again, one of our better journals.

Dr. Peter McCullough: So, right after that, there was a pre-print that came out from Guangzhou, China, Liu and colleagues published a similar observation. Although at Delta they think it's a thousand-fold increase viral load. Now, they didn't indicate who was vaccinated, who was not vaccinated in that group of subjects, but we know in Guangzhou, China, that over 80% of the whole place is vaccinated. So, it's very likely people in that group were vaccinated and in fact, were contracting Delta.

Dr. Peter McCullough: So, there is the very real and present situation where those who are vaccinated now using the existing vaccines can acquire and carry and get sick with the Delta variant. The CDC is telling us in the end of August of 2021, we're 99.1% Delta. So, it's all Delta, that in fact, the vaccinated can participate in the Delta outbreak, either as carriers and spreaders or as those getting sick themselves. And the CDC did tell America that's happening because a paper by Havers and colleagues from the COVID research network that the CDC coordinates with published that those hospitalized with Delta in June of 2021, that approximately 23% were partially or fully vaccinated. The CDC has on their website. They had thousands of cases of vaccine failures that have either been hospitalized or died.

They've published it at separate data sets, and sadly, about 80% of those are age 65 or older. So, those who we want to protect the most with the vaccines, the vaccines are failing.

Dr. Peter McCullough: So, our CDC is trying to tell Americans and our CDC director has said this, is that vaccinated can carry Delta. They're telling us that Americans can get Delta who are fully vaccinated. What's been challenging. And I've just given your listeners the information with the citations so they can go to the CDC website. They can go to these papers that I've quoted. Okay. That's different than the misinformation.

Dr. Peter McCullough: So, a misinformation was a talking point that was said by various individuals, that this is a crisis of the unvaccinated. That stated 99% of those hospitalized were unvaccinated. There's billboards up that say, "Over 90% of those in the hospital are unvaccinated." Well, our president just recently alluded to the unvaccinated being the root of the problem and that his patience is wearing thin. So, tell us how that's misinformation. Well, as patients get hospitalized, if they don't their vaccine card, they don't have a ready way of proving their vaccine status or not. And people vaccinated or unvaccinated are very wary of vaccine discrimination.

Dr. Peter McCullough: So, in Texas, we actually have an executive order on this in April of 2021 saying there will be no vaccine discrimination in our state offices, vaccine discrimination. So, it can be discrimination against an unvaccinated, but also vaccinated.

Dr. Peter McCullough: So, in my practice, I have had patients who I want to get a monoclonal antibody infusion. Doesn't happen all the time, but it's happened. And the center that they get sent to will ask them if they're vaccinated or not. And one of the decisions is, well, if they're vaccinated, they may not get the monoclonal antibody infusion and they get remdesivir, because there's the thought that maybe, that the patient and I really wanted the monoclonal antibody infusion.

Dr. Peter McCullough: So, people actually may not disclose their vaccine status in one direction or another. They may not. And there's no proof of that. So, unless we merge the hospital data set with the vaccine data set and really have some, which is what the CDC did, that number looks like 23% in June. I can tell you as Delta shaded in, in July and August, I anticipate that 23% is going to go right up to a much higher fraction. It'll probably approach the same fraction of the population that's vaccinated, just like in Israel. In Israel, the proportion of those who have COVID-19 roughly matches the proportion of the vaccinated population. It's about 80%-

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: ... implying there's no differential of those having COVID based on who's vaccinated or not. So, the listeners can try to draw their own conclusions. I

mean, one would like to think that the vaccine really suppresses COVID-19 infections. There's hardly any COVID-19 infections in the vaccinated. Well, it's not the case in Israel and it looks like it's not the case in the US.

Dr. Patrick Gentempo: That completes part two of my three part interview with Dr. Peter McCullough. I have to tell you, when we were recording this, I was so excited to share this with you. I'm glad that you're here and we're not done. There's another part coming with Dr. McCullough. We have that to look forward to.

Patient Testimonial: Stephanie and Maddie

Dr. Patrick Gentempo: Stephanie and Maddie, thank you so much for taking the time to have this conversation. I really appreciate you being able to share this publicly. Let's start. So, at the time that Maddie got her vaccine, she was how old?

Stephanie: 12.

Dr. Patrick Gentempo: 12. She's 13 now.

Stephanie: Mm-hmm.

Dr. Patrick Gentempo: Okay. So, obviously as a minor, mom, you had to make the decision, should she go in and enter, if I understand the story correctly, the vaccine trial, right? To see-

Stephanie: Right.

Dr. Patrick Gentempo: So, what was your logic at the time or what were you thinking at the time that said, "Yeah, you know what? We should do this."

Stephanie: So, with the vaccine trial, well, all of our kids have had been vaccinated. They've had all their vaccines. They were up to date. We've never had any issues.

Stephanie: So, number one, we weren't afraid of anything. So, I want to preface this with, we did not force our kids to do this. They asked. They did. So, my son found out from friends and then they found out from him. So, for me, it was an opportunity for them to get vaccinated before everybody else potentially, and to help make things progress. We were going to help. So, it was like a win-win. They get vaccinated early and they help other people get vaccinated. Both my husband and I were going to be one of the first to be vaccinated. Plus we had volunteered for the trial as well, but he's in the medical field and I work in a school in public education. So, we were going to get it early anyways.

Dr. Patrick Gentempo: So, sort of a sense of civic duty saying, "Hey, we believe in this and we want to step up and play a role"?

Stephanie: Yeah. I mean, we thought it was the right thing to do. Honestly.

Dr. Patrick Gentempo: How long ago was it that Maddie got her first vaccine?

Stephanie: December 30th. Yeah.

Dr. Patrick Gentempo: And so, at the time of this recording, yeah, roughly 10 months or nine-and-a-half months or so. Did she have any reaction after the first dose?

Stephanie: She had some swelling in her arm, which they recorded. She had a slight fever. It wasn't very high, was it? I don't remember it being-

Maddie: It was on 101.

Stephanie: Yeah. The normal, the symptoms that they tell you about that she-

Dr. Patrick Gentempo: Yeah. Nothing that caused you any concern?

Stephanie: No, not at all. I wouldn't have let her get the second one if I ...

Dr. Patrick Gentempo: Right. And then, when did she get the second dose?

Stephanie: January 20th. That one, the first. So, their dad took them to get the vaccination. Whenever I first saw her. She immediately said, "Man, that hurt a lot more than the first dose." She's like, "I don't know why, but it hurt really bad," but I didn't think anything of it. I thought, like when you get the flu shot, they're like, "Oh, you tensed your muscle. Don't tense your muscle or it's going to hurt more."

Dr. Patrick Gentempo: Okay. So, when did symptoms start occurring?

Stephanie: In the middle of the night, she came into our room and she's like, "I don't feel right. Can I sleep in here?" And this is not a normal thing that she does. It was weird. So, she came in the next day. So, she fell asleep. She slept in between us. Once again, this is totally out of the norm for her.

Stephanie: So, she went to school and we're like, "Hey. If you don't feel well, call us." She didn't call us. But once she walked in the door... My husband works from home. She barely made it into his office which is right inside the door, dropped her bag. And I mean, she was in bad shape.

Dr. Patrick Gentempo: Wow.

Stephanie: I don't even know how she made it through the day, honestly.

Dr. Patrick Gentempo: Maddie, I see that you're yawning and a bit tired. I mean, are you tired all day long? What's your experience like right now?

Maddie: Obviously sleep most of the night. So, I go to the school for two hours and then I take at least an hour and a half after school, if not longer. And then, I'm basically laying in bed the rest of the night, would you say?

Maddie: Until,

Stephanie: ... towards the end of the day, she'll get a second wind and do some things, yeah.

Maddie: I'll go for a walk with my dad. Well ...

Stephanie: He pushes her and...

Maddie: I was going to say, can you get out of your wheelchair or you still have to sit in your wheelchair?

Stephanie: She can transfer to a bed.

Maddie: Oh, I can transfer to a bed but like...

Dr. Patrick Gentempo: Are you noticing that things are changing at all? Do you feel like you're getting any better or is it kind of still stuck where you've been for a while?

Maddie: It's basically the same. Nothing's really changed.

Dr. Patrick Gentempo: Maddie, how do you feel about children getting this vaccine?

Maddie: I mean, I think it's everyone's personal preference because everyone reacts in different, but I just think they should know the side effects that could happen.

Dr. Patrick Gentempo: Well, I appreciate, I could see that you really need to lay down, so I appreciate you at least coming and sharing a few of your thoughts with us here.

Maddie: Mm-hmm.

Dr. Patrick Gentempo: So, she comes home from school. She basically is spent, I guess, showing that she's kind of either delirious or can't really hold up. What did your husband do at that point?

Stephanie: So, I mean, I wasn't here. I was at work. My husband has a nursing background. So, the first, I mean, after finding out all the symptoms that... Just what was happening, he called the trial nurse line that we were supposed to call and then he texted me and basically said, "Maddie's having some sort of adverse reaction to the vaccine." And he goes, "I don't know what's going on." I called the trial line. And then at that point I called him and left work and came home.

Dr. Patrick Gentempo: And did they give any advice when they called the trial line? What'd they say to do?

Stephanie: They didn't call right away. So, we called in and got, I don't know if, because I didn't call in, it was either a message, like somebody that you talk to, a message service or they left a message. So, they didn't call back until I got home from the hospital. So, but on the way she was on the phone and where she was... The thing that scared me is that the way she was describing, she's like, "I feel like my heart is..." She didn't say it this calm. "Being ripped out through my chest." I mean, she was clearly in agony. I was scared, but I also thought, "Okay. She's in

a trial. We're working with one of the best children's hospitals around here. She'll be okay," that, "She's not going to die." In my head, I didn't feel like she... I just was like, "She's going to be okay," mainly because I thought, in her trial, they're going to do everything they can to figure out what's wrong and make you better.

Dr. Patrick Gentempo: So fast-forwarding now, she's in a wheelchair and has been in a wheelchair now, I guess, since she started having bad problems.

Stephanie: So, it's not like she was in a wheelchair January 20th, but she was not walking normal that day. It progressed from that point. It just continued to get worse, clear up until her third hospital admission, where she literally hit rock bottom.

Dr. Patrick Gentempo: And so, she was progressively deteriorating, multiple hospital visits. Any diagnosis? Did they finally say, "Here's what's going on," or, "Here's what's wrong," or, "Here's what we could do?" Because there's really two things. There's the hospital and the ER, where you went multiple times, right? And those are just people saying, "I'm attending to her right now because she happened to show up as a patient." But then there's the trial where they are supposed to have experts tracking this and maybe at the ready to say, "Oh, if there somebody has an adverse reaction, here's what we can do."

Stephanie: No.

Dr. Patrick Gentempo: So, that didn't happen.

Stephanie: That's not ... No.

Dr. Patrick Gentempo: Were you reaching out and saying, "Hey"?

Stephanie: Oh, yeah. We have emails. We were told to go to the Cincinnati Children's Hospital is where the trial was held. We were told to go there because it would be easier because then they could take the best care of her. Worst decision I ever made in my life.

Dr. Patrick Gentempo: Why was it the worst decision? What happened there?

Stephanie: This is how I feel. I feel that hiding this was more important than figuring out what was wrong with Maddie. And when I say, "Hiding this," trying to find anything to say, "This wasn't the vaccine." She didn't have any preexisting conditions. So, they blamed it on anxiety, which she did not have preexisting either. There was never... She didn't have anxiety, especially anxiety, okay, that would cause what happened to her. So, they said it was anxiety that caused functional neurologic disorder. So, it had nothing to do with the vaccine is what they were saying.

Dr. Patrick Gentempo: Are they still maintaining that to this day?

Stephanie: Yep.

Dr. Patrick Gentempo: So, what you're telling me is that she raises her hand and says, "Okay, I'm going to be a part of this trial," with your consent.

Stephanie: Mm-hmm.

Dr. Patrick Gentempo: She's injured by the vaccine. And, at this point in time, if they're actually producing the data from the trial, she's not going to show up as an injury where they're trying to say, "Oh, no. That wasn't a vaccine injury." So, in the data that's collected to try to get this approved for children, she-

Stephanie: We'll talk about the data that's collected.

Dr. Patrick Gentempo: Okay. Yeah. Please.

Stephanie: The only data that's collected. So, there's an app whenever you get the vaccine that you filled out for two weeks, I think it was. All that you do in that app is say how big your arm was swollen, what your temperature is, and if you have any COVID symptoms. There's nothing in there in the app that you fill out to put, to document where you are a patient, not even patient, a trial participant to document where it is unbiased. You can put it in there. There is no way to do that. You have to call the trial line, like I said we called, in order to document any symptoms.

Stephanie: She was never sent to an infectious disease doctor because the infectious... So, she had elevated levels that came back for ASO and DNase B. So, it has something to do with strep. I don't know enough about it. I don't know why they did the test, but they did. They were elevated. They were done three times over a span of two months, still elevated. Why? She doesn't have strep throat. She hasn't had it since 2019. They told us that if they were still elevated, they would refer to an infectious disease doctor. The infectious disease doctor at Cincinnati Children's was the principal investigator.

Dr. Patrick Gentempo: Really?

Stephanie: Yes. For the trial.

Dr. Patrick Gentempo: Whoa.

Stephanie: Robert Frenck.

Dr. Patrick Gentempo: So, I mean, I'm literally a little bit flabbergasted right now. So, if we look at what the range of her symptoms are, she's having problems eating or keeping food down. What was going on there?

Stephanie: So with her, it started off as she would eat. She was nauseous, but she still... She would eat and she'd throw up, say, four hours later. And it just started getting closer and closer to when she ate to the point where it got to, she couldn't even swallow.

Dr. Patrick Gentempo: Wow.

Stephanie: She would just immediately, it's like her throat shut up. And this is not uncommon. I would say the majority of the people that I have talked to that have been injured a... It depends on the severity, but it's a common symptom.

Dr. Patrick Gentempo: Wow. And at what point did they put a feeding tube in?

Stephanie: That was when she was admitted the last time. It was in April, in April 9th was when she was admitted. I mean, her blood sugar was at 47.

Dr. Patrick Gentempo: Wow.

Stephanie: Yeah. She had tachycardia. So, they made us transfer her primary to Cincinnati Children's so that... The reason we did it is so we could have a care coordinator to coordinate all of the doctors at Cincinnati Children's because they weren't doing that. We go to the ER and it's like they would ignore us. I mean, they were treating her like a mental patient. We had just done that and we called in and we're like, "She is going to die. She is deteriorating. We are not going to the ER again to be sent home." We said, "We need to know that we are going to go to the ER and you're going to admit her. There's something wrong, that she's not okay." So, they guaranteed it and they did admit her after that. And she was in not good shape, not good.

Dr. Patrick Gentempo: How long was she in the hospital for that stay?

Stephanie: A month and a half.

Dr. Patrick Gentempo: A month and a half?

Stephanie: She went through inpatient rehabilitation. So, she would see PT and OT speech therapy for her swallowing. She did cognitive behavioral therapy, recreational therapy.

Dr. Patrick Gentempo: This has got to be horrifying as a parent, because this seems like a circus that's kind of come to town. You thought you're doing innocuous thing getting this safe vaccine. And next thing you know, you end up in this bizarre world that you still, it sounds like to this day, you're not getting answers.

Stephanie: No.

Dr. Patrick Gentempo: And it's been several months. It doesn't seem like anybody from the trial is following up.

Stephanie: No. And there's no way. They're not tracking. So, their last appointment for the trial, because they're still in it, was in June or July. Their next appointment is in January. And the only thing that they're tracking in between is on a weekly basis if they have COVID symptoms. There's one question. That's it.

Dr. Patrick Gentempo: So, you're not getting help. This is progressing, meaning that it seems like she's not getting better. She's still struggling every single day. And it doesn't even seem like that what's going on with her is, no you're not getting help. It's not even being reported.

Stephanie: No. I mean. We know what was in the EUA. Everybody in the world does. I mean, I can tell you which one. It was the functional abdominal pain still being investigated and paraplegia, the pins and needles. That's all they recorded.

Dr. Patrick Gentempo: Wow. So, now it seems like you've been connecting with other people who are vaccine injured. Is it surprising to you how many people are out there? I mean, is there more people than you would have thought?

Stephanie: It's scary. In the beginning it started off, it was a small group, but I can't even keep up with the messages that I get from people that have been injured. I can't. And I'm on groups like support groups and it's not anybody in there bashing the vaccine. It's like, "This is happening to me. Is this happening to you?" And when I look on there and see the exact same thing that happened to Maddie and now it's like they're in the beginning of it, which is the worst.

Dr. Patrick Gentempo: Wow.

Stephanie: I just am like, "How is this possible that this is still happening?" And then I work in a school and there's people that are getting COVID and they all were vaccinated. My brother-in-law got COVID when I was in the ICU. He was vaccinated. I'm like, "How is this still happening?" I just don't even understand. I don't understand it.

Dr. Patrick Gentempo: So, I guess, in the end, obviously this story's not over. I mean, you're here in the middle of it still.

Stephanie: Yeah.

Dr. Patrick Gentempo: And so what are you hoping to achieve by speaking publicly about this?

Stephanie: So, I've been speaking publicly for a long time. It's being buried by social media, the media, mainstream media, I should say. So, I have to keep speaking out. So, that's why we're to the point where I do interviews like this. I keep doing this because I don't want this to happen. Like I told you, I'm on these support groups

and I see these people and I'm like, "Oh, my God. Little do they know, this is only the beginning. It's not going to go away tomorrow. They're not going to die. Some of them may. It's got to stop." And I couldn't live with not speaking up. I can't not do it. And this is something that is so out of my comfort zone, I hate this, but I also need an answer for my daughter. This is stuff you see in movies that you're like, "That'll never happened. That can't be real."

Dr. Patrick Gentempo: Well. I'm sorry that you're having to experience this nightmare. And I hope that at least that you're speaking out will help other parents be properly informed about the decisions they have to make. And I really hope and pray that you're going to find solutions for Maddie and that she'll be back to a hundred percent and have a very bright future.

Stephanie: Thank you. We hope so, too. I'm not going to stop believing that that will happen. I won't.

Outro

Dr. Patrick Gentempo: That completes episode two of COVID Revealed. Thanks for being here. Really excited to take this journey with you. We're still early on here. So, if you can share it with other people so they can come watch this information, I highly encourage you to do so. Thanks for being here. I'll see you in episode three.

Dr. Robert Malone: The levels of virus being produced in the previously vaccinated, in the infected subjects, so the breakthrough infections, are at least as great as those that have not been vaccinated and, in some cases, there's evidence that they're higher. When the FDA granted emergency use authorization to Pfizer, in their summary document, they specifically said that antibody-dependent enhancement was a known risk, and that it could not be evaluated based on the data that they had provided. It's very clear that standard norms that would be implemented for any other vaccine in any other context that I've ever known were overlooked.

Dr. Jack Kruse: I don't care whether you take the vaccine or not, but I do care that you make the right decision for you and the right decision for your family and that you understand, if you did take the vaccine, what likely things do you need to pay attention to? I'm not anti-vax. I'm anti this vax. People need to do a better job. And I have to tell you that I'm pretty disappointed with my profession because, as physicians, we're supposed to teach the public the good, the bad, and the ugly. The Yellow Card data that's coming out of the UK and the VAERS database are also showing unbelievable amounts of adverse events. This should be a beacon or a signpost to clinicians and PhD researchers.

James Lyons-Weiler: On the vaccine safety science end of things, if you did science the way that the CDC was doing science, you could end up hurting hundreds of millions of people eventually. And we may be witnessing that now. The CDC actually doesn't consider you vaccinated unless you've survived to day 14 after your second dose. You're still unvaccinated. So, anybody in those studies that dies or gets an infection or has to be hospitalized because their immune system's harmed by the vaccine or something, that counts towards the unvaccinated. The vaccine is ineffective. You might as well have not got it. But if you've got two doses, you're more likely to have an infection. The vaccine is causing antibody-dependent enhancement. It's causing the disease.

Bonus Interview: John Stockton

Dr. Patrick Gentempo: Well, If you're a sports fan, you know my next guest. He's considered one of the greatest people ever to play a position of point guard in history. It's NBA Hall of Famer John Stockton. John Stockton was known for being pretty scrappy as an NBA player, and I could tell you that hasn't left him. When it comes to COVID, he's scrappy. He's got some orientations, opinions that he likes to share publicly. Many people are running scared to share their thoughts, not John Stockton. Why? Because he is seeing how it's impacting people's lives. He's seeing how it's impacting sports. He's seeing especially how it's impacting young athletes who maybe have a shot at having a career in professional sports. So this interview speaks to a lot of issues that I think he has a right to have an opinion around. And of course, it's always great to sit in the presence of an NBA Hall of Famer. Enjoy this interview with John Stockton.

Dr. Patrick Gentempo: John, thanks so much for taking the time to come in and have this conversation.

John Stockton: My pleasure.

Dr. Patrick Gentempo: Now, people might say, why are we sitting having this conversation? Why is John Stockton sitting here talking about COVID? And quite frankly, we had a prior conversation that we were released publicly, and that's what some newspapers were saying at other people, "What's John Stockton doing talking about COVID?" So why do you feel a need to talk about this?

John Stockton: I feel that I have to, it's not a want to. I'm seeing things that I can't believe are happening out there. And an average citizen, the freedoms that I feel that are being taken away from me, from my family, from my kids, my grandkids, and everybody else, and we seem willing to give them away rather easily. I think somebody has to continue... Not somebody. Each one of us has to keep saying things and tell everybody hears it.

Dr. Patrick Gentempo: After you got some of the backlash maybe last time we had a conversation, how'd you feel about that? What was your response?

John Stockton: The backlash doesn't bother me. I'm an athlete. Every town you go to, you hear some good things and bad things. I got used to not reading that stuff, and that would be true. Again, my kids heard a lot of that stuff on the internet and on the various social media things. And I think that they have thick skin too, but they hear it. And I eventually read the newspaper. There's a newspaper article in my hometown written by a woman who... They have my phone number. There's a number of writers there, sports writers that have my cell phone number, and she never checked with me. She didn't check her facts. She actually accused you of paying me to come on to talk, which-

Dr. Patrick Gentempo: Can we make it clear that we don't pay you to do this?

John Stockton: I can make it very clear. You don't pay me to do this. And so you wonder what her motivation is to basically not put the truth out there. But like I said, you get used to that as an athlete.

Dr. Patrick Gentempo: Yeah. That's really interesting. Because part of what's asserted by people like this woman that you described who don't have their facts straight and want to, I guess, assault your character based on you saying what you're saying publicly is that, "Well, what do you know about this? You're a basketball player. You're an athlete, a professional athlete, but you're not a scientist. You're not a virologist, et cetera." How do you respond to that?

John Stockton: Well, how much time do you have?

Dr. Patrick Gentempo: We've got time.

John Stockton: There's a lot of ways to respond to it. Personal experience is the first one. You hear things, you read things. And I can certainly read and I've read a lot on it. I've watched a lot of people, scientists, doctors speak on the subject. That doesn't make me an expert, it just makes me somebody that's trying to learn it. Then I see my own experiences with my family, my father, for example, he was in his '80s and took the flu shot because old people are supposed to take the flu shot to keep them safe. Three years in a row, three days after the flu shot, he goes into sepsis and spends a month in the hospital. Makes you take a second look, like, are we doing the right thing here?

John Stockton: And many experiences with the family, you don't need to hear all of those, but I also have a right to question what's going to go into my body. It's mine. I thought that's been established in this country forever. It's one of the things we're founded on is you have your own personal freedom, and that's definitely being infringed upon. We're being told we can't go to games, can't play in games, can't go to concerts, can't enjoy life unless you're willing to take a product with a needle with poison in it in order to do so. And there's just something definitely wrong about that and I don't need to be a scientist to realize that.

Dr. Patrick Gentempo: Would you want to stop somebody who wanted the vaccine from getting it?

John Stockton: Somebody I loved, yeah. Yeah. I'd want to tackle somebody I loved from getting the vaccine. But no, as a matter of policy, I think if a person feels that strongly, it's their job in this country to do your own research. Again, it's back to your own body thing. If a person does their research and deems that that's the safest best way for them to go, have at it. It's not for me to say.

Dr. Patrick Gentempo: So when you are looking at the impact this is having, because you have a son that's in collegiate sports right now, basketball player, correct?

John Stockton: Correct.

Dr. Patrick Gentempo: And what's his circumstance as far as, can he play if he doesn't get vaccinated? Or what's he facing right now?

John Stockton: Well, actually, I have a number of kids still playing basketball where that's become a topic of conversation. My youngest plays at Lewis-Clark State College in Idaho. And right now, they're not required in Idaho to be vaccinated. They are required to do tests and do masks from time to time. But mostly, they're pretty open. Some of my older children who are playing professionally are having all kinds of hangups trying to get jobs in the first place. Because even if the team doesn't feel like they need to make a stand on it, they don't want to deal with the bureaucracy of, "Hey, when we go to New York, you can't play. You can't come on that trip." And the nightmare of not having your full team, it makes them a not on entity. It's a difficult time for kids playing sports.

John Stockton: You're seeing a lot of backlash right now in the NBA. You see about Kyrie Irving, Jonathan Isaac, these guys are really good players and they have a voice, but most NBA guys don't have that voice. And most of them, if you don't want to play, if you don't want to take the poisonous jab, we'll find somebody right here who would die to have that job. So it's really an interesting position for athletes right now.

Dr. Patrick Gentempo: Incidentally, maybe people could try to assert your you're not a research scientist or a virologist, but you are a sovereign individual human being that gets to decide what's right for their own body. But you are an expert in athletics. And I think you have a right to comment on the impact that these COVID measures are having on the careers of not only professional players, but potential professional players, meaning collegiate players that are coming up. And then of course, if you got kids in middle school or high school and you got teams who have a disposition about saying, "Well, we have to have the team vaccinated, if that's what the school is saying, or you can't come on the team." It really alters the course in a trajectory of their lives, and seemingly for not very good reason, especially when you're dealing with healthy young people. What are you hoping happens? Do you think that there's going to be a, pardon the expression, but an injection of reason into these people's minds? How do you see it unfolding?

John Stockton: I hope so. I don't know how it's going unfold. Every time I think that word is getting out and progress is made, then there's just a Blitzkrieg of information on commercials. I don't know how much the state of Washington has spent on advertising for getting the jab, but it's got to be near 100 million or something like that. It's every day in every channel and in every medium. I don't know if we're ever going to get on top of it. Now, what am I hoping to get out of it? I want my grandkids not to wear a mask to school. I don't want people to be able to think that's okay because then the next step isn't that far away. I'm hearing news articles where they're considering being able to vaccinate children without their parents' permission. What is that?

John Stockton: Again, that's not that big of a leap once you start the process. I want those big smiling and faces walking into the classroom smiling at their teacher, smiling

back. It's part of how we learn to communicate. That's being lost and it's being lost at a very young age. And can they get it back or will we have communication issues for literally the rest of their lives? I don't know. Wearing a masks. I know when I wear a mask, which isn't very often, I can't breathe in them and I take shallow breaths. And that can't be healthy. I know that when you have an injury, if you hurt a rib or something, they're saying, "No, take deep breaths or you'll get pneumonia." So what does that tell us if we put a mask on and we take the shallow breaths? I think we make ourselves more susceptible to illness than protected from it. And the shots, we've spoken about.

Dr. Patrick Gentempo: Yeah. It's interesting because we interviewed mask experts. You have people who are experts in what they call personal protection equipment and there are environmental safety experts, especially with respiratory type situations. And these aren't people that were on the fringe prior to COVID and then suddenly now maybe they're heretics because they're speaking out. But when we look at masks for young people especially, there are known adverse psychological effects wearing them all day. There are adverse physical, biological effects of breathing into them, how do you have them on and using the same mask over and over again, et cetera.

Dr. Patrick Gentempo: And pretty much most experts, especially for the masks that are being used, say that they don't have much effect. So again, somebody might come and say, "Well, how can you comment on it? You're not an expert." But you can read it. You can listen to what an expert is saying and then look at the rationale. It just doesn't seem to add up. Once you started making some public statements about this, are there people that are on the side quietly said, "Hey, thanks for saying that. I'm glad you are, because I can't." Did that happen at all?

John Stockton: At all? Oh, absolutely way more so than the other way. It was difficult for my kids to read things on the internet, but then the responses I got were tremendous and-

Dr. Patrick Gentempo: Like what kind of response?

John Stockton: Thank God somebody's speaking up. I can make it fairly dramatic because some of them were. "Thank you for doing that. I know it isn't easy. Thank you. Thank you. Thank you." That was the general voice that I heard. And I actually want to get back in touch on the masks. You're right. I'm not a scientist on the masks either. But however, I have a friend that invented the mask for the SARS back in, was that 20 years ago now? And for years, I've learned about micron levels and what the mask took to be able to filter out something as small as a virus and none of these masks are cutting it. And I know it and I don't have to be a scientist, but I've talked to scientists about it who invented it. That micron level is something else and I think these masks are useless and destructive ultimately.

Dr. Patrick Gentempo: Yeah. In our explorations in this series, even people who are pro mask don't deny the fact that when you look at the size of the virus and look at the size of the holes in the mask, as one person put it, it's like trying to keep mosquitoes

out with a chain link fence. So just how it makes sense, it truly doesn't. And people have inferred, well, it's just a sign of your... I'm using the word submissiveness, but a sign of your participation in understanding that there's a virus or there's this pandemic going on. And since you're wearing a mask, you're showing your solidarity with all of the people, even though it technically doesn't really provide any benefit, which of course, I don't know how to start with talking about how absurd that is of a point of view.

John Stockton: I would go back to my childhood and my dad's little comments, and he had a thousand of them, but if somebody had jumped off a cliff in front of you, would you do it afterwards? And so I think he taught me, taught my family to think. And as soon as you feel the herd all going in one direction, you better start looking around because it might not be the right direction. And I have bucked against the herd throughout my life, and I think it's been the right decision.

Dr. Patrick Gentempo: Well, I think what this boils down to in the view of this conversation and what I've heard from you over time is we're not trying to necessarily just have a scientific debate here. It's really, the bigger issue is your rights for your own body. What is done to it, what's not done to it. And do you have the right to make these decisions for yourself and your family? Or can this be forced upon you against your will? We can get down into whether we think the vaccine's a good or a bad idea. We can have those arguments. And certainly in this series, we interview a bunch of very well qualified experts who are very concerned about the safety of vaccine. But in the end, as you said earlier, it's not about trying to prevent somebody else from having it as much as it's about you having the choice as to whether you want to do this or not.

Dr. Patrick Gentempo: And of course, people saying, "Well, you can just stay home," but reality is that's a violation, saying, "Well, I can't go anywhere. I can't do anything. I have to just stay home if I don't get vaccinated." That's not really saying that you have the freedoms that you should be afforded based on our Constitution. When you're having conversations with school officials, athletic directors, the type of people that you hang out with, what are you finding from them off the record? Publicly, it's impossible for anybody say to anything. We're censored off all social media, et cetera. We can't have this conversation in the mainstream. We have to do it in a different way. When you're talking to these people, what do they off the record say to you? How do they feel about this?

John Stockton: It's tough to get off the record comments anymore. I think people are pretty much hunkered down nowadays and they read the directive of their boss. We're going to have masks. We are going to be vaccinated, and that's it. In my city, they're going to lay off, my understanding is, a fifth of the workforce.

Dr. Patrick Gentempo: Wow. Because they're refusing to get vaccinated.

John Stockton: Yeah. In the hospitals.

Dr. Patrick Gentempo: Now, just pause there for a sec because this is interesting. In the hospitals, that's where you have people who are educated in healthcare. Now, I heard you say something earlier that you think that they spent an enormous amount of money, whatever the number is in your state, Washington state, to basically advocate for the vaccine and why it's a great idea. So after all of that, all the promotion for the vaccine, working in hospitals, 20% roughly of the people in Washington that our hospital workers or healthcare are saying no and they're walking off the job?

John Stockton: Well, they're not walking off. They're going to be sent off. And I think that's going on right this moment. I'll take it a step further. I was sitting next to a couple at a dinner one night and they just came in and they were gloating that they had just been vaccinated. And we obviously tightened in our seat, because I'm told you're more contagious for 14 days following the shot than you would be without ever taking it. And so they're sitting right there. We sniffing in our seats and they said, "Well, you don't think you should get the vaccine?" And we went into a long discussion about what our views and what theirs were and it was very pleasant. And the lady said to me right after she said, "You know, that's what the person that gave me the shot said." And I said, "What?" She said that, "I'm not getting the shot. It's not been tested enough," the person administering the shot.

Dr. Patrick Gentempo: Wow. And this person got the shot anyway?

John Stockton: Yeah. She said it set her back when she was about ready to get the shot and the gal said, "No, I wouldn't do this." So we know there's people that way. And we know there's people that are going to make tremendous sacrifices to stand up for. They're going to have to find ways to feed their children, send them to school, and put clothes on their back and change a profession that they've loved because somebody's intimidating them, mandating it, coercing them, any way you want to look at it into doing so. And what really strikes me six months ago, they're heroes. They're the frontline guys, they're out there being heroes for it. Well, thanks anyway, you're gone. I just don't get that.

John Stockton: I don't get why that logic isn't settling in with people. Then the next step is, and it happened before as well, they are understaffed, and suddenly there's emergencies at the hospital and they can't handle it. You only hear about the emergency at the hospital. You don't hear that it's understaffed and that there's beds that are empty, but there's nobody to take care of them. And so there's something fishy in Denmark and I don't know everything clearly, but I'm certainly raising an eyebrow to it.

Dr. Patrick Gentempo: Well, to your point, and this is where I think it gets overwhelmingly disturbing, locally here in Salt Lake City, an acquaintance of mine was dating a gal who was a nurse, two kids, single mom, and same thing came up. They wanted to force her to get the vaccine. She didn't want to get the vaccine. But now she's forced to have to make a decision, do I feed my kids or do I get the vaccine? She gets

the first one, has a really bad response to it, decides maybe she shouldn't get the second one.

Dr. Patrick Gentempo: But in order to be able to work, she would have to get it, gets the second one and it kills her. So now, somebody who didn't want it is basically coerced with the decision of feeding her kids or not, good nurse, works in the hospital, and she dies. Now, of course, a lot of people around saying, "Oh, there's no known really bad adverse effects. Did the vaccine cause it or not?" The vaccine caused this. And I think you were talking about earlier before we started this interview about a friend of yours, I think his wife got injured from the vaccine. What was that story?

John Stockton: Yeah. His wife took the shot for a job, felt like she had to. And I'd like to reiterate, you never have to. But took the shot and now has partial paralysis. And I never say the name, but Guillain-Barré Syndrome, and that makes you pay attention. So when you hear and that, again, getting back to the ads in Washington, you hear doctors getting on there and they're wearing their coat and their stethoscope and they say they're 100% safe and they're 100% effective, I shake my head. We know that's not true. We know it's not. It's impossible for that to be true.

John Stockton: It can't be safe and it can't be effective because people that are taking the shot are still getting COVID and still testing positive for COVID and NBA players have missed games, playoff games after vaccines and still getting COVID. So we know those aren't true. Till we acknowledge that those aren't true and that the truth is out there and that people aren't getting hurt and that people are dying, we can't take care of those people. We're leaving them out to dry. And that's going to be a large percentage of our population at some point in time. Again, we can never take care of those people until we acknowledge that it's happening.

Dr. Patrick Gentempo: You're a known person publicly. There's not enough of you who I think feel the way you feel who are willing to speak up about it. What do you think it's going to take for more people to stand up and protest? Because I know the avalanche of criticism that comes against them can almost be crushing. And I will state for the record, before you did this interview, I was in a sense almost wanting to talk you out of it saying, "Are you sure you wanted speak publicly about it?" But you felt very strongly that you needed to, even though you know there's going to be extraordinary backlash. Are there other people that you know who are also known people publicly that feel the same way, but feel reluctant to be able to share their thoughts?

John Stockton: Absolutely. Many, many. Get from my parents, you have to stand up and be counted. You just do. When I look my maker in the eye at some point in time, knowing what I've learned and I don't speak out, then I have some real questions that I might have to answer. So I feel like I have to speak out, have to.

Dr. Patrick Gentempo: Yeah, it's interesting, because it is a look in the mirror. We maybe didn't get to choose when we were going to be born and what kind of challenges the world is

going to face. But I think, yeah, taking a stand and saying, "It's me right now and this is my time to speak up," it's an admirable thing. Do you see the trends as far as you're experiencing them, do you think they're getting better or worse? And especially in the athletic departments at the schools or what have you, I know several of the colleges, your alma mater, the all have vaccine rules now. If you want to come to class in person, they want their students to be vaccinated. And then of course, then that spills over into the athletics, I guess, also. So do you think that it's getting worse, better? It's been staying the same?

John Stockton: I think the resistance is increasing, both in numbers and in confidence. But I think that they're being met at every turn with increased emphasis on driving it home and giving you no choice. The lose your job or get vaccinated is a big deal. It's about as big as you get. And at some point in time, you ask, where do I see it going? Until we lock arms, say, not for you, not for me, we got to say it. Let's face it, it's polar right now. People think you need to get vaccinated or you're dangerous to the public. These people over here are saying, you need to not get vaccinated and you guys are actually... Oh yeah. No, you, no, you, like little kids arguing. It's just the fact that we're that polar opposite that the mandates can't happen because that can switch in a heartbeat.

John Stockton: For this COVID vaccine, using the term loosely, if another politician gets in power and he switches it and says, "Okay, now you can't get the vaccine, even if you want it," how's that fair too? If you want to get it and I'm banning it, you can't have it? I think we're on a slippery slope. And the fact that we're so different and the fact that we're so polar opposite is we can't allow... We have to come together. A divided house can't stand. We have to come together so that part of it never happens. We have freedoms that we've enjoyed in this country for all of our lives, and that's the one thing we've got to unite, lock our arms, and say, "No, even if we don't agree, we're locking arms and that isn't happening." That's what I'm keeping my fingers crossed for and hoping for.

Dr. Patrick Gentempo: I imagine there's probably a sports analogy here, as far as teammates who maybe don't get along, but when it's time to go in the game, you got to lock arms and go out there and do what you got to do.

John Stockton: There's always a sports analogy. Sports is life.

Dr. Patrick Gentempo: Yeah. Sports is life. That's great. I love that. Have any of your teammates reached out once you start speaking up? And if they did, what kind of things were they saying to you?

John Stockton: It's been mixed. Nobody's been hostile. I've had teammates that have called and said, "Hey, what are you talking about? Tell me about it." They want to learn. Others say, "Look, I'm not seeing the same thing as you," but they're not saying, "Hey, you're an idiot. You're wrong." I think it's been good. I wish I could say I've had 100% agreement, but I've had a lot more agreement than I think you would expect to see based on how the news reports every night. You get the

impression that, for example, every NBA guy is vaccinated except for the two or three guys that are speaking out, and I'm certain that's not true.

Dr. Patrick Gentempo: Yeah. Yeah. A lot of misimpression out there in the press. I happen to, just based on our conversations off camera, you are extremely well read around these issues. I'm spending a lot of time. I've interviewed dozens of experts around the country and world, and I'm extremely impressed with how much reading and research you've done and how conversed you are in a variety of these topics. So has this become you spending parts your days every day just digging into this stuff?

John Stockton: Yeah, yeah. Pretty much. I'm fortunate enough to get the Children's Health Defense, The Defender, and I think that's been a great starting point. I know that The Defender, everything they put in it's been peer reviewed, triple checked for accuracy. And so even that, with that, I don't just automatically believe it. And then I get other sources that send stuff or I get stuff and then you can cross-reference it. So I have a pretty good feel for where I think things are, and I also read a lot about, frankly, history books or people that aren't talking specifically about COVID that are talking about how the body works, how the gut works, how our immune system works, how viruses work, how insurance and medicine works and how different countries work their healthcare. And so just being curious for a good portion of my life, I've read up on that. In fact, I have a decent background, but nothing that I could say, "Listen, I'm an expert on any of this." But I do read a lot.

Dr. Patrick Gentempo: Yeah. So do you have personally any fear, if you were to get COVID how sick you might get? Are you worried about it? How do you feel about the disease itself?

John Stockton: I think I've had it. Yeah. The taste and smell thing is my evidence. I never tested for it. Prior to that, for example, our hands, my mom used to make us wash when she was a nurse and she'd make us wash with antibacterial soap. And then somewhere, maybe when I was 12 years old, somewhere that became bad because the scientists figured out that we have competing bacteria and other things on our skin. And the moment you wipe out some, then you get the super bugs that come in and they're really dangerous. And so you log those types of things in your head and I do know that. I know that antibiotics, which probably saved my life not once, but twice, also, if you take them the way they're not supposed to be taken, can ruin your gut and ruin your immune system.

John Stockton: So I know that our whole health is about balance. We have viruses that compete with bacteria that compete with funguses and maybe they cross over. There's a lot of confusion. Mother nature knows what she's doing. And if we let balance take care of it, I think we'll be fine. So to answer your question, I've never been afraid of the virus. I've never been afraid of a bacteria. I feel that's part... We get sick. It's okay to get sick. When I was playing, I could almost predict when I would get sick. We play a lot of games. We wouldn't get any sleep, constantly trying to hold up, finding an hour sleep or two hour sleep there, and then you're eating whatever you can, candy around Christmas, whatever you're eating,

whatever you get, shove down your throat. And you can just say, "You know what? It's coming." And so we can protect against some of it, but at the end of the day, it's okay to get sick. It's okay not to feel well. It's our body's way of adapting and being prepared for the next bug and the next bug and the next bug.

Dr. Patrick Gentempo: Which incidentally, what the data is really showing now is that natural immunity is much more robust than the so-called vaccine induced immunity. So if you've already had it, then you're walking around saying, "Hey, I'm not anybody you have to worry about." And this is one of the really big deals. There's a lot of people who are trying to be forced to be vaccinated. They've already had COVID. They don't pose any threat to anybody, including themselves. A matter of fact, we need them as a part of the herd. And to go and try to vaccinate them with something that we don't really understand the safety of at this point is a disservice to them.

John Stockton: We won't understand it for maybe 30 years. When you're messing with poisons in the body, you're messing with-

Dr. Patrick Gentempo: When you say poisons, you're referring to just some of the components of the vaccine.

John Stockton: Absolutely. Yeah.

Dr. Patrick Gentempo: They are poisonous to the body.

John Stockton: They state them in there. The flu vaccine has enough in there. You don't need to look any further. What is there, 40 trillion nanoparticles in MNR? Whatever that number is, it's a big number. And what is it? I believe that scientists are really smart. I believe that they're starting to learn about our DNA and whatnot, and they're making great strides. But my guess is that every time they learn something, it opens another door and they go, "Wow, I don't know anything again," so they're starting over. I don't think we're close to understanding RNA or DNA and it's scary that it can be experimented with in our bodies.

Dr. Patrick Gentempo: Yeah. At least this use of it. We have interviewed people like Dr. Robert Malone, who was the pioneering inventor of this technology. And the one thing that everybody agrees on, if you want to understand safety of... Because this is really gene therapy. It's a better descriptor than vaccine. But saying that you need 10 years, at least, to try to start understanding the safety of a new gene therapy, and to try to do it in three months or six months, it's absurd. So we still, even today, say, "Well, look at all the people that have been vaccinated, it's safe." We don't know that. It would be honest if they would just say, "Here's the adverse events that we could report thus far." It's probably very under-reported because we know that about vaccine adverse reporting. But we truly don't know the safety and we won't for many years to come. That'd be the honest thing to say. And now, would you like to get this vaccine? But I guess, the whole point is they

don't want to allow for vaccine hesitancy, but that means it's okay to misrepresent things. It's just...

John Stockton: Right. My dad used to say that if somebody was scared or nervous of something, it's a sign of intelligence. That little kid scared of jumping in the pool, "Oh, why won't he do it?" It's a sign of intelligence. Let it be. And so that's what I look at. If you're scared of this vaccine, it's a sign of intelligence. Go with it. And back to the virus test, I mentioned my father earlier getting the three flu shots and getting... We never reported those. I wouldn't have even known how to do it and the doctor sure didn't report it. So Henry Aaron dies 18 days after getting the COVID shot. I don't know that that caused it. He's an 83 year old man, otherwise in good health. He dies 18 to... Any way you look at it, it's news. That should have been brought podcast over everything saying, "Look, this is what happened. I don't know if that's what did it, but it's news."

Dr. Patrick Gentempo: Yeah. So the whole agenda seems to be, we have to avoid vaccine hesitancy at all costs. I think the moral philosophies end justifies the means, so if we have to lie to people or mislead them to get them to do it. It's still a good thing in the end maybe. At least from observation, that seems to be what they're doing. But in your case, it seems like you want to speak up a bit and say, "Maybe people should be hesitant. Maybe the little kid shouldn't jump into the muddy water where you can't see where the rocks are." What are you hoping to accomplish, I guess is my question, by speaking up in the way that you are right now?

John Stockton: Well, I've never wanted to be out front of anything. I think people that know me and follow me throughout my career, I'm pretty bashful, would rather not have the attention, and here I am seeking the attention, basically. It's not something I want to do. It's something that I have to do. I'd rather be sitting at home and not have to worry about it and knowing that it's going in the right direction, but it doesn't feel like it's going in the right direction.

Dr. Patrick Gentempo: So if I were to interpret, is maybe the first thing you're saying that look before you leap on this vaccine is maybe one of the things you hope people would do?

John Stockton: Sure. Yeah. Do your own research. If you did your own research, even if you disagreed, you'll see that there's another side and you wouldn't even think about mandating anything.

Dr. Patrick Gentempo: And that's the second thing is trying to stand up for our individual rights for medical freedom. Because really, you start to see the interconnection. I never did before until I started doing the series, but it's medical freedoms. One thing saying, what do I get to put in my body? But then that leads to social freedom. Now, I have to fly to LA next week. I can't go into restaurants, because you need a vaccine card. And then economic freedom saying, well then you can't go to work. You can't go play on the court. So these things all start to come in. So it seems like liberties are just being taken away in a huge way.

John Stockton: For what?

Dr. Patrick Gentempo: For what? Exactly.

John Stockton: And for what? I know I probably should never be quoting stats or anything like that, but in 2020, what, 2.8 million people died in America of all causes, of everything, from gunshot wounds to the flu. And it's exact same number of every year for 10 years. It's the same number. Not exactly to the person, but statistically the same number and the average age of death was the same. I believe it was 78.5. That didn't change. So for what? What are we willing to give up? Where's the risk? When the Spanish came to the Americas, nine out 10 people died. Nine out of 10. That's a pandemic. And that probably happened because they were isolated, that the native population was isolated from all other bugs for 1,000 years. Don't wear the mask, It further isolates you? Does it happen that fast? I don't know. The big experiment is if you isolate and a bug gets you and we haven't shared it, like you said before, and gained the herd immunity naturally, then we're setting ourselves up for some failure, I believe.

Dr. Patrick Gentempo: Yeah. Yeah. It's getting really weird and I think very serious out there. Again, I really applaud the fact that you're willing to speak publicly about this. And I do know this about you and your career since you weren't somebody who sought the spotlight, and this is a big step for you, so you most really believe in what you're doing here.

John Stockton: Most definitely.

Dr. Patrick Gentempo: Yeah. Are there any other personal experiences in your own family or friends that you think are worthy of consideration as we have this conversation?

John Stockton: Yeah. There's a couple that come to mind real quickly. One has nothing to do with vaccines or anything like that, but had a son that had got migraines. As a young kid, got migraines seemed like every day and we couldn't figure out how we did that. And it ended up, make a long story short, red food dye and MSG. Had it every day in his lunchbox. We put chips in there that had both of those every day in his lunchbox every day. And once we figured it out, he didn't have it anymore. So that really taught us many, many years ago now to look at labels and understand everything that's in them and understand if they are good for you or not. More on the medical side, my mother-in-law had COPD. She got it from chemotherapy for breast cancer years and years before that.

John Stockton: So she was staying with us and she'd get a transfusion every three days, and literally would come home from the transfusion just dragging, just no energy, had no life to her. So made you wonder, was this even working? So we went to a homeopathic lady here in Salt Lake who did IV treatments, vitamins, minerals, herbs, whatever, all holistic type treatment to her. And she went six weeks without another transfusion. So she was going every three days to six weeks without a single transfusion. When she did the transfusion after six weeks, it

was because she had a scheduled appointment and she tested that she needed it, but she felt great, didn't need the oxygen, wasn't tugging on the oxygen at all. So when she went back to submit the treatment that worked for her for six week to insurance, they wouldn't pay a lick of it. And I said, "Well, that doesn't make any sense."

John Stockton: You would think the insurance would say, "Okay, I'll pay for that knowing that I'm not going to have to pay for 20 transfusions going here," but they don't. And so it's not a fair fight. And people that are trying to do it through vitamins, trying to beat COVID through vitamins, through minerals, through chiropractic treatments, whatever, you're out of luck, you're on your own dime. And so those people are having to come out of pocket. If you're willing to take the drugs, take the vaccines, they'll give it to you free. They'll give it to you on a street corner. They'll give it to you at the Coliseum. They'll give it to you for free, for free, for free. No wonder where this...

Dr. Patrick Gentempo: You're making a really good point, because a big part of the scandalous aspect of this is the lack of early treatment and prophylaxis. There's been drugs like ivermectin, which shouldn't be controversial, or hydroxychloroquine, et cetera. But it's also known that when people have high vitamin D levels in their lab work, they're not susceptible to COVID. Getting IVs of vitamin C, zinc. There's a lot of nutritional supplementation that one can do. And probably the worst thing you could do if you wanted to not be vulnerable is stay indoors, get no sunshine, get no fresh air, all the stuff that they made people do during the shutdowns and increase psychological stress.

Dr. Patrick Gentempo: Those are the things that create the terrain to be perfect for COVID to come in and make you sick. So it's interesting that you mentioned this as far as looking at there's things that human beings can do to actually increase their resistance, improve their immune system or immunocompetence. Maybe they would have a situation like you where, hey, you lost smell and taste, didn't really get very sick symptomatically from disease. It passed through your body, but your immune system learned it. And now you have natural immunity. So that's pretty fascinating.

John Stockton: Well, it's funny, something you just said there, it rang true. It was an ad I heard on the TV the other day that it said, "Please help stop the spread of COVID. Stay in your house, wear your mask, don't talk to people, don't go outside your house." And I just went, "One, two, three, so don't live." Don't live at all, be a hermit, lie in your basement, and you probably won't get COVID. If that's your goal in life, good for you.

Dr. Patrick Gentempo: Wow. And it's the opposite of what you really need to do. Sunshine, fresh air, exercise will improve so many aspects of your health, mentally and physically, some supplementation and healthy foods.

John Stockton: Breathing deeply.

Dr. Patrick Gentempo: Yeah. Can you imagine if they put out a commercial said, "Hey, do this." If I would try script the opposite of what somebody should do if they want to really make themselves more resilient and less susceptible to COVID, it'd be what you just described in that commercial. My gosh, not to mention it's quite depressing, and is life worth living at that point?

John Stockton: It is. Yeah, it is. Well, it would be neat if people took it upon themselves to just say, "No. I think it's a good idea to go out, guys. It's a good idea to get fresh air." And if that were the mainstream message, I think we'd already be along through this, along through it.

Dr. Patrick Gentempo: Me too. Well, again, I appreciate not only you sitting in and having this conversation, but also just the standard taking in general. And I hope that you continue to get much more support than you get criticism out here. God knows you deserve it, but I'm cheering you on and I really appreciate what you're doing.

John Stockton: I also appreciate what you're doing very, very much.

Dr. Patrick Gentempo: That completes this interview with John Stockton. Man, he's a guy that you don't want to mess with on or off the court. He is forthright, he is clear thinking, and he is someone that's passionate about seeing the right things happen in the world, so I'm glad you were here to experience what he had to say.

Episode Three

Dr. Robert Malone: The levels of virus being produced in the previously vaccinated in the infected subjects, so the breakthrough infections, are at least as great as those that have not been vaccinated. And in some cases there's evidence that they're higher. When the FDA granted emergency use authorization to Pfizer, in their summary document, they specifically said that antibody dependent enhancement was a risk, a known risk, and that it could not be evaluated based on the data that they had provided. It's very clear that standard norms that would be implemented for any other vaccine in any other context that I've ever known were overlooked.

Dr. Jack Kruse: I don't care whether you take the vaccine or not, but I do care that you make the right decision for you and the right decision for your family. And that you understand if you did take the vaccine, what likely things do you need to pay attention to? I'm not anti-vax, I'm anti this vax. People need to do a better job. And I have to tell you that I'm pretty disappointed with my profession because as physicians we're supposed to teach the public the good, the bad, and the ugly. The yellow card datas that's coming out of the UK and the VARUS database are also showing unbelievable amounts of adverse events. This should be like a beacon or a signpost to clinicians and PhD researchers.

James Lyons-Weiler: On the vaccine, safety science end of things, if you did science the way that CDC was doing science, you could end up hurting hundreds of millions of people eventually. And we may be witnessing that now. The pathogenic priming is real and it's a concern, and we need to do something about it. If they're exposed to the protein once, that's the priming. Exposed to the protein again. So you can end up with autoimmunity because you develop antibodies that not only attack the viral protein, but they also attack your own tissue. And you can end up with hepatitis.

Dr. Patrick Gentempo: Welcome to episode three of COVID Revealed. This is a nine part docu series, so we're still in the beginning of it at episode three, but we're starting to make some moves down the road here on this journey. As you can see, we have extraordinary people who volunteered to sit down and to have these conversations with us. And they wanted to do that for you. They wanted to see that you could be properly informed about this, and I'm so honored that they said yes to us so that we can properly serve you. So thanks for being here. Also, I want you to know that you can own COVID Revealed. Your support of this work is something that not only encourages us, but gives us the resources to continue to do this work. As you can imagine, we're taking a lot of heat for creating this documentary series.

Dr. Patrick Gentempo: We're shut down from all our normal marketing and social media channels to even be able to tell people about it, but here you and I are right now, as well as numerous other people who are learning about this throughout the world. So please go ahead and share it. And if the spirit moves you, go ahead and take a look at the varying packages we have and the bonuses and invest in this series, own this information, and spread it around the world. People need to know about this information. They need to understand it so that they can make better decisions for their life. We've got a great lineup for you here in episode three. Let's go ahead and jump into it.

Dr. Robert Malone

Dr. Patrick Gentempo: Up next, we have part two of my three part interview with Dr. Robert Malone. As you saw in part one, we established his past and credibility when it comes to his seminal role in developing mRNA vaccines. But people are going to try to convince you that it's not true. They're trying to rewrite history, but we've established what the past is. Now we're getting directly into the conversations that you need to know when it comes to these mRNA vaccines. Welcome to part two.

Dr. Patrick Gentempo: Since your voice is contrary to what seems to be the agenda around this, they want to discredit you and they're trying to find ways to do it. And you mentioned earlier that Atlantic article, which I reviewed an article they published in The Atlantic, and they were struggling trying to discredit you. But in my mind, I read it, I said, "Wow, they just very much validated his position here." So now here we are and suddenly all these years go by, nobody's ever heard of mRNA vaccines before. And one question I have around that incidentally is because there's even debate around whether this technically is a vaccine. I know that generically you're saying, "Hey, you're injecting something that creates an immune response that helps you resist disease. In that sense, it's a vaccine," but is there a separate FDA definition of vaccine that this would not meet? Or in your mind, is this a vaccine?

Dr. Robert Malone: So going back to the story, the origin story, remember, it kind of comes from this Dan St. Louis study that didn't yield the results intended. The brainstorm was, "Oh, gene therapy can be used for vaccine purposes." Okay. So genetic vaccination. And by the way, Jill and I, my wife have got subsequent patents on gene vaccines and mucosal gene vaccines. When I first started speaking about this on Brett's podcast and otherwise, I asserted that this is a gene therapy product applied for the purpose of gene therapy technology applied for the purpose of vaccination. Both of these are. The ad vectored and the mRNA. They are both fundamentally gene therapy technologies applied. One of the applications for these gene therapy technologies is for vaccination.

Dr. Patrick Gentempo: Okay.

Dr. Robert Malone: Moderna and Pfizer's SCC reports explicitly acknowledge that these are gene therapy products and that the FDA at the time of those reports regulates them as gene therapy products. This is in the list of potential risks. So they are gene therapies. I was criticized at the time for saying so. I was told that they can't be called gene therapies. I think in German law it's even been declared that they are vaccines, not gene therapies. I think that was explicitly stated, as I recall. That's an untruth. Why does it matter? Because the regulatory agencies in their quest for harmonization have developed checklists and products of this category shall have these tests performed and products of that category shall have those tests performed. And so it's very much in the interest of the pharmaceutical industry, and apparently the FDA was willing to concur, that

these products be only regulated and assessed as vaccine products. It's been my assertion all the way through this, that they are both vaccine products and gene therapy products, ~~and~~ that the checklist for vaccines and for gene therapy need to be applied both.

Dr. Robert Malone: Okay. So are they vaccines? In my opinion, yes. They are intentionally devised and formulated and licensed or not licensed yet, that there have been packages submitted for requesting licensure for the purpose of vaccination, prophylactic vaccination. Vaccination has got a lot of different kind of branches. It's tomato, tomato on steroids. We have cancer vaccines. We have prophylactic vaccines that are preventative. We have therapeutic vaccines that are meant to enhance your immune response against something that you've already got as a disease. And each of these have different regulatory considerations that have to be dealt with. In this case, what we have is products that are advanced as prophylactics to prevent. It's important to understand the way they've prosecuted these is they have... Let me take a step back. When you're developing a portfolio for a given product for regulatory consideration, for market authorization, which is what you're seeking, right? In the United States, you're seeking not only market authorization, but interstate commerce authorization because that's the purview that the FDA has. Okay. You have to say what you want it to be used for.

Dr. Patrick Gentempo: Intended uses.

Dr. Robert Malone: Okay. You have the latitude to define that in a lot of different ways. In these cases, they appear to primarily be prosecuting for disease and death as endpoints, not prevention of infection. So that's something that it's a nuance that you're not going to hear in the main press, but it kind of matters for your listenership.

Dr. Patrick Gentempo: It matters the great deal for two reasons. Number one, I think like you said, for what regulatory structure is applied to it. Right? But number two, they don't try to assert that this vaccine that's out right now prevents you from getting the disease or prevents you from spreading it necessarily, right?

Dr. Robert Malone: Okay. Can I nitpick that just a tiny bit? Because so it's important to understand that I didn't just parachute into this with SARS-CoV-2. I've been doing multiple outbreaks. I was at the tip of the spear in bringing the Ebola vaccine forward and getting Merck engaged, et cetera. And in this case, I got a call from a CAA officer that was in Wuhan in the fourth quarter of 2019, who alerted me on January 4th that I needed to get my team spun up and start going because this virus looked like it was going to be a problem. Okay. And I made a threat assessment, which is my usual practice, and I determined that based on what was known about coronavirus vaccines and the difficulties associated with developing such, and the risk of antibody dependent enhancement, and the timeline that's going to be required for development of a safe and effective vaccine, that the only option that we had in the short term was to identify repurposed drugs and develop those for this indication.

Dr. Robert Malone: Repurposed drugs are ivermectin, hydroxychloroquine, famotidine, fluvoxamine, celecoxib. These kinds of, dexamethasone is a repurposed drug. It was not originally licensed for this purpose. And that's a whole nother rabbit hole we can go down is how we approach that and what we've been doing since, but I've been working on the repurposed drug indication. In fact, just last week, we finally got FDA clearance to proceed with both of our large randomized clinical trials, outpatient and inpatient, for testing the drug combination that I've been prosecuting and leading the group on, which is the combination of high dose famotidine plus celecoxib. Okay. So I've been very sensitized and aware of everything that's going on, but not focusing on vaccines intentionally. Okay. I got kind of drawn into this whole controversy because people were seeking answers.

Dr. Robert Malone: I didn't seek out this role of truth teller or disambiguation wizard or whatever it is that I am these days, teacher to the world, which seems to be what's happening as part of what we're doing here. It's not my core business and it's not what I've been doing through this outbreak. We've been focusing on repurposed drugs. So the vaccine story, I had made the assessment that there were too many risks and it was going to take too long. And to my great surprise, OWS happened. It's important to understand for your listenership, that Moderna was, to a significant extent, a failing company prior to this that had been launched largely with DARPA money, initial capital.

Dr. Patrick Gentempo: DARPA is the military, right?

Dr. Robert Malone: Yeah. It's really kind of a branch of our intelligence service. DARPA are the people that actually did develop the internet and the SR-71 and many other things. That's their role is to be out on the edge coming up with new tech. DARPA in the United States had funded Moderna. The German government had funded Biointech, which is kind of interesting historically. If you remember, there was a time when the Trump administration was trying to buy out the German company, Biointech. Biointech then licensed its product and technology to Pfizer. So really the Pfizer vaccine is the Biointech vaccine.

Dr. Robert Malone: Pfizer and Biointech made a conscious decision not to participate and accept US government dollars, and they didn't participate in OWS. It was Moderna. I've had a colleague of mine, just an odd tangent, that I had helped in past years when he was a lieutenant colonel, ended up being the project manager for the Moderna product development during OWS and we've spoken about that. I have some insights about how that all operated. But it was classic federal bureaucracy and decision making by committee is what gave us that product. So we have these gene therapy products and they were rushed and we were told that they weren't going to cut any corners, but they did. I mean, you can't take what's normally a decade long process for developing a product and ensuring its safety and efficacy and compressing into six to nine months and not cut some corners, that's just absurd. But yet that's what we were told they were doing.

Dr. Patrick Gentempo: So they get these things to market and you have to-

Dr. Robert Malone: But they're not in market, right?

Dr. Patrick Gentempo: Well, they're-

Dr. Robert Malone: They're marketed to the US government.

Dr. Patrick Gentempo: Well, yes. Yes.

Dr. Robert Malone: And the Israeli government, etc. But they're not market authorized.

Dr. Patrick Gentempo: That's right. So they're pre authorized under emergency use, I guess you'd say.

Dr. Robert Malone: Well put.

Dr. Patrick Gentempo: So it's an emergency, so we're going to basically throw out the rule book and we're just going to get-

Dr. Robert Malone: Kind of feels an awful lot like that.

Dr. Patrick Gentempo: So you had safety concerns. What were the safety concerns you had?

Dr. Robert Malone: It goes back, and I mentioned this. This is the first thing that I got fact checked on by Reuters in the Weinstein podcast. I had had an ongoing dialogue every other week with three other senior scientists at the FDA that are outside the review branch. Technically, I'm not supposed to communicate with people that are reviewers. But there's the Office of the Chief Scientist and the Office of the Director and people work there. These are people that I've known for years through, worked with them in prior jobs and stuff like that. It's how DC works. We had had an ongoing dialogue of what's going on and what's going on with drug repurposing and what do you think about ivermectin and da da da.

Dr. Robert Malone: Last fall, as they were rushing these spike based vaccines forward, I contacted them. I was sensitized to the fact that spike was not biologically inert. Because we were prosecuting, moving forward clinically with testing of celecoxib. Celecoxib is a COX-2 inhibitor. It's sold as Celebrex, was one of the agents. The literature clearly demonstrated that there are two proteins in the SARS-1 virus, which directly activate the COX-2 promoter to produce COX-2 and then the arachidonic acid metabolites that are at the basis of some of the inflammatory cascade that happens, that kicks off, lights the fire. It's the match that lights the fire that results in the biologic response.

Dr. Robert Malone: Again, I forgot to... Getting back to a comment you made earlier. The virus doesn't cause the disease. It's your body's immune response against the virus. So it's an important thing to segregate. We have the prodrome, which is the viremia prodrome, and then we have the hyper inflammatory response that happens in a subset of patients, and that's the one that really puts you in the hospital and kills you. The good news is there's a bunch of anti inflammatory

drugs that can be used for that second phase, and we've just gone over that list in part.

Dr. Robert Malone: So I was aware that there are two proteins, and one of those two proteins that turns on COX-2, which lights the fire in this whole thing, is spike. With any of these viruses, they're under incredible evolutionary pressure to pack as much functionality into each of their proteins as they can. The spike protein is among those that has multiple functions. One of these functions seems to be NF kappa B mediated signaling that turns on COX-2. I notified my colleagues at the FDA. I said, "Guys, no one seems to be paying attention that spike has other activities. It's not biologically inert. It's not just a receptor binding protein that binds ACE-2." That alone would be enough, because ACE-2 is an incredibly important protein for regulating all kinds of biologic effects, not the least of which is blood pressure and cellular contraction and vascular endothelial cells, etc. I let them know, sent them the papers, and what came back was, "Well, we sent these over to the review department and they really don't think that they're significant enough to cause any concerns and any hesitation in proceeding with development of these strategies."

Dr. Patrick Gentempo: They don't think.

Dr. Robert Malone: Interesting choice, yeah. I can't get into the brains of what goes on in the regulatory branch. But clearly there was an emphasis on trying to expedite this in minimizing potential risks. In retrospect, I don't think you can say there was. That was the basis for me saying... And plus, at that point in time, by the time... That was my transaction with them in approximately September of 2020. Then the data came out more and more and more about spike and spike cytotoxicity. So by the time the Brett Weinstein podcast rolls around, there was already the disclosure from the Salk Institute, for instance, that spike was directly cytotoxic. Spike as produced by the virus. So I made this statement. Reuters fact checked me and said, "No, no, no. You're wrong. Spike is not cytotoxic. The spike produced from the virus is cytotoxic, but not the spike produced from the vaccines." I hadn't said that, but that was the logic of their... A lot of these fact checkers do this little game where they'll take what you say and they'll twist it slightly, create a straw man, and then they'll refute the straw man. That's what I got... For me, this is all a big learning experience. I've never had this kind of interaction, being fact checked and attacked and these kinds of things.

Dr. Robert Malone: That was the basis of that. In fact, now there's more and more data that have flooded out that the spike protein does open blood brain barrier, it is directly cytotoxic. It does affect vascular endothelium. And then there was a series of statements made that, "Well, they knew this and they engineered the spike that they put into the vaccine so that it would be safe." This came out in the mainstream media as the reaction logic to what I had floated. That's got an intrinsic flaw. I like to talk about the time machine. For them to have engineered spike back then when they were rushing this thing through in early 2020 would've required that they had foreshadowing of all of these spike cytotoxicities that weren't discovered until almost a year later. Okay?

Dr. Robert Malone: What they did do, yes, it's true. There's a two amino acid mutation in virtually all of these spike antigens, and the irony is it probably wasn't even the right thing to do. But there was a study done a couple of years before this with SARS-1 that showed that you could, in the effort to build vaccines for SARS-1, it was discovered that you could introduce two amino acid point mutations into the receptor binding domain of SARS-1 that would lock it into an open confirmation, if these are two of the three different sub units that form the spike, globular head, and receptor binding domain. If you could think of them as catcher's mitt, I can use this as an American analogy. It doesn't work in Europe so much. I guess I'd have to talk about cricket or something.

Dr. Robert Malone: It's a catcher's mitt and the interior surface is what interacts with ACE-2. When it does that, it undergoes a confirmational change and pulls itself in on that and then a series of events happen in terms of molecular realignment in the structure of these proteins that injects the genome of the virus into the cell, infects the cell. That's how that cascade happens. So the logic was if these are two of the sub units and here is where they're touching, if you had mutations that would lock them in the open confirmation, so they're not moving around like this, which they do otherwise. Then you would have this area here, more available for educating B cell clones to produce antibodies that will bind there. And the core assumption is that if you want to neutralize or inactivate spike, you need antibodies that will bind to the pocket of the glove.

Dr. Robert Malone: Now, it turns out that's not the case. There's recent studies done from La Jolla Institute of Allergy and Immunology that have used monoclonals to map all of the key domains that are responsible for blocking the activity for... I'm trying to stay away from saying neutralizing antibody, because it turns out that's kind of a false lead. But inactivating antibody from monoclonals have been mapped, basically they're at the surfaces and at the intersections, the junction between the spike sub units. Those are the ones that are really effective. It's not the ones against the pocket. So they engineered spike to stay open so the pocket would be available, and that's not even what you really want antibodies against in the first place if you want to get a good immune response against it. But that's what they did. But it had nothing to do with making it less toxic. So the third part of this argument is, I like to say, and I've heard others starting to use it, in developing pharmaceuticals, the French judicial system applies. You're guilty until proven innocent. Okay? Good. You got it. And it makes sense, right?

Dr. Patrick Gentempo: Sure.

Dr. Robert Malone: The rules are, and it's the job of the pharmaceutical company or the NIH since they engineered the Moderna vaccine, or whomever in your regulatory portfolio, before you ever go into humans, you've got to prove that things aren't toxic. Now, I've never seen the documentation that shows that the engineered spike has been demonstrated to not have the known toxic biologic activities of the native spike. To argue, as the press does, that the... And even the Salk then partially retracted and modified their statement, and they said, "Well, what we've claimed about direct cytotoxicity associated with spike applies to the

native spike, but it doesn't necessarily apply to the vaccine spike." But they don't actually do any studies to show that it doesn't apply to vaccines.

Dr. Patrick Gentempo: But they don't know.

Dr. Robert Malone: Thank you. Okay.

Dr. Patrick Gentempo: That's the whole thing.

Dr. Robert Malone: I try to live in the world of do we have data. We shouldn't make assertions about whether something's safe or not safe unless we can demonstrate it.

Dr. Patrick Gentempo: This is what you're supposed to do before you take it to market. You're supposed to-

Dr. Robert Malone: Before you even put it into humans. Okay? You're supposed to do this. Another thing that you're supposed to do is the belief system that just because we put a tag on the spike protein that's a membrane anchor, that we think it's going to make it anchored into cells, it's not good enough to just say, "We think we did it. It looks like we did it. Well, it's good enough." No. What you got to do is you've got to prove the point, which is why this Harvard and Brigham study of nurses that came out in which they detected free spike after vaccination in a large number of subjects with very sensitive assay suddenly rocked the world. I mentioned that also in the Brett Weinstein podcast.

Dr. Patrick Gentempo: What were the implications?

Dr. Robert Malone: That the spike was being expressed in cells, it was being cut off of those cells, and that it was circulating widely in the blood and presumably the rest of the body. Okay. Now you've got spike... And when I first got this data, I ran the numbers and it only comes out to about a third of a microgram total of spike protein that's detected as free protein in the circulation in these nurses at peak. Doesn't sound like much. For a highly biologically active protein, when I saw that, I thought, "Holy moly. This is the most successful non viral gene transfer method I have ever heard of." I never thought that anything like this would happen, that they would get this level of expression. To have that in your whole body, that's not a tiny amount of protein. And then when you think it through, it's just the tip of the iceberg, because you've got the spike that's still attached to the cells and spike has a ligand. It binds to ACE-2. And ACE-2 is everywhere. It's in your vascular endothelial cells. It's all over the place.

Dr. Patrick Gentempo: Is this why myocarditis, pericarditis, and these other-

Dr. Robert Malone: That seems to be more of a coagulopathy, I think. That's another problem.

Dr. Patrick Gentempo: Okay.

Dr. Robert Malone: But yeah, spike goes all over and the amount that you detect as free protein is probably just a tiny fraction because it's in equilibrium with bound to ACE-2 protein, which is going to be a big sink. And that's in equilibrium with spike that hasn't been cut off of cells yet. No one's ever measured all this stuff, which gets into another one of the huge bear traps here in terms of what the FDA did. If you could take the Pfizer dossier, common technical document as revealed by Bridle from the Japanese government as face value for what they knew at the time when they moved this into humans in a big way, they didn't actually test the final drug product. They used luciferase to look at bio distribution. Remember when I was talking about luciferase?

Dr. Patrick Gentempo: Blast from the past, yeah.

Dr. Robert Malone: It's the same basic construct. They didn't actually use the final formulation you're supposed to use. If you look in the guidance, everything I've always been taught and what I've always thought we had to do, you have to use a near GMP or GMP manufactured final product to do the pivotal toxicology test of bio distribution, duration of expression, cell location, all this kind of stuff. They did none of that. The governments just let them get away with, it appears, taking data off the shelf that they had developed for other purposes and slamming it all together and bless it and off we go. As a consequence of that strategy and not insisting that the gene therapy checklist be applied, we have no real information about how much protein is being made, where it's being made, and for how long.

Dr. Patrick Gentempo: So we're flying blind in essence and we're basically... Maybe is the idea that we're going to just put it out in the world and then we're going to collect our data after we do it? I mean, it seems irresponsible.

Dr. Robert Malone: I concur. That's why I had made the threat assessment that we should focus on repurposed drugs because to do it right, it's going to take a long time. And furthermore, to establish safety, when there's this history of antibody dependent enhancement with vaccines in general, which often manifests over time, usually you need at least a year's data, usually two years data after you've administered to a very large number of patients, willingly accepting that participation in those clinical trials, not forced or enticed. And you have to follow them rigorously to make sure that they don't develop long term adverse events like auto immunity. They just flushed all that.

Dr. Robert Malone: And the other thing that they did, that's kind of shocking to me, is the FDA had the statutory latitude to require rigorous characterization of safety and efficacy during this period of emergency use authorization. Now, to my knowledge, they've only used EUA once before for a vaccine. That was for anthrax vaccine. For the Ebola vaccine, they used something called expanded use access. With expanded use, it required that the pharmaceutical company, Merck, capture rigorously all data on adverse events and efficacy. That is what in large part allowed the prosecution and licensure of the Merck vaccine after years, the FDA

give them all kinds of hard time. But they did get through it, because they had this safety database that was quite rigorous.

Dr. Robert Malone: In this case, the FDA basically gave the pharmaceutical companies a complete pass and they said, "We're not going to ask you to do anything in terms of safety follow up. We're not going to require," even though they said in their emergency use authorization, that antibody dependent enhancement was a risk. They said it's a risk, it remains unresolved, and basically they said it would be nice if you would do some targeted studies to rule a antibody dependent enhancement to which near as I can tell the pharmaceutical industry basically said, "Well, thank you very much. We'll take that under advisement," and they did nothing.

Dr. Patrick Gentempo: What is an antibody dependent enhancement?

Dr. Robert Malone: It's one of a spectrum of processes whereby a vaccine causes enhanced disease. It's one category. It's the one that's easiest to discuss.

Dr. Patrick Gentempo: Basically, it's like it's an amplifier almost? Saying you got the disease and now it actually amplifies it rather than reduce it?

Dr. Robert Malone: That's a nice... A key nuance here, remember going back, it's important to kind of parse this because it... I've had a recent correspondence from Janet Woodcock about this, the current acting FDA commissioner. She says, "Well, antibody dependent enhancement is not happening because the disease doesn't seem to be worse in the people that have been previously vaccinated that get then infected the breakthrough infections." The disease, remember, is your body responding to the virus.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: The hallmark of antibody dependent enhancement in the context of this particular virus, when you think about it, is going to be an increased levels of virus replication. That's the measurable thing.

Dr. Patrick Gentempo: That's the enhancement.

Dr. Robert Malone: Right. Okay. It's not the disease enhancement, it's the virus replication.

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: What are we seeing with Delta? Hope. We're seeing levels of viral replication, even by Tony's, Dr. Fauci's own mouth. But the studies are coming in even more now. The levels of virus being produced in the previously vaccinated with Delta in the infected subjects, so the breakthrough infections, are at least as great as those that have not been vaccinated. In some cases, there's ever evidence that they're higher.

Dr. Patrick Gentempo: By definition, that's it.

Dr. Robert Malone: This is a, "It looks like a duck, quacks like a duck."

Dr. Patrick Gentempo: Quacks like a duck. It's a duck. Got you.

Dr. Robert Malone: Okay. At least from my standpoint.

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: Now, the numbers are small of samples. A lot of it's coming from Israel, right now. United States isn't even testing for Delta. They're just saying virus or no virus.

Dr. Patrick Gentempo: They're assuming.

Dr. Robert Malone: Assuming it's Delta.

Dr. Patrick Gentempo: The reality is, there's some evidence that maybe AD is happening and there's really not enough research to say that it wouldn't happen, to disqualify saying that's a concern. Right?

Dr. Robert Malone: The truth is, in the FDA's own documents and then in this recent correspondence that I saw from Janet Woodcock, the acting director, when the FDA granted emergency use authorization to Pfizer in their summary document, they specifically said that antibody dependent enhancement was a risk, a known risk and that it had not, it could not be evaluated based on the data that they had provided. They encouraged that such studies be performed in clinical studies, but they did not mandate those studies. I think that was another one of the major oversights, regulatory oversights, of basically giving a major vaccine manufacturer a pass. Why did they do that, is speculation.

Dr. Patrick Gentempo: Did you talk to your friends at the FDA and did they...

Dr. Robert Malone: Not about this.

Dr. Patrick Gentempo: Okay.

Dr. Robert Malone: Yeah.

Dr. Patrick Gentempo: I'd be curious, because you obviously have worked with these people or have crossed paths with them at least as colleagues over time. I don't want to ascribe any speculation around conspiracies this or that, but no doubt, let's talk about agenda, there was an agenda, an obvious agenda, an overt agenda to get these vaccines out and somehow...

Dr. Robert Malone: Yeah. It was not subtle.

Dr. Patrick Gentempo: It was not subtle.

Dr. Robert Malone: Right?

Dr. Patrick Gentempo: Yeah. Warp speed.

Dr. Robert Malone: There was, it was stated government policy. There was a lot of messaging in the media that no shortcuts were taken. But it's self-evident, that a process that normally takes a decade to do it in a matter of months, there will be shortcuts taken. What's rolled out over time is the depth and breadth of those shortcuts, is profound. For whatever reason, the willingness of the regulatory agencies and it sure looks like regulatory capture. It's what you would expect in a regulatory capture environment, where you had internal government advocates that were pushing for a particular outcome. It's very clear that standard norms that would be implemented for any other vaccine in any other context that I've ever known, were overlooked.

Dr. Robert Malone: They had to do with safety and I haven't been into the data as deep as some people have in the clinical trials, but I hear again and again about oddities in those clinical trials and their interpretations. They were very abbreviated trials. What I noted in looking at the trial design, as someone who designs trials for a living, is that after phase one, they dropped the 14 day bleed, which is the discrimination for whether you're getting a primary immune response or a recall immune response. All the evidence is, that we're getting recall immune responses against prior coronavirus infection.

Dr. Patrick Gentempo: What does that mean?

Dr. Robert Malone: What it means is there's some deep stuff that it means. We've all had these, we call it the common cold, these circulating coronaviruses and there's enough overlap in terms of the immune response that's generated against those with SARS-CoV-2, that antibodies against those viruses and cellular immune response against those viruses are provoked when you get infected or vaccinated with the COVID vaccines or infected by SARS-CoV-2. Okay. This is called a recall immune response. One of the practical consequences of this that really hasn't been adequately addressed right now. Well, one of the early ones is we heard all of this talk about neutralizing antibodies. Neutralizing antibodies are not a correlate of protection. They haven't been proven to relate to anything relating to whether or not a vaccine will protect against you.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: I don't know if you recall all of that buzz that was happening about a year ago now, where we were hearing that this neutralizing titer was higher with this vaccine versus that vaccine. It was like a whose is bigger kind of thing was going on between the different manufacturers. It was all noise. Those neutralizing

antibody responses were already known to be provoked as recall responses after infection.

Dr. Robert Malone: You're amplifying the reactive cells, B and T cells, that were previously educated during the prior infection and you're causing those to expand. Now, one of the problems with that... Now we go deep immunology, forgive me, it's called original antigenic sin. I love the phrase. I can't, I'm glad to get it on camera. What it is, is that when your immune system is primed to respond in a certain way to a prior closer related infection, and it receives a signal from a new pathogen that's closely related, the immune response will be dominated by the reactive memory cells that were educated from the prior infection. They will partially block the ability to develop new responses against the new pathogen. Okay? Furthermore, they cross-react in the cell culture and in vitro assays that are really crude and ELISA is an extremely crude test, because it's a mixture of any antibody that cross reacts with the antigen, whether it's functional or not good, bad, and different, it all scores as positive.

Dr. Patrick Gentempo: Not specific. Yeah. Right.

Dr. Robert Malone: Okay. It's really misleading. Then these neutralization assays are the ability to block either a pseudo virus or a live virus in cell culture with a defined cultured cell line. That really is a long ways away from whether or not it has anything to do with your body, in the real state, in which you've got all of the things going on that are going on in your body. The honest truth is that vaccinologists like to tell ourselves that we're so sophisticated and we've all got all these great assays. A lot of them developed during the AIDS years. If we take a good hard look at ourselves in the mirror, the truth is that we're deceiving ourselves about a lot of that stuff. It's been one of the core problems, as we've assumed that the assays that we've developed are measuring something that really matters. That's part of what prompted this monoclonal antibody excursion that I talked out that did the mapping.

Dr. Robert Malone: Was the discovery with Ebola, that a lot of the antibodies that are neutralizing don't work for beans. Okay? They don't protect and other antibodies that are non neutralizing turned out to work really great. It turns out that we were fooling ourselves and throwing away the baby with the bath water probably for years and years and years, because we convinced ourselves that we had an assay that related to protection, that didn't.

Dr. Patrick Gentempo: Well, that's... This is the question-

Dr. Robert Malone: That's what we had going on in the early days with this one.

Dr. Patrick Gentempo: Well, is it true now that also, if I'm, maybe if I'm interpreting correctly, just because you have antibodies in the blood or so-called humeral immunity, that does not translate directly into cellular immunity, is that?

Dr. Robert Malone: That's true.

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: Okay. As we use the terminology, so this is the T Effector cells versus B-cell antibody driven responses. Then there's the other part. This is right at the edge of modern immunology now, is we always assumed that innate immune responses, okay, innate immunity. This is our lizard brain version of the immunity. Right?

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: That goes back phylogenetically. With the one name that's associated with this, that some people might recognize is Polly Matzinger and her danger signal hypothesis. Now we have what are called PAMPs and DAMPs. Pathogen associated molecular patterns and danger associated molecular patterns and blah, blah, blah, that we have detectors for. But we also have natural killer cells. It turns out, to my surprise and many others, that in fact the innate immune response is also adaptive.

Dr. Patrick Gentempo: Ah.

Dr. Robert Malone: Okay?

Dr. Patrick Gentempo: Okay.

Dr. Robert Malone: When we get a vaccination, when you get a vaccination or you get an infection, you're not just tweaking the B-cell compartment, that's the antibody driven group or the T-cell compartment, which by the way, interacts with a B-cell compartment, but is famously associated with cytotoxic T lymphocytes. The things that go around and hunt for cells that are infected by virus and kills them. Whereas the antibodies mostly are about binding and neutralizing antibodies, or there's some antibody dependent cyto toxicity, but that's kind of more, that's like original antigenetic sin, higher level immunology. But so now this third arm, that we thought was kind of passive and it was just there, has got an adaptive component. Now, when we talk about the problems with universal vaccination, remember what I just said to you? Okay? Because we'll come back to that.

Dr. Patrick Gentempo: That completes part two of my three part interview with Dr. Robert Malone. Don't miss part three. We cover some very significant and important ground there. You're going to want to see it. Thanks for being here.

Dr. Jack Kruse

Dr. Patrick Gentempo: I really like people who are unabashed. People who just tell it like it is, not that they're trying to do it for effect, it's just their nature to be forthright. When you're dealing with really smart people like neurosurgeons, it even gets better. That's exactly who Dr. Jack Kruse is, a neurosurgeon who is unabashed, who certainly has very clear and well reasoned perspectives when it comes to COVID. I'm excited to share this interview with you.

Dr. Patrick Gentempo: Dr. Kruse, thanks so much for taking the time to have this conversation with me. I'm looking forward to hearing your thoughts around this subject. Let's start with your background, as far as your academic background and how you got into doing what you do today.

Dr. Jack Kruse: When it all started, I was actually a dentist. Got my degree at the University of Connecticut School of Dental Medicine, then went into oral surgery down at LSU, finished those programs, and then became... Went back to medical school, got an MD and then became a neurosurgeon. In the course of that, what I'd like to say is unbelievable length of residency that I went through, because I was PGY13. The place that I did my training in neurosurgery was an interesting place, especially for the topic that you're going to get involved with me today, because the first time I got in... I would say, I wouldn't even call it a vaccine debate. The first time I ever began to questioning, what I was taught throughout my training, actually came down because of what happened actually at the place I did my residency, which was Ochsner Medical Foundation. The biggest medical mistake that ever occurred in the 20th century actually occurred partially at that hospital.

Dr. Jack Kruse: Very few people know the story. The people that tend to know the story, know it from a different aspect. They know it from believe it or not, I guess we don't have to get into it, but it's a political story. Anyway, Alton Ochsner, who Ochsner Medical Foundation was named after, was involved as an investor in Cutter Pharmaceuticals. Cutter pharmaceuticals was one of the five companies that was in charge of taking Salk's vaccine for polio back in the 40s and then when it was introduced in '51. At the time, I guess you would probably remember Watson and Crick didn't discover DNA until 1953. Many people don't know that the polio vaccine was created in a non DNA, non RNA kind of world. The Salk vaccine was very difficult to grow. It was very difficult to manufacturer and it was a problem.

Dr. Jack Kruse: In many respects, it has the same problems that we're dealing with today with the messenger RNA technology, when we've really never used this before. But what happened back then, I actually was fortunate to operate with Dr. Alten Ochsner's son, John Ochsner. And he told me a story, I guess it was my third year of neurosurgery residency that kind of stunned me. He told me that his dad gathered the medical staff of the hospital together and he wanted to give some assurances that the vaccine was good. He injected his granddaughter and

grandchild in front of the medical staff and his grandson died in a week. His granddaughter came down with a mild case of polio from the injection. When I heard this, I was like, "Whoa," because I was always told the polio vaccine was the greatest thing since slice bread. When he told me this, he actually mentioned to me, he said, "You should look up something called Cutter Pharmaceuticals and the Cutter incident. I did that and I reviewed a lot of papers and some of the people that you probably have already talked to will mention a guy named Paul Offit.

Dr. Jack Kruse: Paul Offit is a big, big researcher in the vaccine field. He wrote a really amazing paper about the Cutter incident and what the problem was, but I went down the rabbit hole deeper, because what Dr. John Ochsner told me, I wanted to find out a little bit more about what the mistakes were that were made and to see what's happened in the future. What I found out when I actually looked at the FDA and NIH websites, I found out right around that time that there was a gentleman that was running the NIH and apparently everybody was fired very, very quickly at that time. It turned out that the real problem with the vaccine that people didn't really know about, is that it was so difficult to grow, they had to grow it on monkey kidney virus. I should say monkey kidney cell medium and what eventually happened is that the polio virus was coinfected did with SV40. SV40 stands for semi and virus 40. That also means that there was 39 other ones that were potentially in there and probably much more.

Dr. Jack Kruse: Well, at the time, the NIH decided to bury that information from everybody else. At the time, worldwide there was already 350 million doses that had gone out. I wondered what actually happened. It turned out that's when I found out about Bernice Eddy. Bernice Eddy was an MD PhD, much like I think some of the guys you've already interviewed like Dr. Malone. She got up at a New York Academy of Science meeting in 19, I think it was '52 or '53 and she casually mentioned that the polio virus was co-infected with SB40 and that was out there. Well, the reason why the story got very interesting for me, is because Dr. Ochsner, Alton Ochsner, he was the first head of the National Cancer Foundation. He actually was appointed much later in his life by Nixon, when he was pushing Nixon to start the war on cancer. I always wondered were these two incidences linked? It turns out that we found out subsequently throughout my training, because here we are now 30 years later, we now know that SV40 causes a lot of different cancers. One of the ones that is pretty rare, it was, I know it was rare when I was in medical school, but it's not rare for people today is mesothelioma.

Dr. Jack Kruse: There was a really interesting paper that was written a long time ago, where a researcher went to a surgeon in Bethesda, in DC and asked. The surgeon became kind of famous in surgery rounds, because every time he did a case of mesothelioma, he would take the tissue out and keep it. He had every single mesothelioma he ever did. The researcher who was a PhD at the time asked could he check each tumor for markers? The surgeon of course chuckled at him because he didn't really know what he was looking at. Basically what the PhD researcher wanted find out was, was mesothelioma one of the cancers

associated with SV40 and it turned out every single surgical pathology specimen that he had from this surgeon who had the world largest case was positive for SV40. Of course, you can imagine that story was kind of buried.

Dr. Jack Kruse: When that happened, I can tell you it was right around 1998 or '99, because that's when I remember reading about it. I thought to myself, "God, this story started back in the beginning with FDR, The March of Dimes, his attorney, and it seems to me it was almost a comedy to errors, that it continued and the mistakes didn't stop. We have things in hospitals called Sentinel events. One of the things that you learn being a clinician about sentinel events, that they get to be sentinel events because more mistakes are made to try to cover the last mistake. That's kind of exactly what happened with the polio vaccine. To this day, I would tell you, I would venture to say any doctor that you probably interview below the age of 55, doesn't know about the Cutter incident. When I mentioned it on Twitter, they're kind of stunned. I don't think that the younger doctors, they realize why people who are against vaccination have a good reason to be a little skeptical. Then when you layer that story onto what happened in 2009 and 2010 with the pandemic Pandemrix drug that caused, a whole bunch of adverse events, specifically narcolepsy. I mean, you have two incidents right there, where people were harmed.

Dr. Jack Kruse: I came in to this, I would say through the back door, probably because of where I trained and the people that I was around, because these were the people that were at the beginning of the polio virus vaccination and then the big battle between Salk and Saban. For people who don't remember, I would tell you, Alfred Saban was a lot like I would say, Dr. Robert Malone today. Saban's oral polio vaccine really saved the day, back when this thing was going on with the Cutter incident. Eventually the Salk vaccine went back after it was retooled later on and they got things fixed. But the problem was, to this day, I don't believe the federal government has ever really come clean about truly what happened at that time. I've always been a skeptic and I'll be very clear with you here. It's not that I'm anti-vax, I'm just anti this vax. I'm anti this vax, meaning the COVID vaccine for one simple reason. I believe if you look at the way all vaccines have been manufactured, at least for my medical career, they've taken years.

Dr. Jack Kruse: This one has taken about six months. Do I think that we know everything that we need to know? No, I think the yellow card datas that's coming out of the UK and I think the VAERS database, which are also showing unbelievable amounts of adverse events, this should be like a beacon or a sign post to clinicians and PhD researchers. But unfortunately I have to tell you that I'm pretty disappointed with my profession, because nobody's out there saying the things, that I'm telling you. I think we have a duty to be accurate when it comes to this because of the inaccuracies that have happened in the past. Do I believe that there's certain people out there that actually should take the COVID vaccine? Yeah, I think it's pretty clear, if you're over 70 years old and have a low vitamin D level and you have multiple comorbidities, yeah. I think the risk benefit ratio favors you getting this.

Dr. Jack Kruse: But the problem is, is when you use this new technology that is leaky, it's not really a tight the vaccine. This opens us up to a lot of different abnormalities in this technology that unfortunately I've read because I've read some of Dr. Malone's initial work. He was the one that sounded the bull, probably I'd say a year before I got really into this. I have a big following on the internet, you know how you and I connected. I came out on a TV program over a year ago that you had to get on a subscription base. Basically I'm saying the same things that I'm telling you right now. I think people need to ask very sensitive and specific questions, not only to the doctors, the researchers, but the government. I think right now, so many things have been out outsourced to consultants and to people that really shouldn't be involved in a medical decision making platform that, I think people need to do a better job. I always say when you know better, you do better.

Dr. Jack Kruse: Right now everything is opaque. Here we are talking in August. Yesterday, the FDA, the Pfizer vaccine and I will tell you, and I don't even know if you know this, I've had a chance to review the FDA letter. I think it's really funny that the Pfizer, or the BioNTech vaccines, they're molecularly identical. One's got a different name, but do you know that the FDA approval is approved? They're too legally distinct vaccines. When you start to understand why would the government would do this? It turns out this is not based on biologic science, it's actually political science. If you really want to know the truth, I think it's economic science. It's the economic protection and indemnification of Pfizer. I think the reason for this, if you clearly read the letter that the FDA wrote to Pfizer yesterday, it doesn't give full approval to Pfizer, but the media, and I'm sure all the people that will come out against your film, will say otherwise. But I challenge any attorney to go read that letter and not come up with this unusual set of circumstances that we have with this vaccine.

Dr. Jack Kruse: Like I told you before about the Cutter vaccine, the one thing that I think I've learned is when you start to see a problem, instead of yessing it to death or ignoring it, I think it's incumbent upon you as the educated person to take something you fundamentally may not believe, examine it for yourself and then decide, "Hey, how am I going to handle this with my patients? How am I going to handle this with the people that rely on me?" People who I pack their parachute, I have to give them information.

Dr. Patrick Gentempo: Well, and incidentally, I love that metaphor, because you're packing their parachute. Right? That's a really good metaphor because the consequences are serious if you get it wrong. First of all, I'm really pleased you went through the whole history of the polio vaccine, which I'm very familiar with. The Saban vaccine, the Salk vaccine, all the stuff that happened along the way. SV40 being a real problem. This is all documented if you know where to look for it, but it's almost nobody knows about it, including most healthcare professionals aren't aware of it, as you said, except maybe over a certain age. But I believe the history is important, because, you say, "Well, what does that have with today?" It's because understanding our behavior around vaccines historically, I think helps to inform us about what we're seeing today.

Dr. Patrick Gentempo: I think you've done a really great job of summarizing that past, because polio is always the thing thrown. What about the polio vaccine? As you said, it's considered one of the greatest miracles of the last century, et cetera, but no, there's a sordid past there that people aren't aware of, and I think there's a lot of pain and suffering that is in the wake of all that, that nobody really cares to talk about. Now we're dealing with huge dollars on the table. We're dealing with companies that are indemnified by the government because no private insurer will indemnify them. Yesterday, as you talked about, I'm halfway through the FDA letter about the Pfizer vaccine and I'm reading it. I'm only halfway through and I'm sitting there saying, "This isn't at all right." I mean, this seems like not a traditional approval letter, but it's sort of like a lot of weaseling around issues to justify why they are approving this thing now, formally.

Dr. Jack Kruse: I asked an attorney, I actually this morning when I jotted down my notes, I asked an attorney this question after reading the letter, especially on page two and also page 12AA, "Why would they do that?" The answer that I got was kind of interesting. He said, "Why would you specify identical versions of a product, but it'll be legally different?" He said it was pretty simple. He said this was a very slick way legally to make sure they got the license, so they can impose mandates for the government, because it appears that's what the federal government wants. But they need the EUA so that they can continue to evade liability that's there, and that's the real problem.

Dr. Patrick Gentempo: Well, that's interesting. So I haven't thought about it from that liability perspective, but so they still want to cite the emergency use authorization, even though they have approval?

Dr. Jack Kruse: Probably the reason why they want to do it. And this is the interesting thing that the lawyer didn't know but I do know as a clinician, the one thing that's still on the market, the Pfizer vaccine is flooding the market. So realize that when the FDA gives somebody a license, it comes with liability for the manufacturer. It turns out that the EUA all were given liability shields. So if you go back and read all of Pfizer's contracts that they've done with the government, it is blatantly obvious that the lawyers at Pfizer have actually told the government, "If you want us to play ball with you, these are the rules that we're giving you." And I thought it was really interesting because remember, the letter from the FDA to Pfizer, it's not the other way around, Pfizer didn't write this. But in effect they kind of did because what they basically got from the federal government, the federal government is now telling us, we the people, that they would prefer us be without recourse if we're injured, rather than Pfizer having to defend it's product in court.

Dr. Jack Kruse: And it goes even further than that, I would tell you that both the Trump and the Biden administration want us to think, we the people, that the vaccine we are receiving is the licensed one that everybody's talking about in mainstream media, which will make people submit to the mandates because now they think it can be mandated. But instead you're almost certain to receive EUA vials instead. And this is being done to save Pfizer's behind. And I guess the reason

I'm telling you this, because I think I've kind of figured it out, the key to this mystery, especially for your documentary is to probably find out the vials. Because remember, the lot numbers will be tied to who's got EUA and who doesn't.

Dr. Jack Kruse: And it turns out that most of the stuff that's out there right now that are in the fridges of our hospitals is all the stuff where they can evade liability, but they can push mandates. And I think this is the reason why right now, in August in the United States, that you are seeing a massive push at propaganda levels. I'm talking about legalized marketing, which is legalized lying, that everybody needs to get vaccinated and get a booster. And I'm like, this doesn't make any sense. But when you actually read the FDA letter, boy, this begins to make a ton of sense. When you understand it from the legal side, not so much from the biologic side. This really, like I said to you before, this is an era, this vaccine for me is really based on political science, not biological science. And now I'm beginning to believe that the political science behind it has an economic basis.

Dr. Patrick Gentempo: Yeah. Well how could it not at this point? Looking at the money that's on the table. And think about it, this isn't sold in the free market. This is something that's sold to governments, right? In large tranches, but you've made an extraordinary observation here I want to dissect a little bit. So are you saying that based on the approval letter, because the emergency use authorization product and now the licensed product are identical, right? They're the same product.

Dr. Jack Kruse: Correct.

Dr. Patrick Gentempo: But there's probably some law saying that anything that was manufactured prior to does not qualify, which is why they tried to weasel these two things together in the approval letter. So basically people are still getting the emergency use product, even though they're saying now this is authorized, so?

Dr. Jack Kruse: Absolutely, this is the reason why I think to parse this out. And this is where I think it gets to be really interesting. When you realize that it's political science and economic science, then the real question has to be for the person that's going to watch your documentary. I can tell you where I am, I can't tell you how to think. I think good teachers teach you what they know, they show you the path, but ultimately it's up to you. This is, I'm going to give you a very quick rundown of how I see this going. So you're going to be looking through my glasses now over the next 12 to 18 months, I think the COVID pandemic was really brought in for the vaccine and for a lot of the things that the world economic forum stand for.

Dr. Jack Kruse: I think the vaccine was brought in initially for the vaccine passport, which is tied to a mandate. I think the vaccine passport slash mandate was brought in for future biometric IDs. I think the biometric ID will be brought in for the Central Bank, and a digital currency. And I think ultimately the CBDC, which is the Central Bank Digital Coin was brought in to enslave us in a type of slavery that is

very different than the one that we know in America. This one will be an economic war. And I have to tell you, it's not lost on me that we're having this discussion while we just saw our president and its administration leave Afghanistan the way we did Saigon. And I thought to myself, these people are enslaved and I think we're going to be enslaved the same way.

Dr. Jack Kruse: And I do have to tell you this story, because I'm sure you do know it, but if you don't, it may be illuminatory with what I just said to you because I don't want people to think this is hyperbole. Back when we had the founding fathers doing the constitution, there's this very famous doctor named Benjamin Rush. Most people know about him because of Rush Medical School in Chicago. But what most doctors don't know and what most researchers don't know is that he lobbied hard before the constitution was made. You can read about this in the Federalist Papers. That he wanted Thomas Jefferson to put an amendment to the constitution about medical tyranny. And the only reason it wasn't put in by Thomas Jefferson is because he couldn't envision a time or a place where something like this could be used and here you and I are sitting on a Zoom call. You're making a movie in probably faster record time than they made the vaccine to get this story out.

Dr. Jack Kruse: And I have to tell you, every time I think about what we're living through in this year, I think about how present and how smart Benjamin Rush really was. And generally, I have reverence for Thomas Jefferson, but I have to tell you, this may go down as one of the biggest political mistakes made in American history, especially when you consider how it appears the government and the world economic forum have formed this bond in Davos. It's been going on for 50 years, we just ended the gold standard 50 year reunion that happened in 71, again with Nixon. And I can't help but think that this link is there. And I think this is the reason why when you read the Pfizer FDA letter, it all comes back to legalese, it all comes back to economics, it all comes back to finance, and that should never be between me and my patient. That should never be between a researcher doing work on this.

Dr. Jack Kruse: And that's part of the reason why I've developed a reverence for I guess, some of the scientists that you probably will interview here. It's also the reason why I have a disdain for people like Fauci, for people like Sanjay Gupta on CNN, and he's a neurosurgeon like I am. I think that the one that I really have a real problem with is Laura Wen, who is an MD researcher, she's an ER doctor who basically is a media head on CNN that basically parrots whatever the CDC and FDA want her to parrot. And the problem is I think as physicians, we're supposed to teach the public the good, the bad and the ugly. And I hope when people watch this, they heard me clearly, I'm going to say it again. I'm not anti VAX, I'm anti this VAX. Why? Because there's many things that have occurred in our current events that make me think about the story that John Ashner told me about his dad, and what happened to Bernice Eddy. I think what happened to Bernice Eddy is likely what's going to happen to Robert Malone. He probably cost himself the Nobel prize.

Dr. Patrick Gentempo: Yep.

Dr. Jack Kruse: Because he's speaking out against his own technology. And I would venture to say that most of the people that watch this film probably don't even know who Bernice Eddy is. And I have to tell you, if you know anything about her history, she was a real MD PhD researcher. I feel like when we lose people like Bernice Eddy or Robert Malone because of a viral tyranny, I feel much like the Library of Alexandria is burning.

Dr. Patrick Gentempo: Yeah.

Dr. Jack Kruse: We're losing unbelievable amounts of data. And for those of you who know history well, what happened when we lost the Library of Alexandria? That's where the dark ages came from. It took us to get to the Renaissance to get through it. And for those of you who really don't know, that's about 500 to 700 years of history. I think the same kind of things could be going on, I actually looked at what we're facing right now with mainstream media and the paradigm as they are burning down the Library of Alexandria and nobody seems to realize it. Obviously you have, and because the people that know you and know me, they connected us. You and I didn't know each other from a hole on the wall prior to doing this. And I want you to know, and I want your audience to know I care about people. I don't care whether you take the vaccine or not, but I do care that you make the right decision for you and the right decision for your family.

Dr. Jack Kruse: And that you understand if you did take the vaccine, what likely things do you need to pay attention to? And I'll give you a perfect example because I don't know if you know this, Robert Malone took the vaccine, but he took it for what I consider a pretty poor reason, so he could travel. And the problem is he wound up getting long COVID from it. And he always tells people the reason he waited a long time is to see if we would get a signal in the aftermarket data for an antibody dependent enhancement, and up until he got it, we didn't. I think we have that information now, I think it's clear, I think it's there. It mimics what we found in the coronavirus vaccines that we use for other animals.

Dr. Jack Kruse: So what should the pivot have been in the CDC and the FDA in my opinion, I think that we should have tried to solve this problem with therapeutics that have effects against COVID and COVID variants early on to fight it. And we're fortunate right now because all of the data from all of the vaccines was done on the alpha and beta variant. Those are the first two that are out there. The delta variant is a new one. It's a pointy contention now between I guess you would call the anti-VAX and the VAX community where that variant came from. But I think every day the warnings that Dr. Malone gave us 12 to 18 months ago is now bearing fruit. And we see it in Israel, we see it in Iceland. We're even seeing it in two states in the United States, Vermont and Oregon, where eventually we're probably going to create a hundred percent resistance with these vaccines to the delta variant.

Dr. Jack Kruse: Then the question is when we start to give people booster shots, what's the next variant coronavirus that we're doing? Because ultimately the story is we're trying to protect at grandma and grandpa. Well guess what, if this continues much further, grandma and grandpa won't have any vaccine to rely on and guess what? They are the true target market. It's pretty clear, 12 to 18 months after me looking into this, that there's a 230% risk of death in that old age group versus everybody else. So that's the reason why the risk benefit ratio is there. But what we're doing, I'm talking about with mask mandates and also with this approval and with boosters, I don't believe that the people in charge truly understand what's going on, just as they didn't understand what it meant to give 350 million people SV-40 in the world.

Dr. Patrick Gentempo: Right.

Dr. Jack Kruse: And we can still see, that's 70 years ago, they still haven't cleaned up that mess. And it's been my belief the whole time I've been a doctor that, that SV-40 nightmare has a lot to do with why Nixon and Oscar got together in 1971 and opened the war on cancer. Why? Because I think they felt badly that they were involved with it in the beginning. And I think the collateral effects from the decisions that are being made today, I've got a funny feeling they may be with us for 70, 80, 90, a hundred years.

Dr. Patrick Gentempo: Your view is the big picture is breathtaking. Because very many people are seeing pieces of this and reporting on it, but it's really hard to have the proper context unless you see the big picture and you understand, as you said, the political aspects of it, the economic aspects of it, and then the health sciences and biological aspects of it. This thing isn't just an issue of science, it obviously is not. And of course we're looking at really chilling ironies, as you said, the behaviors and of what's going on right now is actually taking the people we're supposed to be protecting like the elderly populations and putting them at great peril and great risk more than anybody else. And we've got Nobel laureates like the one French Nobel Laureate who, David, that he filed saying that these are crimes against humanity, what's going on.

Dr. Jack Kruse: Some of the parts of the story that I don't believe that people have spent a lot of time thinking about because everybody's had a myopic focus on the biologic aspects, because that's actually where the government wants us to be. This story really began in 1971. When Nixon was the president, he got us off the gold standard. That's where we created Fiat money, which was paper money not backed by anything. But Kissinger was the secretary of state and became very influential in two presidencies, up to 77. His best friend at the time was Klaus Schwab who at the same time in 1973 started the World Economic Form. If you know anything about Nixon, what politically is he probably best known for? And I'm not talking about Watergate. I'm actually talking about what?

Dr. Patrick Gentempo: China.

Dr. Jack Kruse: Exactly, he opened China. And he knew that he had to open the borders to China, to transfer industrialization to China because Kissinger and Nixon decided to put the global elite in charge. And the way to do that is to use some of the ideas around Kissinger's foreign policy and Klaus Schwab's data. Now back in 73 through about 80, nobody in the United States really knew much about Klaus Schwab, but everybody knew about Kissinger. And Kissinger carried the water for the World Economic Forum in government. So people always ask me, how did Schwab get to have a big influence? And it wasn't Schwab, it was his buddy Kissinger. And Kissinger then became a lobbyist from 77 on, and people still to this day don't realize Kissinger is the only person from Nixon's cabinet who's still alive. Even today as we speak. He's had a massive impact.

Dr. Patrick Gentempo: Yeah.

Dr. Jack Kruse: On progressive leftist policies in the country and it's grown. I've seen this, I'm fortunate enough to be old enough to know these links. And what I've seen is that the goal of both Kissinger and Schwab, where it was, was a one world go where you would own nothing and be happy about it. And if you understand how to pull this off politically, the best way to do it is going back to that story that I told you about Jefferson and Benjamin Rush. It's really hard to do it if you don't have a medical tragedy. And if you go back and read Klaus Schwab's books, where he began to get important was when Kissinger stepped away to be a lobbyist that's when Davos became a big deal.

Dr. Jack Kruse: And Davos is always covered by CNBC and Fox business news. It's not covered in the Wall Street, I should say the New England Journal of Medicine or many journals there. Most doctors don't even know that these guys are tied to it. And I like to bring out to people that the World Economic Forum began in 1986, where they basically took over Harvard University, especially a guy named Walter Willett to try to push a plant based diet to get us to stop eating animals. They even did something by poisoning all the peer review journals, something called EAT Lancet, which has pushed this narrative literally for 20 years. On the political side, they're the group behind the ESG narrative. The ESG narrative is where you get the climate change thing.

Dr. Jack Kruse: The whole goal of these global elites is socialism, that's where it comes down. And socialism is an authoritarian reality. Well, that's exactly what we have now with COVID. You're going to take the jab and you're going to like it and that's the way it's going to be. And we're going to pass through as much science, we're going to use our scientists because Bill Gates found out that you can be successful with Microsoft buying off politicians, but you can be really successful when you buy off scientists. And how did he learn that message? He learned that message because most people don't know that Bill Gates's dad was a lobbyist in Washington DC for over 30 years.

Dr. Jack Kruse: And guess what? He famously told his son in the eighties, he said, "The best gig you can ever get is to get involved with vaccines because Reagan's going to pass this law where there's no liability." He goes, "You always have liability on the

software side when you're selling computers, how would you like to get into something that's got huge margins and no legal liability." And guess what? Magically he quit, started Gavi, and what did he start to do? He started to get guys like Fauci, he started to get the Melinda Gates Foundation. If you looked, he then used is cache as a CEO to begin to get all these different CEOs around to say, "Hey, look, this is the world we're going to build. You're the top one percent. We're going to meet in Davos." They got so bold that about 10 years ago, Klaus Schwab just started printing books and telling everybody, this is what we're going to do.

Dr. Jack Kruse: And guess what? I'll be damned but this is exactly what we're going to do. And I think the thing that should scare people is not only are you giving away your medical sovereignty with this, but I think the bigger issue is that you're giving away your economic sovereignty. And what does that mean? That means that they want you to be wholly dependent on the government. So what am I saying to you? We're basically going to have the next 50 to a hundred years in the United States if this doesn't meet the public and doesn't outrage the public like it is in France and Belgium right now, we're basically going to be China or Cuba except with food. That's it.

Dr. Patrick Gentempo: Yeah.

Dr. Jack Kruse: And are they going to de base and devalue our currency to control us? Are they going to control our movements? Yes. This isn't just about a virus. I actually tell people that I believe COVID is a compliance test for an economic reset. And I would tell you now that the military's pulled out of Afghanistan, now they can point their guns really at their true target, which is the American tax payer.

Dr. Patrick Gentempo: Well, this is obviously extraordinary observations and it could be even construed as inflammatory in nature, but it bears out. If you take the time to look beneath the surface of all of what's implicated now, censorship not only being tolerated, but being applauded. People liking the censorship. The interaction between the Silicon Valley platforms and the mainstream media, the government and the pharmaceutical industries. And as you said, imagine having the product with high margins and no liability and having forced the government to force people to consume the product, which is another level of that, right? And then, you put these things together and our entire, I think Jefferson to go back to your point earlier probably said, "Well, wait a minute. We're covered with our unalienable rights to life, liberty and the pursuit of happiness." So that implies medical sovereignty, one would imagine.

Dr. Jack Kruse: The problem is, Benjamin Rush was brilliant. He actually saw that a medical catastrophe would be used as an emergency. And any time a government has an emergency that gives them a right to usurp power from the taxpayer, and that's effectively what's been going on for the last 50 years. I tell people this all the time, and this is the reason why I want to draw you back to this story. Basically, the day that Nixon went off the gold standard was basically they made counterfeiting legal. Okay? In terms of your store value of your assets, what

they're doing right now is exactly the same thing, they are performing viral or medical tyranny to control you. But ultimately they're using this as a stepping stone to take the power back of what their real target is. And I would tell anybody who's interested about the COVID story. You have two put the other ear and keep listening what Janet Yellen and Powell keeps saying about the Central Bank digital coin and you'll actually start to notice that the drum beat is getting louder and louder and louder.

Dr. Jack Kruse: And guess what? Do I think that Schwab and Kissinger were brilliant to use this medical travesty to destroy an economy to give them pause at the end of a debt cycle where we're at now? The last debt cycle, we had fought World War II. Right now, they're trying to end it in a totally different way without getting people to revolt. And I'm hoping that people watch your movie and they begin to go, "Man, this story's a whole lot bigger than just the vaccine. This story's really about our sovereignty in variety of different ways being usurped from us. And we need to think about this collectively." And I always tell people, if you can't question science, it's propaganda. Who taught us that? Joseph Goebbels at Nuremberg.

Dr. Patrick Gentempo: Wow.

Dr. Jack Kruse: That's exactly what he said. And that's how they got the German people to go along. It's not that the German people were bad then, they just had no idea what propaganda was, what legalized lying is, it's marketing. That's what big pharma is excellent at doing, and they're not going to stop. And when they find out that the government's complicit and when you realize that everybody on mainstream media, there's five corporations that control them. And the number one way that Sanjay Gupta and Dr. Wen are paid is with the dollars that Pfizer just made on you. Last quarter, Moderna made six billion dollars and Pfizer made 18.7 billion dollars on the jab. So I've got news for you, if you don't think this is one of the best pipelines that big pharma has ever found, and all they're doing is using that money from the government. And what is government doing? They're printing money at record rates from the taxpayer. They're actually stealing from the taxpayer to make the plan go.

Dr. Jack Kruse: If you don't think this is not a brilliant plan, then you're asleep at the wheel because this is absolutely outstanding. And it's about time people like you, people like Dr. Malone, anybody who's willing to put the target on their back to educate the sleeping. I'm actually almost past that point, to be honest with you, I'm not interested in waking up the sleeping anymore. I'm interested in waking up the other lions. I look at you like a lion. Hopefully when you make this movie people watch it and get mad as hell and they go, "Wait a minute, we've been sold a bill of goods." And not only does it go past the biologic story, there's actually a bigger story here. And it just goes to show you how carefree the government really is, we're looked at a acceptable collateral damage. The same way that a general will look at taking a hill in Iwo Jima.

Dr. Jack Kruse: We show great pictures and war pictures, how wonderful that is, but if you really think about it, it's kind of ridiculous. And are they doing the same thing with these messenger technologies? Will there be people harmed by this and will the harm be blatantly obvious? No. We already know VARs in the yellow card, the ADE stuff, none of that, it's tenfold under reporting.

Dr. Patrick Gentempo: Yeah.

Dr. Jack Kruse: So if that's the case, then our last hope is for people like you, taxpayers, to put your money out, go find scientists, go find clinicians that aren't afraid of getting the arrows in their back, ruining their careers. Like I said, I think the reason I respect Malone so much, this guy should win a Nobel prize for what he has discovered. And he realizes that his technology has been utilized in a plan to harm a lot of people. And is he taking it lying down? No, he's fighting with tooth and nail. He's using his intellect to teach people what to do. And I happen to respect a guy like that that takes his Hippocratic oath very seriously. I happen to take it very seriously, and I do my part. I say the things I say, I've connected dots. I think if you think that this story is just about a vaccine passport, I have to tell you something, I think you missed the boat.

Dr. Patrick Gentempo: Yeah. Well, and let me get into this because for yourself personally, and this is what's been in the back of my mind. Looking at the extraordinary time you spent in developing your career, both academically and then professionally and clinically. You saying the types of things saying right now has to come at great personal peril and personal risk. So what has this been like for you to be saying the things you're saying and do you feel like your license might come under threat or other threats that might come at you?

Dr. Jack Kruse: Yeah, I do. But I will tell you, and you'll probably understand why we had to do this video very quickly. I told you I'm headed to another country. And Jack has been going to other countries to look for the escape route. In other words, another place, that's going to be safer to pack my parachute medically in the future. And I will tell you, the place that I'm headed tomorrow with specifics, is El Salvador. And I'm going to El Salvador because they did something probably in the last month that is really good for people like me. I've told you that I believe in medical and financial sovereignty. Well, they made Bitcoin legal tender. So where am I looking? I'm looking to leave my own country and I'm going in different places to see where they won't mandate a vaccine passport for me to travel.

Dr. Jack Kruse: See, unlike Dr. Malone, I have to tell you I'm a little bit more crafty than him because he's focused in on the biologic side. I'm looking at the greater 30,000 foot view. And I believe when you participate in Bitcoin is anti Central Bank digital token, it's an anti treasury device, it's an anti FDA device, it's an anti CDC, anti Fauci, anti anything that you could think about. It provides complete self sovereignty so that anybody who puts a mandate on me, I can do whatever I want. And that's the key. The key is to build self sovereignty, you have to understand how far you have to take it. Medically, what I would tell people in

the United States, and this may be tough for people to hear, maybe even tough for you to hear.

Dr. Jack Kruse: Most of the people in the United States are now subject to centralized medicine. What does that mean? It's the same thing as the Central Bank, you are controlled by the people who control your doctors. All the doctors on Twitter have blue checks, they are employees for somebody else, whatever the employer says, the doctor has to do. Otherwise, they face getting fired or de platformed.

Dr. Patrick Gentempo: Okay.

Dr. Jack Kruse: So what have I been building in my practice for 15 years? Something called decentralized medicine. Meaning that if you were my patient and you came to see me, no one gets between you and I. In other words, I'll tell you what I think the data says. I'll tell you what I think it means, and we'll develop a game plan together that not only covers your financial risks, your medical risks, but also your political risks. Because I will tell you, I've often said that zip code will trump your genetic code. And people laughed at me 15 years ago when I said it. And I would tell you right now, if you live in California, Illinois or New York versus Florida, tell me I'm wrong.

Dr. Patrick Gentempo: True.

Dr. Jack Kruse: Especially with respects to COVID. And you know what? Right now, here we are in August 2021, and people still don't get this idea. But I have to tell you, the people that follow me, they've been hearing this for 10 years. Now, did I think the dominoes were going to fall the way in which they've fallen in 2019, 2020 and 2021? No, I didn't. But do I now see through my glasses differently than maybe a lot of the other people that you interviewed and maybe even you? I want you to see something that you may not see. See, I always tell people that the smartest people out there, they're able to see the future before the future happens.

Dr. Jack Kruse: And everything that's happening to us today foretells a big problem is coming in the United States. We are headed for abject government collapse. And it's going to start on the economic side. If you understand, when you have a government default, how is that going to happen? How are they going to be able to pull this off without a revolution? And this is when I usually hand a book that Ray Dalio has written called The End of Debt Cycles. And when you begin to understand that the government stance for the last 50 years has been, how can we end this debt cycle but not cause a war? And I have to tell you, medical tyranny is top of that list.

Dr. Jack Kruse: They're pulling off absolutely amazing stuff right now because unlike my generation, the boomer generation, young people are very compliant. They're perfectly happy as long as you give them Starbucks and Netflix and a video game

to play on. They don't really question what's going on. And I think the people that are in my generation, I saw my grandfather, I saw my father fight in World War I and World War II. They died for these freedoms that we, I feel like every day I get up, I want to know what freedom have we given up today? And the problem is, this goes back to Ayn Rand's book, Atlas Shrugged. What happens when you wake up in a world, and you're 60 years old, and you look to your left and look to your right, and the world is completely changed? Nobody seems to think questioning the media, the government, or your politicians, or the central bank, or the FDA or the CDC is a wise thing to do. No, let's just comply.

Dr. Jack Kruse: How did that work with Hitler? He tried to get people to comply. How did that go? And it amazes me how many people out there right now are making the same mistake Thomas Jefferson made with Benjamin Rush. And I think this is the crux of the issue to truly understand COVID. And when you truly do understand COVID, then I'm going to tell you, I want you to read books about Martin Luther King and Gandhi. Civil disobedience is what mandates should get. People should say no. Remember, governments are supposed to be afraid of their people, not the other way around. And we make them afraid when we go to vote. And the thing is, we need to realize these need to be single issue voting things. You can't bring all the other things into it. When you are at economic war with your government, you have a duty to yourself to do the right thing. And if COVID is your issue, this vaccine's your issue, then I want to see you out doing what the French are doing, doing what the Belgians are doing. I don't want you sitting in Vermont eating Ben and Jerry's ice cream, saying, "Hey, it's okay to be a vegan because Eatlanta tells me that way," and Klaus Schwab's behind it. That doesn't sit well with me.

Dr. Patrick Gentempo: That's one of my questions. Because I know about the demonstrations going on in France, and that there's a resistance there that of course the media's not covering. You wouldn't see it in the mainstream media anywhere. But my question is, why do you think it's happening there and it's not happening here?

Dr. Jack Kruse: Oh, that's simple. You just have to be an aficionado of history. How did we get the Statue of Liberty, my friend? French Revolution. Who supported the American Revolution? The French.

Dr. Patrick Gentempo: French.

Dr. Jack Kruse: Look, the French are really... I always make fun of them. The French are easy to make fun of politically because they usually don't stand up for anything. But usually when they get pissed off, their revolutions are pretty ass-kicking. They cut people's heads off. They take no prisoners. And the thing is, if you mess with French cooking, French cheese, French wine, or it sounds like French medical sovereignty, you've crossed a line. And you know what? I don't know. I think American culture is insulated from that part of France. And do I think we need to see that? I do. I don't know what the line in the sand is going to be for people in America to see it. I personally hope that Dr. Malone is wrong, and that the booster shots don't create ADE, and we create a variant of COVID that actually

kills... it's a killer virus. Right now, this is not a killer virus. The IFR on this is a joke. The only change to Delta is it's about five to eight times more infective, but it's not a virus that's going to do a lot of people in. But we don't know if the next variant's going to be different. And it turns out the media wants to slant it, just like Fauci and the CDC that, "Hey, it's the unvaccinated that are causing this."

Dr. Jack Kruse: Anybody who's a scientist that reads a field virology book knows that ADE happens in people who are vaccinated. And this is the kind of basic information, who packs your parachute? Do you trust the guys with the blue checks that practice in a centralized medical situation, or guys like me, where I don't take your insurance? You want to come see me? You're going to have to pay me money. But I can promise you, as frank as I'm being with you right now, that's about as frank as I am with my patients. I light everything on fire and I make sure that I go deeper than most people want to know.

Dr. Patrick Gentempo: Yeah. Well, this is, I think, probably going back to big picture and prognosticating, as you said, I think the most brilliant people are the ones who can look into the future, maybe deep in the future and see what's going to happen. You brought up Ayn Rand and Atlas Shrugged, which my intellectual mentor was Nathaniel Brandon, who was her intellectual heir. So I literally just re-read Atlas Shrugged, my 11th journey through it recently just for context. And that book was published in 1957, and basically in many ways is a work of non-fiction at this point, as far as how things are unfolding. It's become reality. And this stuff-

Dr. Jack Kruse: If you read it 11 times, you know how she got the idea. She lived through the Bolshevik Revolution. Well, guess what? That's kind of the same kind of revolution that we're going through right now. Basically the policies of the World Economic Forum, which are socialist, are being brought to our shores. And the problem is people are so asleep now because we live in a technocracy that they're just worried about what's on Netflix, worried that they can see football and a-okay that they can eat at McDonald's. It's amazing to me, you see people on social media will be vaccinated and scream at unvaccinated people that they're terrible and this and that. Well, why isn't it that those people, before COVID, didn't go slap Big Macs and Coca-Colas out of people's mouths because that was a problem?

Dr. Patrick Gentempo: They're so full of contradictions, we could spend hours pointing them out. But let's just say that, yeah, there's a huge contradiction in the people who are asserting such things, such as these moral judgments that they're placing. But when you take a look at their past behaviors, they're living in glass houses. Let me ask you maybe this question, maybe as a summary or a final question on the personal side. So for all the reasons you described, you're looking to get out of the country and find a safe haven. Do you have a concern that you'll never be able to come back?

Dr. Jack Kruse: Probably my number one concern now is will I take the jab? Because I think that that could happen, but I'm going to be honest with you. The fourth, sixth,

probably 14th amendment are on my side. The construction of the court, the way it stands now, right now I'm optimistic, not wildly, but optimistic. Do I think what we really need from your documentary is enough people to get pissed off, to say... there's lawyers out there that are willing to take this as a class action suit, make it a Supreme Court case and actually create a law that says you cannot force anybody to get vaccinated. Not only that, the other big problem is corporations right now are doing the government's dirty work. That also needs to be fought. Because right now people economically are being forced to do this because they're being told, "If you're not vaccinated by September 15th"... Look, government just tried to do this with the military.

Dr. Jack Kruse: There's tons of corporations out there that are doing this right now to their employees. That's the reason I said to you earlier, if you don't think that this is an economic war, you are asleep at the wheel. They are going to force what they want. And do I think that some day, as Dr. Malone said, that you may have to take a jab to travel back to the United States, I think in the current regime of things, very likely. But I have a good feeling by 2024 that may not be the case. What am I doing right now? I'm visiting countries that are doing things to help my self-sovereignty, because I understand the way to help my self-sovereignty the best is to make sure that I have enough economic freedom to basically put my middle finger up on my government when they try to perform medical tyranny or viral tyranny on me. So that's my plan of attack. My plan of attack, I can tell you, probably decidedly different than anybody else you've interviewed.

Dr. Patrick Gentempo: Yeah, well, but it comes from a wider context, which informs what your plan of attack should be. And I appreciate your courage in sharing all of that here and the fact that you rushed this in before you're departing. But I can't tell you how important this interview was for this particular series and for people to understand the bigger picture. Because you lost the forest for the trees when you start to say, "Well, what's the risk of the vaccine versus what's not the risk of the vaccine?"

Dr. Patrick Gentempo: It's an issue. But there's a much, much greater issue at hand, and you uniquely have this extraordinary ability to organize it all and to be able to present it in a very tangible way. So I just can't tell you how much I not only thank you for taking the time with us, but also just thank you for having the courage to take a stand on all these issues and to speak publicly about it. Because as you cited for Dr. Malone, it probably did cost him the Nobel Prize. And for yourself, again, this is something that can really have an adverse effect on your career. But nonetheless, the truth is important, and I'm glad that you're taking a stand on it.

Dr. Jack Kruse: No problem.

Dr. Patrick Gentempo: That completes my interview with Dr. Jack Kruse. Really was glad that you were here to experience him like I did. Thanks for being here and sharing your time with me, so that we can share this information with you.

James Lyons-Weiler

Dr. Patrick Gentempo: I have great admiration for James Lyons-Weiler. He's a PhD with special expertise in the areas that concern COVID. And he is my go-to guy when something is complex and I'm trying to understand it, that he can explain it in ways and interpret it so I can wrap my brain around it. So I'm glad that people like him exist that have these big, high horsepower brains, that have the experience, and that can survey this territory known as COVID, and interpret what's going on and give you some great insight. This interview is a two-part interview. So we're going to start part one right now. Enjoy my interview with Dr. James Lyons-Weiler.

Dr. Patrick Gentempo: James Lyons-Weiler, my go-to scientist, the guy I like to talk to when I'm trying to understand things that are way too complicated for me. So we've had some conversations in the past, and I'm really ambitious to get your updated views on what's going on in this crazy COVID world. So, first of all, thanks for taking the time to have this conversation.

James Lyons-Weiler: Right on. Thanks for having me.

Dr. Patrick Gentempo: With what's going on in the world right now, we've had a lot of conversation when COVID first started happening, and we were looking at varying aspects of it that you shared the concept of a balance of risk assessment and all the mistakes that were being made, from your point of view. And this comes from an informed point of view that I think we should start with, for people that might not have seen the interview that we did probably a year and a half ago or so. So talk about your background and your academic and professional activities.

James Lyons-Weiler: Sure. So I'm a lifelong research scientist. And when I was a post doc, I decided to go into biomedical research to help clinical researchers do better clinical research. The technologies that were evolving at the time lent themselves well to producing data that I was well suited to analyze. That's the easiest way I can explain it. In phylogenetics and evolutionary biology, we're trying to classify things, we're trying to sort things and try to understand relationships among them. But I had transitioned from phylogenetics of understanding organismal relationships into molecular evolution. And then looking at molecular evolution, it more became the relationship among genes and proteins. And when medical researchers decided that they were going to start producing studies, where they could interrogate 8,000, 10,000, eventually 22,000 genes at a time, or later on in my career, 450,000 proteins at a time, you ended up with studies that had problem of high dimensionality.

James Lyons-Weiler: In other words, you might have 100 studies, sorry, 100 patients that had cancer and 100 that didn't. And you wanted to know what cancer biomarkers exist in the blood. And so you take a drop of serum and you could measure 450,000 peptides. And that sounds great. You have 450,000, but you only have 100

measurements of each. And so you end up with a high dimensional problem, where you have way too many proteins that look like biomarkers for a small data set that are not. What we did was we developed a machine learning approach using training sets and test sets. And we set these training sets and test sets up not just to discover the biomarkers, but also to study the methods space. And that was really key. I called it intelligent methods optimization. We could explore hundreds or thousands of different combinations of methods, from finding the biomarkers, to trying out different classification algorithms, to optimizing where on the curve we're going to cut a threshold objectively, right?

James Lyons-Weiler: And so in doing that for so many years and for so many hundreds of research scientists, it transitioned well into biomedical research for discovering biomarkers for early detection of cancer, with the early detection research network at the National Cancer Institute, for trying to predict who was going to have an adverse event under different chemotherapy agents or who was going to do well with which treatments. So there's a panoply of treatments for different kinds of cancer. So it was a combination of diagnosis with panels of biomarkers and prognosis of outcomes under treatments and survivorship analysis. And I had the time of my life. I was very well paid at the University of Pittsburgh. And they gave me a budget of $650,000. And I had a staff of four computer scientists and statisticians, and they were programmers, I called them programmers slash data analysts. And everybody got it.

James Lyons-Weiler: I mean, understanding that you can fit a curve to a data and you can say, "Look, I described the data" is one thing. But being able to say, "Give me another 200 patients, and I'll be able to predict with 99% accuracy who has early cancer and who doesn't, or who's going to survive and who's not under a particular treatment strategy" was very, very powerful. I was extremely popular there. So when I decided to take a look at vaccines, I was dismayed at the science. We were doing the cutting edge way, way out there, stuff that you would think would be done in 2030, really, to be able to actually fine tune individualized medicine and different biomarkers for different patients. And it was crazy.

James Lyons-Weiler: And in vaccine safety science, they made such gross oversimplifying assumptions. They weren't doing large randomized clinical trials for long-term safety. They presumed every patient is just like the next, like we're cookie cutter clones of each other. There's no heterogeneity in the population. And I was more than disappointed. I was mortified. I was mortified. Because I realized that on the vaccine safety science end of things, if you did science the way that the CDC was doing science, you could end up hurting hundreds of millions of people eventually. And we may be witnessing that now.

Dr. Patrick Gentempo: So you had this background and experience in research university based setting. You have a background in molecular biology, and maybe you can describe what molecular biology is because a lot of people say, "Oh, this is... I had my training in molecular biology at X, Y, and Z." But what's the relevance of molecular biology to COVID and what we're doing today?

James Lyons-Weiler: That's a huge question. So I appreciate the way you ask questions. Molecular biology is the study of genes in proteins primarily, but also glycoproteins and other things in our body that, at the small scale where we're looking at something you could measure that's present or not present, or how much of it, you can do it in a quantitative manner, where you can characterize what does a liver cell typically produce? What does a pancreatic cell particularly produce? And thereby understand the organism, so you can see the organelle biology and then or understand the systems biology. With molecular biology and systems biology, you cannot just understand the molecules, but you can also understand how organs are talking to each other, like through endocrine system and the signaling.

James Lyons-Weiler: So tumors, for instance, we were learning that tumors tended to make a field effect. So they would put out chemicals or secrete chemicals that made the other cells in the local environment of a tumor more likely to be able to be used to recruit blood vessels to the tumor site. I mean, this is amazing stuff, right? So you could understand things that 20 years ago, 30 years ago, we really could only hope that we could understand. And it was to the credit of the scientists that put together the Human Genome Research Project that we could do micro arrays, and we could do proteomics because they sequenced the genome, and then we computationally understood in bioinformatics, that's what I did, bioinformatics, understood which ones were coding genes and which ones weren't. And then we could start interrogating them this way. It was a lot of fun.

James Lyons-Weiler: And in heartbeat, well, let me put it this way, when I solve the problem with public health, I would love to go back to doing biomedical research and producing prediction models of who's going to survive and what treatment, and what's the effect of naturopathy versus allopathy and things like that? Ask interesting and important questions at that level to reduce human pain and suffering. And that's why I created IPAK. I didn't intend to go into studying vaccines at all. I actually fell into it by writing a book chapter. And I just couldn't stop looking at the train wreck of a scientific panoply that they were calling vaccine safety science. And so knowing that people could be put in harm's way and having dedicated my life to reducing human pain and suffering, I had to run into the barn, even though it was on fire. I got to let the horses out.

Dr. Patrick Gentempo: Given that, how does that relate to COVID, to say, okay, we've got this SARS-CoV-2 virus. And we have certain healthcare policy that's been... I guess the kindest term I could say is put upon us, in the course of what's going on right now. So why do we need to have molecular biologists, virologists, vaccinologists, why are they the people that need to be advising us?

James Lyons-Weiler: Well, understanding the effects of the virus on the body and saying, "Okay, you have these symptoms" is one thing. That's how the allopathic medicine looks at it. What are the symptoms? Okay. You might have a fever, you might have congestion, you might have a loss of sense of smell. You might develop pneumonia. You might develop a cytokine storm. What molecular biology and systems biology allows us to do is to understand why, understand what is it

about the virus that allows the virus to do this to us? And what is it about our immune system and our own body, our own organs, our own cells, our own tissues in reaction to a viral infection? And understanding that allows us to understand the pathophysiology of disease from this virus. And in April 2020, I had published a peer-reviewed study that showed that all of the proteins in the virus were dangerous proteins. Not in the sense that they might cause COVID, but in the sense that they might actually cause long-term health effects like autoimmunity.

James Lyons-Weiler: And autoimmunity from viruses is extremely well established. It's absolutely agreed upon in the pathophysiology of the disease of Guillain-Barre, for instance, and other things like that, autoimmune conditions that if you're exposed to a virus one time, then you develop antibodies that are similar to our own tissues by happenstance of evolution, or by the fact that this is how the virus causes disease. So it actually creates a maimed organism within which the disease can propagate, and other members of that species come and help it, and they become infected and so on. So it's healthy for a virus to make you sick, right? But it's not healthy for a virus to kill you. Then, well, we understood in April 2020, these are the proteins that are dangerous in the virus because they can make people sick through chronic illness, autoimmunity.

James Lyons-Weiler: My message was, we shouldn't have them in the vaccine, right? And so I published that. Other people, say, at Harvard University ran laboratory experiments and they validated my results. They said, "Yes, these are the proteins that will produce these kinds of antibodies." And they extended the analysis. I had not included the mitochondrial proteins, mitochondria, the powerhouses of our cell. They have their own genome, they have their own proteome. It was an oversight on my part. So Vaj Dani et al, at Massachusetts General Hospital and Harvard University, they actually extended the analysis and validated it. And now there's scores and scores of papers that have cited mine, saying that pathogenic priming is real, and it's a concern, and we need to do something about it.

Dr. Patrick Gentempo: Let's not go fast. I want to make sure that people are getting this. So basically in the paper that you published, you talked about this phenomenon referred to as pathogenic priming. And now it's been further validated by other papers, other institutions, et cetera. But what is pathogenic priming, for the layperson?

James Lyons-Weiler: Yeah, totally.

Dr. Patrick Gentempo: Not for the colleague. But what does pathogenic priming mean to the layperson?

James Lyons-Weiler: To the layperson, it means that you're exposed to an unsafe protein. People can identify this through peanut allergy, right? How do you develop an allergy to food? Well, you have to be exposed to that food, that antigen source. So if you're exposed to an antigen source, and you happen to have a certain genetic constitution that causes one of your proteins to be more similar to the peanut,

then you're going to develop peanut allergy. It helps if you're immunized against Tdap, if you take aluminum adjuvant at the same time you eat a peanut butter sandwich, I'm sure. Right? But that path, that initial exposure is the priming of you, your immune system for the secondary exposure, which then confirms basically that you have autoimmunity.

Dr. Patrick Gentempo: But the primary exposure is, you're saying, is the vaccine.

James Lyons-Weiler: Or the infection. It could go both ways.

Dr. Patrick Gentempo: Yeah. Or the infection. So let's take John Doe, and walk me through how John Doe, how pathogenic priming happens to John Doe and what the result of that is.

James Lyons-Weiler: Sure. So John Doe's parents, one of them, say John Doe's mother has a particular mutation in a protein, say a protein that she produced by her liver, let's say. This is all hypothetical. And she produces a protein that is a different shape than most people in the population. And she goes through all of her life, and she's just fine with that protein because from her dad, she had the misshapen protein, but from her mom, she had a viable protein. This happens a lot. This explains perhaps why we have diploidy as a stable configuration in most of the animal kingdom.

James Lyons-Weiler: But if we're looking at it from the perspective of John, well, John inherited a viable copy of the protein, the gene that encodes the protein from his father. But from his mom, he got the aberrant protein. That aberrant protein, again, totally healthy all of his life, until he's exposed to an antigen source that elicits an immune response, a strong immune response. Whereas before, the body could handle it. The body said, "No, that's not normal. We're going to dispense with it. We're going to get away with it." And it does that through a number of different things like autophagy. Our immune system will destroy those cells if they're producing too much of aberrant protein. But it won't get to the point where you actually have a stack of immune responses to the presence of that protein, to the point where it starts to destroy your own tissue.

James Lyons-Weiler: So he's exposed to a virus either through infection or through injection, and it's not the exposure to the virus per se, it's the exposure to the viral protein. And that's what I'm saying. We need to change the discussion from vaccinated versus infection versus injection. Just exposure to these unsafe epitopes is a bad idea. And if it's in a large enough percentage of the population, then we can expect to see a significant proportion of people that have chronic illness. If they're exposed to the protein once, that's the priming, exposed to the protein again, then you're off to the races. And so you can end up with autoimmunity because you develop antibodies that not only attack the viral protein, but they also attack your own tissue. And you can end up with hepatitis. That's what I'm talking about.

Dr. Patrick Gentempo: So applying that to what's going on right now with COVID, with people being vaccinated, or maybe even prior coronavirus vaccine research, which is, I think, where they've seen pathogenic priming, right? They took ferrets, I believe, for example. They give them a vaccine, a coronavirus vaccine, and now they see antibodies developed in the ferret, right? Saying, "Oh, look, our vaccine worked." But the last step would be to re-expose them to the antigen, to the coronavirus, and see does the body fight it off? Because you could say it's one thing to see antibodies in the blood, but what about, is there cellular immunity? That's humoral immunity. Did we get it to the cell also, right? And in the cell, so now they want to see, do we have generalized immunity? And they re-exposed the ferrets, and it actually had a heightened immunity, an over-response, where that's the pathogenic priming, which caused them to die. Is that somewhat accurate?

James Lyons-Weiler: Well, in that particular case, in the MERS, the Middle Eastern Respiratory Virus Syndrome and in the original SARS virus in 2003 and so on, and also in the respiratory syncytial virus in the 1950s and '60s, probably what was happening there, the best assessment is something that's similar to pathogenic priming effect. It's a form of pathogenic priming called disease enhancement. Disease enhancement's where the antibody actually interferes with the protein of the virus in such a way that it makes it more likely to infect the host cell. So that's a form of pathogenic priming because you should be exposed to that antigen first, and then you develop this relationship. But there's a distinction.

James Lyons-Weiler: The reason why I wrote this paper and I focused on the autoimmunity was because those studies on antibody dependent enhancement or disease enhancement, they didn't always just show that they had lung immunopathology of pneumonia and COVID, MERS COVID, SARS COVID being a pneumonia disease. They also showed pancreatitis, hepatitis, splenitis, where the spleen is inflamed, renal failure. These strange off site, other organ sites in these animals, multi-organ failure, that really rang an alarm bell because we've never seen anything like that. We don't typically see that in viruses alone. We typically see, yes, you've got a virus and you have either a respiratory, or they cause autoimmunity against the central nervous system, or there's a muscle atrophy in a particular protein, that kind of thing.

James Lyons-Weiler: To see these kinds of viruses affect different animals in those studies different way, and then in humans expect to see a diversity of organ failure, basically. When we see the clotting and so on, I can tell you which part of the biological pathway is probably impacted, exactly which molecule is missing in those people, genetically missing, they only have half of it because they got a bad copy from mom or dad, but also missing then when the immune system takes it out and you can't form a clot or you do form clots. There's two ways that that happens.

James Lyons-Weiler: Directly related to COVID-19, I published this and I said, "Wait a minute. Yes, disease enhancement is speculated as one explanation," but in the meantime, from the SARS days in the MERS days, they changed the terminology from

disease enhancement to immune enhancement. It was one of these euphemisms to make people, "Don't look at this, there's nothing to see here." Immune enhancement sounds like it's something that's good for you. I came up with the phrase pathogenic priming specifically because in the dynamics of what's happening to the individual, John Doe to the animals, they get exposed once, they're primed again. At the organismal level, that individual's then primed for future autoimmunity if they're exposed again.

James Lyons-Weiler: Knowing full well that the vaccine program, whoever develops a vaccine, they were either going to choose a multi-antigen vaccine, where the entire virus is present or subparts of the virus present, or they were going to choose a single protein source, a single antigen. In either case, it's just a matter of degree and a matter of scale, and it kind of teeter-totters. If you use a whole virus, then your immunity is spread out among all those proteins, you're not likely to have too strong of an immune reaction to any particular protein and you're probably not going to get pathogenic priming, but you have so many proteins that the probability that someone's going to get pathogenic priming is higher because you're using so many proteins. If you go to where you're only using one protein, you're stacking up all of your immunity against that, you get a very deep immune reaction instead of a broad immune reaction.

James Lyons-Weiler: There's a whole other phenomenon that can happen of original antigenic sin. Now that the spike protein has evolved in SARS-CoV-2, we can see, look, the vaccine is not as effective by any means. It would not pass the emergency use authorization criteria, even with official data where they'd always bias the efficacy upwards. Original antigenic sin is the process by which you are unable to fight off a virus because it's a new type and your immune system is trained to specifically react to one that's similar to it, but it's different enough that the antibodies don't bind well. In a way, to speak teleologically, your immune system thinks it's fighting off one virus so it produces the antibodies to that one and it doesn't bother to learn new antibodies. It doesn't go through the whole B cell production, it doesn't get to that. It just gets to the immune response.

Dr. Patrick Gentempo: Let's now wind the clock back and go from the beginning and let's have our walk through based on what we know today. First, I think you, early on, and I think for most scientists, or many scientists at least, especially ones that are impartial to influences, but I believe most feel very concluded that this virus itself, SARS-CoV-2 virus came from a lab and it didn't occur naturally. Do you still hold that premise?

James Lyons-Weiler: Well, I'm still looking for the smoking gun. We need to find out where the furin cleavage site came from, that's the smoking gun. I thought I had a smoking gun originally when I found what I thought was a pShuttle fragment left over, like somebody didn't clean up all the artifacts left in the genome, they left some things around like a wrench in an automobile when you're working on it or a sponge in a patient or something, but they're in there noodling around it. The pShuttle vector is actually what was used with SARS in China to produce potential cancer treatments in a cancer center.

James Lyons-Weiler: I don't want to go into all the details right now about why I now think that the pShuttle-SN element might have been there in the data but now it's no longer in the data, because I've been asked not to talk about that by somebody who could lose their job at NCBI if I talk about how they can change the data behind the scenes. I'm not going to go into the details of that, but I will say that the data are not only unreliable from China, the data are unreliable from our own NCBI database. I'm convinced now.

Dr. Patrick Gentempo: But so wait, I just want to make sure that I understand what you're asserting, without getting anybody in trouble, but you're asserting that somebody's been messing with what they're releasing as data, that something was there originally as you were studying it and then suddenly it was gone, and that that thing that is gone was damning evidence. It's like somebody broke into the evidence locker and removed the evidence kind of a scenario?

James Lyons-Weiler: Yeah. I'm speculating and this person is also speculating. We don't have the sufficient proof or evidence, but we have the data files. There's something called the missing gap in the SARS-CoV-2 genome that was not named the missing gap by me. It was named the missing gap by researchers who published on the SARS-CoV-2 genome and it's in the spike protein. That missing gap was a very interesting part to me, because what I did is I took that missing gap fragment that was present in SARS-CoV-2, that area, and I blasted against the database of patented sequences, not the wild viruses. I was looking everywhere. I'd already looked at all the wild viruses to see where did this thing potentially come from or where did it go. When I did that, that's when pShuttle-SN lit up.

James Lyons-Weiler: Although, now it turns out that I was contacted by a number of people that were very excited about the fact that I found this, but they're excited because wanted to dispel and dismiss it. They wanted to tell me to basically stop talking about it, without silencing me, but just try to convince me that this was not a pShuttle-SN fragment that was left over. But to this day, what I would prefer to say is smoking gun evidence does not exist. A piece of evidence doesn't exist as a smoking gun to say that it was genetically manipulated in the lab with a pipette, however, our scientists, including Ralph Baric's lab, and the people at Wuhan Institute for Virology certainly had the technology to do this. They absolutely were doing it, there's no doubt about it. It was known for years that they were doing it, that's why there was a gain of function moratorium on it. The methodology, where I'm kind of hedging on is just the methodology. Yes, it probably came from a lab, it's 99.999%. Ironically, I was right, but probably right for the wrong reasons.

James Lyons-Weiler: But I also, in my reasoning, I included what's the probability that this virus would just pop up in a highly populated area that doesn't typically have new coronaviruses emerging in the population, right next to the Wuhan wet market. Now we know that there were cases that were much earlier than the cases in the wet market, so that's totally dispensed with, we know that China misled us there. All of the reasoning that goes into it right now was very much present in my mind, which allowed me to say, "Hey, this pShuttle-SN might be the smoking

gun." I wouldn't just out of the blue on a single thing, say, "Oh, look, I found something." I'm a student of a bio-pharmatician to know how to do a blast analysis, my PhD post-doctoral advisor invented the algorithm. The blast analysis is the one that you used to compare the sequences.

James Lyons-Weiler: Nevertheless, let me lay out what we would need as a smoking gun. We would need a laboratory notebook, we would need a thumb drive that was smuggled or a hard drive that was smuggled out of China. We would need a sample that had the furin cleavage site, and note to note, "Here it was on day one, and yes, we moved it into the SARS-CoV-2." We need the description, how they did it, the protocol. When I used to work in the lab and I did laboratory bench research, we had a laboratory notebook that the director of that laboratory had to sign at the end of every day. If I did a day's worth of work, I brought it to them, they looked over what I did to make sure, yes, okay, they signed it, they acknowledged it. They were liable for any mistake that I made, et cetera, and I was being held accountable to them. I'm sure that China, with their information and there's so much control, I'm sure that they have a system where they keep track of what they did.

James Lyons-Weiler: But I have to say, just because we so much suspicion, it doesn't rule out the possibility that someone was taking a new bat from the wild out of a cage, sampling it by swiping its anus, and got scratched or infected with a new virus that through recombination got in the furin cleavage site. We have to have that smoking gun. Yes, it's possible to do it. You can do it through serial passage, potentially, if you know what you're doing and they do. You can do it through transection, they know how to do that. But it's all so possible. Luke Montagnier actually put out a paper that said, "Okay, here's some pieces that are due to insertion." He called them insertions. I don't know if it's fake data or not, but at that stupid pangolin sequence that they published and I had analyzed, and it had half of that insert in the pangolin sequence. If that's an artificial sequence designed to hide this great, great on China, they did a good job covering it up. Horrible job covering it up, it's horrible, because they've never isolated that specific coronavirus from a pangolin again, it's not been reproducible.

James Lyons-Weiler: China should just open up all the samples. Well, they can't, I'm sure the military took them over, the CCP won't allow it. They should open up all the laboratory notebooks, they can't. They should open up all the notebooks, I mean the laptops and the computer hard drives, they won't. We're stuck in this place where it's the pointing fingers at each other. I simply hope it doesn't escalate to the point where China feels like to save their national pride or something they have to do something with the military to defend themselves against these kinds of attacks or something stupid like that as a pretext for war. Ralph Baric I think certainly knows what's going on. Ralph Baric was probably in contact with Dr. Lee all this time. He is a valuable resource and asset right now that could come forward and say, "Okay, carte blanche, I'm just going to tell you everything I know. Do to me what you're going to do." We're talking about national interest and national security.

James Lyons-Weiler: I believe that the gain of function research was continued with a nod and a wink from the White House, even though they denied it, in the interest of our own national security. They've written themselves a prescription, a get out of jail free card, by saying this is all done in the interest of national security. But the political end of it, I'm just tired of it. Okay, yes, we shouldn't have been working with China. I know plenty of scientists who've worked with Chinese laboratories and Chinese scientists in academia on many, many different areas, I don't believe that they're agents of the Chinese government. However, Dr. Fauci probably should have registered as an agent working on the interest of the Chinese government, I'll say that. He funded them.

Dr. Patrick Gentempo: That completes part one of my two-part interview with Dr. James Lyons-Weiler. As you can see, this is an intelligent individual who gives great context when it comes to understanding varying topics surrounding COVID. Thanks for being here, I'll see you in part two when it comes out.

Patient Testimonial: Kellai Rodriguez

Dr. Patrick Gentempo: Kellai, thank you for taking the time to share your story with us. I very much appreciate it.

Kellai Rodriguez: Thank you for having me.

Dr. Patrick Gentempo: Let's go back to what got you to decide to have the vaccine in the first place?

Kellai Rodriguez: Well, I've been diagnosed with prior immune compromised things, like fibromyalgia, degenerative disc disease. I got COVID in February 2020, I almost died. The doctors told me that if I get COVID again that I would most likely not make it. I also have a two-year-old son who is immune compromised as well, and he has a lung respiratory thing, so obviously I was afraid he could get it. He's tinier than me, so I'm not going to make it, he's probably not going to make it either.

Kellai Rodriguez: What ultimately made me decide was there's a man I call Papa Bo. He's been in mind in my kids' lives since my daughter was two and she's 15 years old now. On April 13, that was the day that I got my first dose, he died from COVID in the hospital. I think ultimately I was just trying to do what I thought was safe for me and for my son. I knew somebody personally, who I loved very much, who died from COVID and I didn't want that for my family.

Dr. Patrick Gentempo: I understand. Did you have a reaction after your first dose?

Kellai Rodriguez: No. I had just a sore arm, like a little bruising. That's about all I can remember from the first dose. I had started working out in the gym shortly after my first dose, I was working out about four times a week, and at the time I was snowboarding almost every single day. It didn't affect any of that stuff on my first dose.

Kellai Rodriguez: I had my second dose on May 5. About 10 days later, my medications stopped working. My medications were medications I was taking for mental health and also for my fibromyalgia and degenerative disc disease. I noticed about 10 days later that I started feeling just really depressed. When I was working out in the gym, my joints started to lock. I couldn't unbend my elbows all the way, I couldn't unbend my knees or bend them, my knees would buckle or lock. Yeah, that's the first symptoms that I had and I think sometimes the symptoms people forget about, because all they think about or see is the tremoring.

Dr. Patrick Gentempo: Yeah. I'm noticing, you're having neurological problems. You're having a tremor, I'm hearing your voice is a little shaky also. What's going on neurologically with you?

Kellai Rodriguez: Neurologically, I mostly have the tremoring. I have trouble walking, so I use a walker. I have only just within the last couple weeks been using my walker every

day, everywhere I go I have to use it now. My body feels heavy, like lead. It's hard for me to pick up my legs or pick up my arms or my kids or just do daily things. Neurologically, I would say mostly the tremoring. My voice, this is not my natural voice. I sound much different normally. It's hard for me to form words sometimes. It's hard to say what the neurological problems are because I have not been diagnosed with anything, and so I can't give you terms and words, I can only give you how my body feels.

Dr. Patrick Gentempo: Obviously you went back to your doctors and said, "Hey, I'm having these problems since I got my second dose of the vaccine," and they're unable to diagnose what's going on, but do they at least understand that this was caused by the vaccine?

Kellai Rodriguez: My regular doctor, my general practice doctor, she has not said 100% that this is vaccine related. She had me report to VAERS.

Dr. Patrick Gentempo: How long ago was it that you filed your report with VAERS?

Kellai Rodriguez: It was on July 7. June 29 is when my body went into uncontrollable tremoring. I didn't lose my voice until July 2. Then July 7, I reported to VAERS. Before the tremors started, my doctor assumed that I just was having flare ups from my fibromyalgia and my degenerative disc, so she just prescribed Gabapentin to me. Then it wasn't until June 29 that things became a lot more serious.

Dr. Patrick Gentempo: Wow. Roughly from this time, around four months ago or so, has anybody from the CDC contacted you or has there been any follow up at all?

Kellai Rodriguez: No, I have not been contacted by anybody from the CDC or from VAERS. Nobody's done a follow up, nobody's called for any more information or further information. It just hit a standstill after I turned in my paperwork.

Dr. Patrick Gentempo: Wow. At this point, are your symptoms still getting worse? Are they the same? How are you experiencing things now?

Kellai Rodriguez: They're not as bad as they were the first month. From June 29 until August, I was tremoring constantly. For the first three weeks I couldn't walk at all, I couldn't feed myself. I couldn't move really because of my body just wouldn't let me. Now, I've been noticing that there are breaks in between. I will get about two weeks to three weeks of no tremors, my voice is back to natural. Then it all comes back again for about a week. So far, I'm noticing it's about seven to 10 days that it comes back continuously until it goes away again.

Dr. Patrick Gentempo: I'm assuming that you're probably unable to work right now, obviously, with what's going on.

Kellai Rodriguez: Yes. I can't work, I really can't do much. I don't go anywhere anymore, I just stay home now. I have three kids at home, but that's hard too, because I can't chase

my two-year-old son when he's getting into things. My daughter's 15 now and she's kind of become a mom at a very young age because she has to help me a lot.

Dr. Patrick Gentempo: So sorry. Are there other people now that... You've been experiencing this, I imagine that maybe you've looked to see online, maybe there's other groups, other people that have had adverse vaccines reactions. Are there any other people that you have come across online or in person that have similar symptoms that you have?

Kellai Rodriguez: Oh my gosh, so many people. There's, I want to say, thousands of people. I get messages daily from people who follow me on social media, sending me new videos of a new person who's going through what we're going through. It's not just me, there's thousands of people out there that are having similar symptoms or differing symptoms, but all happening after they got their vaccines.

Dr. Patrick Gentempo: I don't want to put words in your mouth, but now that you're seeing there's thousands of people that have been injured like yourself, that just you have come across in looking at what's out there, do you feel like what's being represented about the safety of this vaccine is not right?

Kellai Rodriguez: Oh yes, a hundred percent. When all of this started, I tried really hard to not for 100% this is vaccine related. I tried really hard to say, "Look, yes, I do know that of everything that I've done since January, we'll say, to July, everything that I've done, the only thing I did differently was the vaccine." I knew that rationally in my head, but I thought, "You know what? Maybe it's not and maybe it is something else, maybe it's from prior things." I tried really hard to stay on the side of maybe, maybe, maybe, maybe.

Kellai Rodriguez: Now that I've been going through this as long as I've been going through this and I'm seeing more and more people going through what I'm going through, there's just no doubt in my mind that that's what happened to me. I'm not trying to ask anybody to shut anything down, I just want them to help me too. I don't understand why we're not important to the medical community. People make mistakes all the time and you can't tell me that a man-made vaccine is perfect. You just can't tell me that, it doesn't make sense to me. Everything else has a warning label on it, but this one doesn't. Why not?

Dr. Patrick Gentempo: Well, your logic is pretty strong in the way that you're interpreting this and asking the right questions. I'm sorry that, number one, you have to go through this physically, and I'm also just really sorry for what you have to go through emotionally. I think that's a lot of what maybe people don't understand. They just maybe are looking at the challenges you're having physically, neurologically and otherwise, but what about the fact that because the culture has got this fever around, oh, this vaccine is safe, this vaccine's effective, everybody needs to get it and that's what's being pushed, and when somebody wants to raise their hand and saying, "I'm in trouble," they're trying to act as if, well, no, that's something else and it's all in your head, or you might have ulterior your motives.

Dr. Patrick Gentempo: I'm very sorry that you had to go through that, but I can tell you that your courage is going to make a difference. It makes a difference that you're here right now, having this conversation with me. A lot of people are going to see this conversation, a lot of other people in your circumstance I think are going to be given strength and hope from it. Then hopefully, with the care that you're getting now, maybe something can get learned there also that might help you and other people like you.

Kellai Rodriguez: Yeah, that's what I'm hoping too. I think ultimately people need to understand that it's not just a physical thing. This has been probably the loneliest, most isolating thing I've ever gone through in my entire life. You can't talk to people about it because it's such a touchy subject for people. Even with my family members, while they are being as supportive as they can be, most of them have their vaccines and most of them got them after everything happened to me. It feels lonely and it's scary. I'm trying really hard to keep going and to be voicing a platform for other people, but it is really heavy. I think people think that because we're on social media and we're updating people and we're taking pictures or we're doing all the things, they think that it means that everything is getting better and we're strong and happy and can get through it, when in reality, as soon as that live goes off, I'm in tears.

Dr. Patrick Gentempo: I'm so sorry.

Kellai Rodriguez: I'm a human being, not just the person on the screen. I'm human, with a family who's going through it in more one. I think it's the most comparable to psychologically warfare at this point.

Dr. Patrick Gentempo: I'm very sorry that you're going through this. I wish you great strength. I could just say that I'm hoping that you'll find a way to a brighter future.

Kellai Rodriguez: Thank you very much. I hope so too.

Dr. Patrick Gentempo: Thank you for being here.

Kellai Rodriguez: Thank you.

Outro

Dr. Patrick Gentempo: Well, that completes episode three. We are gaining momentum now and there's a long way to go. We've got a lot more coming down the track for you, so make sure you continue to tune in. I also just want to remind you quickly that you can own this entire series. Let me tell you, there's a lot here. We have varying packages, you should check them out, see which one might be right for you. Then of course, there's bonuses that you also should be very interested in, take a look at that of that. We have great appreciation and gratitude for your support. When you go ahead and buy the series, it helps us continue to do this work, which we are very ambitious to do. Thank you for being here, thanks for watching, and I'll see you in episode four.

Zach Bush: This new transition from war among peoples to war against invisible enemies, so we went from the war on terror to the war on viruses. When you have an economic system that relies on disease as its own driver, you come into this destructive cycle for that society. If you look past the US boundaries and you realize, wow, that US dollar actually is the foundation for most macroeconomic systems around the world and it justifies extreme measures, right? Well, if the empire fails, it's going to affect millions of households and poverty and war and instability, and so we justify more and more extreme measures towards the ends of empire.

Dr. Bryan Ardis: What he stated was is there's only one drug you're going to be treating in hospitals across the nation, only one, and that's called Remdesivir. This is an experimental antiviral drug, which meant it wasn't FDA approved ever, which was the first problem. Then he stated there were two studies, one against the Ebola virus from 2018 and '19, that proved it's safe and effective against the Ebola virus, and because of that study, it warrants its use in this new virus called SARS-CoV-2 virus. They found that Remdesivir killed 54% of all people they gave it to within 28 days.

Bonus Interview: Alec Zeck

Dr. Patrick Gentempo: In this COVID world, activism is an important role. And my next interview with Alec Zeck is one that inspires activism. Alec is a West Point grad. He's got an amazing story. And when you see the kind of things that he's up to and the way that his mind works around our civil liberties and why we need to be active as individuals to stand up for our rights and our freedoms in this country, it's quite inspiring. So let's jump into this interview. I think you'll be inspired by it.

Dr. Patrick Gentempo: Alec, you're an interesting character. So I've been looking forward to this conversation. How you got to do what you're doing today is this strange odyssey, I guess. So let's start out with your academic background and talk about what led you to what you're doing now.

Alec Zeck: Yeah, so I graduated from West Point in 2016, commissioned as an officer in the army. Majored in Systems Engineering while I was at West Point. And to be clear, I never intended to join the military to begin with. Growing up, I had no dreams of doing that. I was recruited to play basketball. Was cut from the basketball team at West Point and decided to stay there. And then, I think as many people in the US know, having a degree from West Point carries a certain weight. So that's what led me to stay there and served my five years in the army. And now I'm out doing this. And what led me into this space as with many other people was an experience. I think there's this narrative that people who are questioning COVID or questioning Allopathic medicine or the pharmaceutical industry, just woke up one day and decided I'm going to speak on one of the most controversial things, just because I feel like it. The reality is most of us had an experience.

Alec Zeck: So I grew up in an abusive household. My dad was repeating patterns of generational abuse and trauma, and because of the abuse that was inflicted upon my mom, as well, she went to go see a psychiatrist. And the psychiatrist made no mention of nutrition, of mindfulness, of lifestyle, of addressing any of the trauma that she had experienced. It was simply a 15-minute discussion and then a survey. And then she was prescribed multiple benzodiazepines and SSRIs. And that was back in 2007.

Alec Zeck: And then over the course of the next nine to 10 years, my mom's health spiraled out of control. In her up moments, we thought, wow, the drugs are working. In her down moments, and when I say "down," I mean hallucinating, thinking that I was her dad and that she was her 13 year old self again... Not leaving her room for weeks at a time, not sleeping, not eating, sitting in her bathroom picking her face, looking in the mirror. In and out of mental hospitals, multiple suicide attempts. And we thought, oh, she just needs to go back to these experts who are practicing "evidence-based medicine" and get new drugs. It wasn't until, by chance, a therapist that she was seeing at the time, in 2016, right around when I commissioned in the army, told her that she should go see Dr. Kelly Brogan.

Dr. Patrick Gentempo: Mm-hmm

Alec Zeck: And Dr. Kelly Brogan, had you looked her up back then, and especially now, would have been listed as this pseudo scientific quack that is spreading so-called misinformation, and now disinformation, intentionally harming people. And my mom went to go see Kelly. And Kelly essentially said, Allie, you are not this label, not that label, not any of these things. "You have trauma that you need to heal. These psych drugs do no good for you. You need to focus on food as a source of medicine and nutrition, and become more mindful and really focus on your lifestyle, and you'll be well."

Alec Zeck: And in a matter of four to six months, my mom had reversed all of her symptoms and was beginning to heal her trauma for the first time. And I was really seeing a side of my mom that I hadn't seen in 10 years. And that was a lot of cognitive distance that I had to sort through because I had thought my mom was under the care of these experts. They said she was going to be this way for the rest of her life. And it didn't stop there though. So my wife, nine years prior, was diagnosed with lupus and rheumatoid arthritis. And we had just gotten married at the time. Seeing the transformation for my mom on the psychiatric side of things, we decided to try the same thing for my wife.

Alec Zeck: She had been diagnosed with lupus. Rheumatoid arthritis was under the care of multiple rheumatologists. Again, "experts" practicing evidence-based medicine. And they said that she would live this way forever. She'd be chronically inflamed. She would always be this way. And my wife, after seeing what happened with my mom, we tried the same methods from this pseudo scientific quack, and my wife reversed all of her symptoms in a matter of four to six months and has sustained that remission now for five years and has blood work to prove it. That the methods of this "pseudo scientific quack," Dr. Kelly Brogan, are what made my wife and my mom well. So those two real experiences in my life completely transformed the way that I view health.

Alec Zeck: And I began obsessively researching, basically the same time that I commissioned as an officer in the army, on all things holistic health, all things pharmaceutical industry. How they've corrupted the government. They've corrupted the medical establishment. They've corrupted the media. How all of them are tied together in this fashion. And how in many ways, especially with COVID, they are narcissistically abusing, manipulating, gaslighting, and denying, and trying to frame anyone who questions them as the villain. It's the exact same playbook that I had seen growing up with my father. So having dealt with all these experiences on the microcosm firsthand, when COVID hit, I knew the deal immediately and decided that I needed to begin speaking.

Dr. Patrick Gentempo: Wow. So where did that lead you to as far as your action and activism? So you've certainly, based on my entire career, your story and what you just spoke about, unfortunately, is not an uncommon story. Yours has a happier ending because you found Kelly Brogan who's just a remarkable human being and doctor. But further, you decided that you needed to do something about this as

compared to saying, well, okay, my story ends well now that we got on this new path. You feel like you needed to get out and proselytize, I guess, you could say. These ways or this way of getting, gaining health, or maybe also being a critic of the pharmaceutical industry and the way that medicine is practiced?

Alec Zeck: Yeah. As I began speaking, I saw this need to really show that health freedom is not exclusive to one class of people. It's not one so called super far-right leaning Trump supporters that care about health freedom. It's people from all walks of life. I, traditionally, in my perceptions a few years prior, was very left-leaning, and I know many other people were also very left-leaning. So this narrative that was being propped up by the media, that anyone who questions COVID was a super far-right leaning Trump supporting QAnon conspiracy theorist was simply untrue and almost ridiculous. So I decided that it is important to create an organization that is a grassroots organization, uniting people from all walks of life, all races, religions, socioeconomic backgrounds, political affiliations, gender/sexual orientations, and perceptions on health to show that we are United in love. Not belligerent, not attacking, not hostile, not pleading for our freedom, either, and not asking for permission for our freedom. That we are uniting outside of all those differences and saying, "No. We are free right now."

Dr. Patrick Gentempo: So, when did you start Health Freedom for Humanity?

Alec Zeck: I started it in January of 2021 alongside several other, I guess, you could call them social media influencers that are pretty well known: doctors, medical researchers, parents, activists of all types from all walks of life. And we exploded on the scene pretty fast and had hit pieces written about us in a matter of a month and a half from the Guardian and a few other organizations.

Dr. Patrick Gentempo: What kind of activities are you involved in now?

Alec Zeck: So, really we're trying to unite people. That is the main thing. Again, outside of all of those apparent divisions. And we've started chapters all over the country. Again, we're not focused on, there's so many other organizations that are focused on petitioning the government, pleading with the government, asking the government to recognize their freedom. We're not about that anymore. We think, although you can see effects happen on the local level immediately, but when it comes to the federal government, they're entirely bought out on both sides. And we have receipts to show for that. Anyone who just look in into the corruption of industry within government, we know that they are both bought out on both sides of the spectrum. So we are saying that we are turning our back towards the system, with love and with kindness, and with compassion, open to anyone who has diametrically opposed viewpoints. But we are going to go create communities that are operating and thriving outside the system. And Health Freedom for Humanity is a mechanism to unite people to do just that.

Dr. Patrick Gentempo: So when you talk about they are "bought out", and you said you "have receipts," what do you mean?

Alec Zeck: So I challenge anyone watching this to go look this up for themselves. We know for certain that 70% of the FDA's drug regulatory budget comes from the companies that they are regulating. We know that Scott Gottlieb was the Commissioner of the FDA from 2017 through 2019. And as commissioner of the FDA, he worked to expedite the approval process for experimental drugs. Scott Gottlieb now is on the Board of Directors at Pfizer, where they just had an experimental drug expedited in its approval process. We also know that the CDC, members of the CDC, own a number of patents on vaccines, and they own large shares in pharmaceutical companies. We also know that when it comes to lobbying in Congress, in 2019, the pharmaceutical industry spent $228 million lobbying in Congress as the highest industry for lobbying. And the second highest was oil and gas at 92.

Alec Zeck: So they spent nearly three times the amount of oil and gas. And then when it comes to the media, every single news media organization shares at least one board member with at least one pharmaceutical company. And then also these media companies are receiving billions of dollars in advertising from these pharmaceutical companies. And estimates show that 70% of news media advertising is accounted for by the pharmaceutical industry. So because of these clear ties between media, government, and the pharmaceutical industry, it is very obvious that neither the media or the government would ever report on anything or would ever frame any pharmaceutical product in such a way that paints them in a bad light.

Alec Zeck: Meanwhile, we have the track record of a company like Pfizer, who has on multiple occasions, not just one... We see people cite that $2.3 billion plea deal for mispromoting medications. But that's not the only one. They have a long standing history of criminal activity and knowingly causing harm: lying, manipulating data, withholding clinical trial information, using children as guinea pigs without their parents' consent or the children's consent. These are the companies that we've entrusted with our health. And somehow, they're framing people like us as the crazy conspiracy theorists when we have nothing to gain by speaking out, and we are sharing our authentic perceptions based on our experiences.

Dr. Patrick Gentempo: So everything you said I'm familiar with and is true. And in many, including myself, creates outrage, right? Especially when you start to look at tyrannical measures to force these products from these criminally charged pharmaceutical companies, like Pfizer, and say that now we trust them and that we are mandated to get these vaccines. So it seems like an outrage.

Dr. Patrick Gentempo: People are outraged. But at the same time, the tyrannical aspects of this is such, and they're very effective of saying, okay, well, we're going to force employers to mandate... how they're trying to get this agenda done. I say all this, this way, because there's something very interesting about your position. You said, "We're not really trying to fight them." We actually have compassion, love in our hearts, and we're just going to turn our back. But you're dealing with an

adversary and you, of course, you trained as a warrior, at least in your education.

Dr. Patrick Gentempo: And then, an officer in the army. You go to West Point, you serve in the army, you understand what it is to be a warrior. But you're taking a different tact and saying, we're going to organize, we are going to have community around people who care about health freedom. And we're not going to start shouting from, I guess, the mountaintops and be angry and shake our fist and look for a fight. So tell me more about how you arrived at your disposition, and maybe, I dare say, the values of your organization, which creates its culture. I'm surprised that you landed there and I'm not saying it's bad. I'm just saying, I'm surprised knowing your background, that this is how you landed. So talk about that a little bit.

Alec Zeck: I think a lot of my healing journey involved a lot of inner work, a lot of introspection and childhood trauma healing, and then coming to understand my position in this reality. And I think that bled into my perceptions, although our organization is not spiritual by any means whatsoever. We are welcoming of people from all walks of life. Spiritual or not, religious or not. I think the approach of being loving, accepting, and compassionate for people that cannot see, is ultimately a must in this movement. And again, trying to fight the system, petition it to change, is in my opinion, the losing battle, at least, again, on the federal level, right?

Alec Zeck: I think if we focus our energy and attention on... We know that this system is flawed. It is corrupt. And it's not going to change because these industries are so, so, so ingrained in this system and so financially attached to them, if we focus our energy elsewhere on creating community and being welcoming of people who are diametrically opposed. We've had massive success, even in getting doctors who did receive the shot, which is fully their choice, right. But getting them to see through the narrative because we are always approaching things not from I am right, you are left. I am anti this, you are pro that. I am this, you are that. Here's all this data. How can you not see, you blind sheep? We approach with love and compassion and say, hey, we want you to be empowered to trust your own observations and experiences and intuition. And 99 times out 100, when you approach people that way, their own observations, experiences, and intuition when they actually reconnect with that, shows them something that is diametrically opposed to the mainstream.

Alec Zeck: And even if it doesn't, even if their own observations, experiences, and intuition lead them to a perspective that is still diametrically opposed to mine, good. At least they reconnected with themselves. And that is the most important thing. And I'm putting some of my personal perspectives and projecting it onto my organization; but nonetheless, it is effective. When we're approaching things out of love and compassion and not identifying with any of these labels, or that we're accepting of anyone despite the labels that they're identifying with, we have a massive impact, which is why we've been effectively banned from every social media platform possible. And every time we create a backup account, we're immediately banned again, so.

Dr. Patrick Gentempo: So what's the objective? What's the goal of Health Freedom for Humanity?

Alec Zeck: The goal, again, is to turn health freedom into a movement that is decentralized. Health Freedom for Humanity, for all people, people from all walks of life. Educating, empowering, and uniting people around that idea. Turning it into a very decentralized movement that everyone is a part of. And everyone is behind with love and compassion and understanding for anyone who has diametrically opposed viewpoints.

Dr. Patrick Gentempo: You keep saying, "It's decentralized." What's the importance of it being decentralized?

Alec Zeck: The importance of it being decentralized is because everything that, let's say, "they," the nefarious actors behind this are trying to do is all about centralization. And we want to be decentralized, meaning that we have people that are all a part of it with no discernible headquarters as an organization. That it's everywhere that you can't... As soon as you cut off one aspect of it, there are 30 other aspects of it. And the way we've set up our chapters is we're not strict in our guidelines of how they're intended to operate. Obviously, we're expecting that they will not discriminate based on any of those things. That they're always to come with love and compassion. But what our California chapter does versus what our Texas chapter does, versus what our Florida chapter does, are all going to be completely different. And it's all up to those local communities uniting, right, under Health Freedom for Humanity, not discriminating against anyone being welcoming of everyone, to ensure what they need to do is best for their communities.

Dr. Patrick Gentempo: So you are cut off from social media, which is the typical way that people try to communicate and interact, which I get. You've certainly been censored and cut off in every possible way imaginable. And without that, how are you spreading? How are you growing right now?

Alec Zeck: So we're really, really utilizing our community of people that we've already, let's say, gathered because of our presence on social media. And it has been extremely challenging now. And that's why the more that we rely on these platforms, their platforms to communicate and to congregate and to find like-minded people, the more we're setting ourselves up for failure. But in the same breath, I will say that it's extremely important to continue to come back to their platforms as much as possible, so we're not speaking in an echo chamber. We do have a Telegram channel. I have a personal Telegram channel that has many subscribers, and I love that Telegram channel because I'm able to focus on solutions for people that already get it. But for the people that we need to reach in order to really turn the tides that cannot see right now, we have to keep coming back to these platforms.

Alec Zeck: So we have continued to come back despite being deleted. But our main M.O., I guess, is to use the community of people we have already gathered. And we have a network of influencers that as soon as one of us gets deleted from social

media, all the other ones who have not been deleted, essentially share the new backup account for that person. And then they're right back up to at least a good portion of where they were before being deleted. So we're creating this community that they really have no chance at taking out.

Dr. Patrick Gentempo: For the communities and the sub-communities, what kinds of things are they sharing? Are they sharing ideas or tactics around how to avoid getting vaccinated if you don't want to be vaccinated? How to protect your children? What are, where are the most prevalent topics that people are talking about?

Alec Zeck: So I know some of what our California chapters wanting to do, for example, is they are actually taking people who have left the school system, teachers. They are taking people who have left the medical establishment because they were forced to either test or get the shot, and they are trying to organize and essentially lay the foundation to start new and better systems that are valued around freedom. That's what they're really trying to focus on right now.

Dr. Patrick Gentempo: Yeah. A lot of the conversations in California... Because people are pulling their kids out of school, also, and not just in California, but it's a big deal there, and they're starting homeschool chapters. But of course, it's cat and mouse. And might they start, starting pass legislation about homeschooling is still a form of schooling that they can try to regulate, et cetera. And we see this start to unfold. And now people are also leaving the state. We're seeing all kinds of radical actions being taken based on the compulsion that's being forced down on people. And your form of activism is quite interesting. So do you say or do you promulgate that people should go to their politicians or legislators, try to get them... because I know you say you don't petition, but is there... Somehow, because I think your numbers are growing in a substantive way. So are you saying that people should try to maybe prevent certain things from getting passed that might further take away their health freedoms? Or do you completely turn your back on that whole thing?

Alec Zeck: So as an organization, we are not involved with that. But the reality is there are many other organizations who are, and we partner with some of those organizations. I'm friends with some of the people that are in charge of those organizations, and that is effective, absolutely, in many ways. But I think it's more effective on the local level or on the state level than it is on the federal level whatsoever. And I think if we only focus on that though, given that despite petitioning, look at the example in California, despite how much pushback and attention there was on SB276 and SB277, they were still passed. We need solutions that focus on not relying on the system to actually change and recognize us as free individuals.

Dr. Patrick Gentempo: So how does that happen? I'm trying to think through, okay, well how does that actually occur in so far as... These people are out to control you. And as you said, the unholy alliance between the pharmaceutical industry, media, big tech platforms, and our government, it's there. It's observable; it's undeniable. And I'm glad that you cited just a piece of how undeniable that really is. But there's

much... We could spend hours just identifying all that stuff. And they're gunning for you, and is the idea that, if enough people join a peaceful movement and becomes substantial enough, decentralized enough, pervasive enough that it can't help but influence the tyrannical actions that the agenda dictates right now?

Alec Zeck: So I think that would be the idealistic way of saying what my perceptions are on this. Yes. Does it seem like it's not something that we could reach right now that it's not attainable? Absolutely. It seems that way. But, I forget the exact quote, but it's essentially, "Rather than petitioning the system to change, go out and make new systems that make the old one obsolete." And I think that's the foundation of where we're at as an organization. And we're brand new. And will it work? I don't know. But I do know that this method of only petitioning the government to change over and over again is not working either. So let's try another route. There are other organizations that are using those methods. And again, on a local level, absolutely, you can see a discernible change almost instantaneously if you get enough people behind it.

Alec Zeck: So without question, continue to do that, especially when it comes to something like millimeter wave technology and 5G. I could create as many decentralized systems as I want to operate outside of it: new healthcare systems, new school systems. But if I can't control the reality that they're throwing up a 5G tower in my front yard, yeah, I'm going to need to go to my local politicians and local officials and say, hey, no, this is not cool, and unite with other people to say that. But the point is, if we rely solely on that, I think we have seen again throughout the last 10 to 20 years, that that is not effective. Or maybe it's only effective to a certain point, which is why we also need to focus on creating, laying the foundation for at least the connections, if you will, of a community to create something outside of it.

Dr. Patrick Gentempo: Well, this is sort of the Gandhi approach, right? You'll just "be the change." And there's wisdom in that. And there's also precedent to say that, that philosophy works. It has worked with people who seemingly were powerless. But by adopting a, I guess, I'd say a state of consciousness and awareness and being in a certain way, it changed.

Alec Zeck: Think of it like this. Honestly, I've said this over and over again. If we imagine, if we all united, right. Imagine if everyone just had the perceptions of you and I, and simply said, "No." That's it. Like, no belligerence, no hostility, no attacking the other side, no attacking people who can't see, but for everyone who does not agree with what's going on, if we all simply just set a boundary with love and said, "No," there is nothing that they can do. Nothing that they can do because they literally rely on us.

Dr. Patrick Gentempo: Well, they do. And unfortunately, you've got family to feed and so on, and that's their leverage, right, is to be able to take away your freedom, your livelihood, and so on. And just recently, I came across an individual who was dating a gal here, a single mom with two kids, who was a nurse who didn't want to be

vaccinated. And she had to face the choice: Do I feed my kids or do I get the vaccine to continue to be able to go to work? She was a healthcare worker and didn't want it. Bad reaction to the first vaccine, I found out about. And when I asked, "Can I interview her?" Because a really bad, adverse reaction. This guy said no. And I said, "Why not?" He said, "Because she got the second dose, they insisted on it, and she died."

Dr. Patrick Gentempo: So, and this is, I wish, was just one story. And that is the horrific compulsion to now when a single mom who is an educated person, who wants the right to choose whether she gets this vaccine or not. And then is forced to choose between feeding her kids or getting the vaccine, that's her choice. And she sees that feeding her children is the highest priority. So she, and now her kids are orphaned as a result. So, I wish that was the only story, but there are so many of those, I can't even begin to communicate them here. And it's so egregious that it's hard to even talk about. I'm fascinated by what you're doing and your mindset around it.

Dr. Patrick Gentempo: And quite frankly, I think that this is what's needed is basically a shift, an energetic shift, if you will, a frequency shift of how we approach this. Because when you get into the fight and that's a very intoxicating thing... I admit it myself. And you get really angry and you want to fight and you want to win. And what's at stake, the stakes couldn't be higher. And the ability to shift and become transcendent in your consciousness around it and see you a possible future is something really admirable. So I applaud that you're not just saying, hey, we're going to enter this fight and put on our shields and armor and go out there and do this with you.

Dr. Patrick Gentempo: You're saying we've got to, we want to form a group. We want to attract people that resonate at a certain frequency around their thinking and consciousness. You identify the problems as well as anybody. You articulate them extremely well. Yet you're choosing a different way to deal with the problem. And I think it's extraordinary. So I admire you for that. What would you call people to do right now? If I want to become Health Freedom for Humanity, I want to join that organization, do I just go to: healthfreedomforhumanity.org?

Alec Zeck: Yeah, you can reach out to us at: healthfreedomforhumanity.org or find us on Telegram. And then we have these other sub chats and sub chapters that we have set up primarily using Telegram and other social media means right now to at least get you in, plugged in with one of our chapters that exist. Or to have you start another chapter in another state. And we have them popping up all over the country right now and a few international chapters, as well, and more sprouting up here soon. So I would call individuals right now to shift their individual perception. And this is me talking, not Health Freedom for Humanity talking. But to shift your perception to the understanding that right now, by virtue of existing, you are free. And that shift in perception is so unbelievably important.

Alec Zeck: There is no petitioning our government to recognize that we are free. There is no pleading with them to recognize we are free. By virtue of existing, you are free right now. So stand as that freedom right now, outside of any of those labels that we self-identify with: Republican, Democrat, anti-this, pro-that. You are a human being and you are free. And empower others to reconnect with their own observations, experiences, and intuition, and empower them to understand that right now, they are free as well. There's no attacking other people, calling them sheep. That is never going to lead us out of this mess. We have to approach people with love and empower them to trust themselves and reconnect with themselves, and find the freedom that is within them inherent to their being by virtue of existing.

Dr. Patrick Gentempo: Well, I think hard to say more after that. I think eloquent statement. I, again, applaud your efforts and participation in what's going on in this world in a way that you see fit and giving. Opening up the space for people to enter without having to feel like they're becoming a part of a conflict against something, but want to share a community with people who are for something. So really, really well done. And thank you so much for taking the time to share what you're doing with us here.

Alec Zeck: Thank you so much for having me.

Dr. Patrick Gentempo: That completes my interview with Alec Zeck. As you can see, activism is alive and well. And it's important that we engage, that we don't sit idly by and watch what's going. But take an active role in preserving our liberties and freedoms in this world.

Episode Four

Dr. Zach Bush: This new transition from war among peoples to war against invisible enemies... so we went from the war on terror to the war on viruses. When you have an economic system that relies on disease as its own driver, you come into this destructive cycle for that society. And if you look past the US boundaries and you realize, wow, that US dollar actually is the foundation for most macroeconomic systems around the world... and it justifies extreme measures, right? Well, if the empire fails, it's going to affect millions of households and poverty and war and instability, and so we justify more and more extreme measures towards the ends of empire.

Dr. Bryan Ardis: What he stated was is there's only one drug you're going to be treating in hospitals across the nation, only one, and that's called remdesivir. This is an experimental antiviral drug, which meant it wasn't FDA approved ever, which was the first problem. Then he stated there were two studies, one against the Ebola virus from 2018 and '19 that proved its safe and effective against the Ebola virus, and because of that study, it warrants its use in this new virus called SARS-COVID-2 virus. They found that remdesivir killed 54% of all people they gave it to within 28 days.

Dr. Patrick Gentempo: Hello, and welcome to episode four of COVID Revealed. Wow, we're getting a lot of comments. Certainly, we're getting a lot of heat from people who don't like the fact that we're putting this information out into the world, but we're also getting a lot of encouragement, a lot of people who are cheering us on, a lot of people who are thanking us for taking a stand here and having the courage to put this docuseries out. But I have to tell you, the real courageous individuals are the ones who said yes to sit down and have these interviews, who are putting their careers on the line as they're being attacked for speaking up and telling the truth.

Dr. Patrick Gentempo: By now, if you've been watching, I know you know the importance of this content and of this information, and I want to encourage you to own it. We have multiple packages available where you can invest in COVID Revealed, get not only all the information that we're releasing here in the documentary series but also the bonuses. And also know that when you invest in COVID Revealed, you're supporting our work. You're encouraging us and causing us to keep going and doing what we're doing. We have a lot lined up for you here in episode four, so let's not delay any longer and jump right in.

Dr. Zach Bush

Dr. Patrick Gentempo: Dr. Zach Bush is not only a dear personal friend of mine, but he's a triple board-certified MD and an extraordinary thinker. Most people, when they listen to Dr. Zach Bush, they say that he is transcendent in the way that he can speak to things. COVID is a very polarizing issue. When people get into this topic, you can start it to see the polarization rise, but somehow, Zach can speak to this in a very powerful way but make you transcendent as compared to polarized in the way that he presents it. He is unique. He's a great soul, a great spirit, and I'm excited to share him with you here right now. Dr. Zach Bush, thanks so much for coming to the studio and sitting for this interview.

Dr. Zach Bush: Quite a thrill to be with you.

Dr. Patrick Gentempo: Well, you're the man of context. I mean, I know that many people who are searching for meaning and trying to understand things are saying, what does Dr. Bush have to say about this? Because there's a lot of stuff flying right now, and context, I think, is needed it. But before we maybe get into that part of the conversation, let's talk about your background. So maybe give us the trajectory academically, kind of school and how you ended up doing what you're doing today.

Dr. Zach Bush: Yeah, my intellectual pursuits in my teen years were really focused around construction and engineering, and I was really passionate about building things and passionate about innovating in the three-dimensional space. And that kind of captured my imagination. I was imagining robotics as a field of interest for myself and all of this. And then through a dramatic moment of heartbreak of my first girlfriend, I was so dramatic at 18 that I felt like I needed to year off before entering my engineering program. And at that moment, I was exposed to something radical, which was human life, and I went to the Philippines and was birthing babies with a group of international midwives.

Dr. Zach Bush: And it was such a departure from my entire human experience up until that moment that it just disrupted everything and disrupted my sense of self, disrupted my sense of who we are, why we're here, what is the trajectory of humanity, because up until that moment, I thought we were in control. I thought we were building the future. I thought that our technologies and innovations were going to create this future that we would all want, and in that moment, I really recognized that nature has an intelligence within her that we have never even approached in our human innovation space. And we are seeing through the glass darkly, as scripture says, at our full potential. It's like that Plato cave that we talked about earlier too. We see the shadow puppets of humanity on the wall, and we think that's our reality.

Dr. Zach Bush: And in watching a child emerge from the womb of an impoverished woman in the squats of the Philippines, you can see the brokenness of human systems. You could see the corruption of systems that would lead to this level of poverty,

this level of vulnerability, and a woman who's abused sexually and then becomes pregnant and then is giving birth without any family support, and it's her sixth baby. And just the layers of tragedy that were layered in here were contrasted with the of life emerging, and the tenacity for life that these babies were demonstrating blew my mind as a teen. I couldn't even fathom, where's this drive for life coming? Why would a child born in these circumstances have this light within them, this light shining through their eyes that said, I'm here on purpose? I chose this path. why would you choose that path? What is the deeper wisdom to these souls that would pick this journey?

Dr. Zach Bush: So that was the beginning of my deconstruction of where I thought I was heading, and I really couldn't get out of the medical field after that. I was just like, there's a magic here in this interface between the human experience and life, and then ultimately went through the journey of thinking ICU medicine and the control to getting into endocrinology and metabolism to kind of find the respect for the cycles of life... what are the systems of communication in the body that coordinate this symphony of life within us... to ultimately my specialty in hospice and palliative care in recognizing that this most miraculous thing that I had witnessed through, at that point, 17 years in academic training in medicine was this thing that we called death.

Dr. Zach Bush: And I realized early on in my ICU years that I was watching something that was not an end point, and that was a rebirth happening in these ICUs and in the hospice rooms. And then that, I think that it closes the gate of my trajectory. I thought I was inventing something through innovation and building to this humility setting in to realize there's a generative factor in nature that's always increasing its intelligence and complexity with every iteration. And I want to be a part of that.

Dr. Patrick Gentempo: So you've spent time in the university setting, I guess, in academic medicine and also private practice. You still practice now, I think. Correct?

Dr. Zach Bush: Mm-hmm

Dr. Patrick Gentempo: And now we find ourselves in this kind of bizarre world of COVID and a response to it. So for context, just start with the big picture. How do you see what's going on right now? What's your view on it?

Dr. Zach Bush: The big picture for medicine is that it's been co-opted by a system of macroeconomics. And so if we look at the US GDP as an example, it's something around $17 trillion a year, something like that. And if you think of, what are the biggest sections of that GDP of expenses, where we put that money, most of us will default to the thought, well, probably our defense budget is the biggest thing, amount of money we pour in our military, largest military in human history. That's about $680 billion a year. The healthcare system is approaching $4 trillion a year, so your 5X, 6X our entire military budget going into this thing that we call healthcare.

Dr. Zach Bush: And so what you're watching is now an increasingly leveraged economy in the United States that's becoming more and more unstable for the amount of debt that we generate, relying more and more heavily on the largest economic driver that we have, which is disease management. And so when you have an economic system that relies on disease as its own driver, you come into this destructive cycle for that society. And if you look past the US boundaries and you realize, wow, that US dollar actually is the foundation for most macroeconomic systems around the world, you start to realize that there's a lot of aligned sense of need and desperate effort to prop up this system. And we need larger and larger scale health crises to justify increasing expenditure in this largest driver.

Dr. Zach Bush: If war is not big enough to stabilize the budget, which we've really proven, the whole push through the 1990s, and then the 2000s with all these wars that we started, we were starting to justify large amounts of quantitative easing. It wasn't called that at the time, but we were starting to print money to go to war. But the numbers that we could justify through war were too small.

Dr. Zach Bush: And so then we see the big economic crisis of 2008 that then really culminated in 2011, 2012 to a very insecure moment. And the public was kind of blinded from just how vulnerable the US had become suddenly, and it justified $250 billion of quantitative easing. And it seemed like a huge number, but then you look at what we've figured out since then. If we could demonstrate a health crisis that affected every person on the planet, we could justify many X the number that we had justified in war. And so this new transition from war on among peoples to war against invisible enemies... so we went from the war on terror to the war on viruses. And so that transition allowed now for $4 trillion of quantitative easing in the last year.

Dr. Zach Bush: And so it is impossible now, because it's the largest economic driver, for the entire global economy to dissect out something that is reported as a biologic health event and the macroeconomic consequences or opportunities that that provides. And so I think it's very important for us to always understand if we hear a scientific argument or a public health argument, it needs to be understood in the context of the bias of the need for economic driver in this space.

Dr. Patrick Gentempo: That's actually fascinating as far as drawing the parallels, looking at how war has been used to justify industrial military complex. And now much bigger economy, as you cited, is what's called healthcare, but it's called sick care disease management. And do you think from what you're observing that this is sort of a conscious or volitional thing by groups of people who have power and persuasion to say, this is what we need to do? It's a new enemy, as you described. It's a virus. Do you think that there's intention behind it? Or how do you see it?

Dr. Zach Bush: There's always intention behind war. There's been intention behind war since the origin of humanity, and if we look through our history, we repeat it

constantly. So you don't have to look very far back to see the patterns in which empire becomes an opportunity so that you have opportunists that rush to create empire. And then as empires grow, they become inherently unstable for a lack of supply chain, right? So this is very much a cancer. A cancer that grows in the human body at the beginning is absolutely no threat to the larger system. It's just a 0.0001% of the human body. It's one cell out of 70 trillion that becomes aberrant and disconnected from the greater organism and starts to grow.

Dr. Zach Bush: At some point, it starts to outstrip its resources, and it needs to metastasize. And it needs to spread to bring more resources into the parent mother tumor here. And so the metastases have ways of building lymphs and lymphatics and blood flow and nervous system supply back to that tumor to bring new resources in. And that's exactly what we do with empire. And so it's always volitional to build empire. It's always volitional to grow empire.

Dr. Zach Bush: And then there becomes this big instability phase where the empire's about to fail, and it justifies extreme measures, right? Well, if the empire fails, look, it's going to affect millions of households and poverty and war and instability, and so we justify more and more extreme measures towards the ends of empire. And we're at a unique one now. If we look through human history, we're really at the end of a 50,000-year arc here, and we have peoples that we can go and sit down with right now in the rainforest. I was just with a group, the Achuar tribe down there. And you can go to Australia and sit with our Aboriginal brothers and listen to their story, and you can hear 40,000 years of oral tradition played out that really record that 50,000-year arc. And that arc is coming to an end.

Dr. Zach Bush: And so it's not just an American empire that's become fragile. It's a human empire that's become cancerous and is now metastasized across the world. It's outstripped its own supply chains. It has sucked as much resources out as possible to support its current identity or function, which is extractive and destructive. We are at the end of this, and so we have this moment where we're going to see more and more extreme volitional measures to stabilize this system. So is this pandemic volitional? Was it planned? It absolutely had to be, and not down to like, we need to start this virus. It's more, we need a problem big enough to solve to unify the world around.

Dr. Zach Bush: And we did that pretty effectively with the war on terror. We were able to create a narrative around 9/11 that didn't really fit what happened at 9/11, but we were able to leverage that moment and say, we're going to create this narrative that would unify the Western world. We found that to stabilize us for another decade, 15 years, but by 2011, 2012, we're starting to see this extreme in fragility of the international thing that was going to require unification beyond the borders of the West. The G8 was no longer big enough to stabilize this, and so we've started making these big shifts towards central banks and centralized monetary policy that's going to stabilize things when the US dollar fails or as it starts to go into kind of exponential rates of inflation or whatever's

going to come next. They're planning for that, and you can see SDR and all these things that have been around for decades suddenly being turned into monetary mechanisms or monetary avenues.

Dr. Zach Bush: And so we are volitionally preparing for the collapse of a 50,000-year epoch. And I think there's people sitting around rooms, military rooms, macrofinance rooms who are probably well-intentioned in a large part of their awareness that saying the common person can't possibly understand the complexity of this house of cards, and we need to do extreme measures to buoy this thing up and support it. And we're going to justify any measures because we can see what would happen with this collapse. But what tends to happen in these moments of damage control and all of this is we start to see fewer and fewer people making those decisions and fewer and few people commanding the wealth. We doubled the wealth of billionaires over the last 16 months.

Dr. Patrick Gentempo: Let that sink in.

Dr. Zach Bush: Let that sink in. We doubled the wealth of billionaires over the last 16 months and plunged more than 150 million new households into poverty, and this is indicative and common of the collapse of empire. And so when you step back and ask, what about the pandemic? What is coronavirus trying to teach us? What is it showing us? We picked that as the enemy, whether we manufactured that in a government lab or we manufactured it through the existential stress that we put on the microorganisms of the planet, through our industrial chemical complex, our industrial military complex, our industrial medical complex.

Dr. Zach Bush: All of these are putting extinction-level stress on biology on the planet, and the product of that is more and more viral transmutation because the life is trying to find its way out of this extinction event. So it's creating more and more adaptation capacity, which is exactly what the virome does. And so as we see the virome rise in scale and diversity and it becomes this existential threat to us, we've mistaken the escape route for the enemy, and when we make the virome our enemy, we are destroying our path out. And we are guaranteeing our extinction through this reductionist belief that humanity is separate from nature. And that's stunning to look up Oxford's definition of nature to find out that it says it's all living things, organisms, plants, animals, as opposed to humans.

Dr. Patrick Gentempo: Whoa, separating us from nature.

Dr. Zach Bush: Putting us in opposition to it.

Dr. Patrick Gentempo: Which is the fundamental contradiction that leads us to where we are.

Dr. Zach Bush: And so here we are. We have put ourselves into the opposition with our very foundation of life, and we have justified it by needing to stabilize human

systems that we created out of our sense of scarcity. So it was the scarcity mentality that erupted when we separated ourselves from nature that has necessitated more and more aggressive opposition to that very nature.

Dr. Patrick Gentempo: So has there been, as you're describing this... and context is really... or maybe even perspective more so, because some people have a 10-year perspective, a two-year perspective. Or we can go back and say, oh, we have a hundred-year perspective, but then you're kind of backing up to a 50,000-year perspective. And you spot things as far as behaviors and patterns that say we're at the end of a cycle, and this is where we're at. And it's a pretty disturbing place if you happen to be living at this time in history. But has there been... I mean, what I'm seeing and maybe what's inferred in what you've just been saying, especially because you started, interesting enough, with the macroeconomic view as compared to, well, here's the view of the disease. Here's the view of healthcare. Let's look at the macroeconomics first.

Dr. Patrick Gentempo: And there seems to be this sort of insidious enslavement of humans through spending, through debt, in almost an unbridled way, which has created this predicament that you just laid out and described very clearly, the predicament of saying, wow, we need an enemy to be able to unify because we're close to collapse due to the irresponsible behaviors. And if we're going to spend trillions of dollars and we have all this debt already, we need to somehow enslave people to pay that debt or to at least support that debt, which it looks like... I mean, how sustainable can it be? It might be game over.

Dr. Zach Bush: It's certainly not sustainable, and we've known that for a long time. I think that it's been a shuffling of the deck chairs. Which Empire's going to rise? Which one will fall? One of my favorite maps that I recently purchased and put on my wall at my office is a histogram of power over the last 4,000 years. And in a color diagram, it demonstrates through the breadth or the narrowing of these color bands the rise and falls of empires. And interestingly, if you look at the very bottom of the chart where we are currently, it's the first time in history there's been so many stripes. There are so many colors. And so on one level, it can look like, oh my gosh, this is the first time we haven't relied on a Byzantine empire, a Roman empire, a Greek empire to stabilize the growth of human ingenuity and technology and all of that. We've relied on these single economies of scale to push us forward in our technologic and political and sociopolitical belief systems and experiments that we do.

Dr. Zach Bush: And now we step back and we say, wow, look at how even it's spread. Wow, the United Nations must work really well because it's all spread. But then when you look deeper into the macroeconomics and recognize, wow, what have we seen in these last few years? We see Brexit. We see the British kind of regime withdrawing from the EU. And the timing of that, just moments before we see this new existential threat of a pandemic and this whole reorganization of wealth on the planet... The whole reorganization of wealth reorganizes those bands at the bottom of the 4,000-year chart into a breadth that is equivalent to the Roman empire at peak.

Dr. Patrick Gentempo: Wow.

Dr. Zach Bush: And that breadth is when you add Australia, the United States, Canada, the UK, and then all of its kind of subsidiary nation states that are beholden to those currencies as their main macroeconomics. And if you out all those bands up, you realize, wow, with this recent step, the British empire, in an amazing way, has now stepped in behind all these governments to create these mandates. And what we see happening in Australia right now is an extension of the UK. What we see in Canada right now is an extension of the crown, and we forget that these countries are still beholden to this single political system of the crown. In America, we forget this at least.

Dr. Zach Bush: And when I walked in doing business in Ottawa, Canada, a few years back and I walked into Canadian Health, the Canada Health, which is like the big, unified, nation-state level dictation of what happens in human health, there's a floor-to-ceiling portrait of the queen. And I was like, where am I? And it was a startling moment, and I was wanted to call up all my friends in the US and be like, the British are coming. They're just north of our border. We forgot the British are here. This funny sense of, oh my god, I forgot that macropolitics and macroeconomics are still in this colonialism of the British that has been brewing in their power since the 1600s, 1700s.

Dr. Zach Bush: And you start to look at this current situation as we needed something this big to stabilize an empire of wealth behind the instability of this now fractured, maybe decentralized power system that has developed over the last hundred years. And so it's time for either the rise of another Roman empire to conquest and enslave more of us so that it can extract more, stabilize more, push us forward, justify the enslavement of wealth and all that to enrich fewer people, all of that. Or we let this system blow apart, and this is the end of the 50,000-year cycle question, is we can see what would've happened at any other part of history. And we can see the power grabs happening right now to try to recreate an empire that's multinational and backed by global central banks and controlled by... You're down to a couple hundred people globally controlling the entire money supply for the world.

Dr. Zach Bush: When that starts to get that narrow, it's pretty obvious we're going to rebirth a big empire, and we're going to have to call it what it is soon because right now, we have all these false names for it like the United States and Canada and Australia. We have this misperception of division. We have this misperception of uniqueness to us when in fact we're falling into the same pattern of humanity, which is let's collect as much wealth as possible to try to control and have dominion over, ultimately, nature. And so this is where a pandemic becomes obvious as it's in our iron grip to try to hold onto nature that she rejects us completely, and we start to see this collapse of human physiology.

Dr. Zach Bush: The concept of the human immune system is antiquated. There is no human immune system. The immune system has never sterilized. The human bloodstream has never maintained military boundaries at our borders to keep

us sterile. The immune system is a description of a complex ecosystem that is working in biologic biodiversity that dwarfs the human cell identity to maintain balance in an ecosystem. That's what immunity is. Are you in balance with your greater ecosystem? If so, you will never see disease. If you become separate from that ecosystem and you start to believe that you're going to micromanage this thing that we call human immunity and you're going to take more garlic and turmeric than anybody else and you're going to biohack your way to immunity, it can't happen. It doesn't happen in isolation. There is no such thing as human immunity. There's only the immune system's capacity for tuning the symphony of life within you.

Dr. Zach Bush: That's 30 years of science, and it's not making it into the current public narrative around this pandemic at all, right? And this is reinforcing instead this fear factor of, oh my god, we need to kill everything around us. And so it's so amazing for me to watch United and Delta and Southwest put their emblem next to Clorox now. And so they're bragging that we use Clorox to sterilize this plane before you walk in. And I'm thinking, oh my god, I am walking into an ICU chamber, and the only organisms living in that plane right now are highly drug-resistant, highly bleach-resistant organisms that I'm about to breathe. That is a highly imbalanced immune system for that ecosystem that we would call an airplane or an ecosystem that we would call a restaurant or grocery store or place of work that we've all turned these all into chemical warfare now. And so we've taken this narrative of a pandemic that resulted from our separation for nature to justify further, more extreme measures of chemical warfare against her.

Dr. Patrick Gentempo: Well, when you and I and my wife, Laurie, we get together, we spend a lot of time talking about philosophy because philosophical context is highly critical to be able to interpret what's going on and to make rational decisions about how to proceed. And we look at our germ theory and the philosophy that supports it, and it's obviously high flawed. And so I want to talk in a minute about the virome and maybe the context that you're describing, the terrain, the balance, the harmony, et cetera, as compared to go and hide in your basements until we have this magic juice that we're going to inject into you to make it safe to go out again and how tragically flawed that thought is at all.

Dr. Patrick Gentempo: But here's another thing that, I think, based on what you're saying. We're looking at a moment in time since COVID, let's say, started, and then we find villains, Anthony Fauci, what he's doing and what he's driving. And certainly, there's a lot of speculation about his motives and a lot of dispersions that are cast and maybe properly so. But it almost presumes that, well, if it wasn't for an Anthony Fauci, things would be normal and fine right now, if I'm interpreting what you're saying correctly, saying these people become necessary players in this epoch right now. But the circumstances are well beyond those individuals. They just sort of arise, and we think that they're the cause as compared to,it's almost like germs.

Dr. Patrick Gentempo: There's the virus. That's the problem, we have to attack him in order to get back to a healthy and sane world. But if I'm interpreting what you're saying correctly,

we're still misguided in the way that we're looking at this. Yes, there might be villains, but the way that we point at these villains, we have to look at the bigger picture and say it's inevitable that these people are going to have to come up and play the roles that they're playing. Am I making sense in interpreting what you're saying?

Dr. Zach Bush: You're exactly right. And when we think of germ theory and socio-politics, they behave the same way in our current narrative, because we are reductionist about our belief of both. And we have this constant misperception of separateness. And so we look at an Anthony Fauci and we either cling to him for hope, or we reject him completely and demonize him. And both are related to the same thing, as we think we are separate from the rest of humanity or nature. And so in our separateness, we look for these differentiators and we're like, "Oh, I'm different from him because he believes that and I believe this," not realizing we are the two sides of the same coin.

Dr. Zach Bush: We are inherently strengthening this misguided global narrative. This big macroeconomic, sociopolitical, humans, existential spiritual identity that we've taken on, is all being reinforced by whether your pro-vaxx, anti-vaxx, pro-Fauci, anti-Fauci, love the NIH, trust the CDC, don't trust the CDC, trust the G8, don't trust G8, put all your hope in ESG. Whatever it is, as soon as you think that you're in a camp somewhere, you're living an illusion. We are all in a collective thought pool here.

Dr. Zach Bush: And my thought is no different or unique or special than anybody else's thought. We are all part of this ecosystem experience of human consciousness. And consciousness is not a body of science. Consciousness is not a body of knowledge or wisdom. Consciousness is a lens through which we see the truth. And so, if we can imagine the entire universe and its fabric structure and its incredibly coherent nature, there is no falsehood in nature. There is no waste in nature. There is no area that is not on purpose. It is full-on consciousness, and what we might call human consciousness is the lens through which we can peer at that. And when you just have a pinpoint, and our consciousness is small, we can easily misinterpret the whole for these tiny little pieces that we can focus on at any given moment. And then we have the tendency to create a human narrative around the little truth that we're seeing.

Dr. Zach Bush: So is there a coronavirus? Yes. And through a tiny little pinhole of consciousness that says we are against viruses, we will create a narrative around how this coronavirus has emerged, how it's attacking people, who's vulnerable, who's not, what it's going to do to us in the future, all these things. If we start to blow that consciousness open, which is just expand the lens and just pay attention to the greater system from which coronavirus is a part of, we start to realize our narrative isn't holding up. And an example of this is just how many viruses are in my bloodstream as I'm sitting here talking to you. All right? So in the air that I breathe, we're around 10 to the 31 viruses. That's 10 million times more than our stars in the entire universe.

Dr. Patrick Gentempo: Wow.

Dr. Zach Bush: The viruses I'm breathing. 10 to the 31 different viruses. It's not like 10 to the 31 copies of the same virus, different viruses in the same strain. We've got 10 to the 30 viruses in the soil under my feet. We have 10 to the 31 viruses in the ocean water. And so we are literally in a universe of genetic information that is referred to now as the virome. And the virome is not the same as the microbiome. The microbiome are living organisms that are reproducing and they need to eat fuel and turn that into a metabolic function and create detox pathways and all the things that a bacteria or a human will do in its form of life. The virome has no life within it. There is not a single metabolic pathway. There's not a single consumption of fuel. There's no capacity for reproduction. The virome is simply the genetic database of life on earth. And it is-

Dr. Patrick Gentempo: Would you explain that a little bit more? Genetic database of life on earth, what do you mean by that?

Dr. Zach Bush: So as I sit here, each of my cells is creating genetic information that will be translated from my DNA into this RNA structure that then goes into my cytoplasm, my cell, and becomes a protein. And that protein will then go build a human body, some 400,000 different proteins in the human body. And so there's scaffolding proteins, and there's enzymes, and there's all these pathways of metabolism and detoxification and regenerative capacity stem cells, all this stuff happening at the cellular level. But every time I go and translate one of those genetic sequences, I also am translating the on/off switches for the genes and the decision making tools, or just decision making communication around that gene. And I exude those out of my body.

Dr. Zach Bush: And so I am exuding genetic information out of my body right now that's telling everything around me. What are the genes that I'm turning on right now? And that's important to you because I might be seeing a threat in my body that hasn't reached you yet. And I can prepare you for that threat by sending out signals. And I can do that from organ system to organ system. My gut sees a new toxin hitting it, and it can send a signal immediately to the liver, say, "This is happening. I'm having to translate these genes right now, prepare for this, up-regulate this so that as soon as that toxin hits, you can clear that. Better increase the tight junctions in the blood brain barrier so that this toxin doesn't damage the brain and the peripheral nervous system. Better inform the kidneys quickly so that it up-regulates translocation of toxin out of the system and detoxes."

Dr. Zach Bush: So we have this coordinated genomic information stream that's at kind of the organism to organism level. But if we back up to ask the deeper question of, well, how did the complexity of the human genome occur the first place? It was through genetic swapping of not RNA, but DNA, and genes were being swapped at the beginning of life on earth four billion years ago, by something called horizontal gene transfer, where a single bacteria could bump into another and

immediately give any new gene variant that it had come up with to it's neighbors. And it's very sharing, and it's very interesting.

Dr. Zach Bush: And you contrast this to intellectual property, where we have this idea of, I just thought of this thing and I'm going to hold onto it so hard that I can make sure I make the money from this, and I'm going to scale this thing globally, and I'm going to create all of this wealth around it. In contrast, as soon as new intellectual property at the genetic level is discovered by a bacteria, it's immediate sense I need to share this with everybody. I need to strengthen the entire ecosystem around me for my own good because the stronger this ecosystem is the more nutrients I'm going to have available to me, the more durability I'm going to have, the more flexibility I'm going to gain because I'm going to get genetic information back, too.

Dr. Zach Bush: And so nature has this constant sharing quality to it that's phenomenal, but there was a limitation to horizontal gene transfers. You could only share with the people right in your environment, bumping into you. The viruses were created as the next kind of iteration of potential of life on earth because it allowed us to go multidimensional with our communication.

Dr. Zach Bush: Now, a bacteria, floating in a pool in South Africa could put a gene into this envelope that had durable qualities that could be aerosolized and be picked up by dust particles and carbon particulate in the atmosphere and literally carried globally. And not only would it be carried globally, it had new receptors around it that would allow it to bond to species beyond itself. And so we could start to go way beyond a bacteria swapping with another pseudomonas to pseudomonas to suddenly saying pseudomonas could go to protozoa. Protozoa could go to nematode, nematode could go and inform the earthworm, and so you get this swapping of genetic information. And it's always for gain of function. People have been demonizing gain of function labs, and it's kind of hilarious that humans are trying to figure out gain of function, because it's been going on for 4 billion years.

Dr. Patrick Gentempo: Right.

Dr. Zach Bush: Through the virome. Viruses are all gain of function. Organisms all over the world are always sending out new information of try this new genetic sequence, try this new genetic sequence.

Dr. Patrick Gentempo: But human beings shouldn't be trying to mess with that process. We should let nature do it? Or do you think humans increase in gain of function labs?

Dr. Zach Bush: I think studying it is fascinating. And I think that what's lacking is humility.

Dr. Patrick Gentempo: Yes.

Dr. Zach Bush: We need to, instead of saying, "Oh my gosh, I have this new mechanism for gene manipulation called CRISPR.

Dr. Patrick Gentempo: Yeah.

Dr. Zach Bush: CRISPR is based on the enzyme called CAS nine, which is our entire immune interaction point with the virome. So of the 10 to the 31 viruses in the air, I currently have 10 to the 15 in my blood stream. 10 to the 15 viruses in my bloodstream are staying in constant collaborative function with my genome because of CAS nine, sitting at the center of it. CAS nine is an enzyme that reads every new sequence of viral genomic information coming in from the environment in every single cell. CAS nine's proofread and saying, "Do I want, want this? Or do I not?" If not, then it has all these mechanisms to pass that to these enzymes that clip it up.

Dr. Zach Bush: And so these are enzymes that are maintaining kind of a disposal and then suddenly CAS nine sees, "Oh, here's a gene update that's really going to be helpful to the resilience of this organism. I'm going to go and translate this. And not only am I going to translate it to a protein ultimately, I'm also going to take this and potentially send it back down into the nucleus to be integrated into human DNA and update this individual with the ability to pass that DNA on with the next lung cell that's born. And you can create a new genetic update to that organism.

Dr. Zach Bush: And after a few generations of these genes being put into something like lung tissue, it eventually makes its way down into the genes that get passed in our reproduction. And so it takes three generations typically to do this translocation of a new gene in my lung becomes a new gene that I would pass on to the lung of my offspring.

Dr. Zach Bush: And so most of our genetic updating is happening epigenetically and in this organism limited to me, but after a few generations, if that's a coherent and consistent message that this is a good gene for my lungs, I'm going to start passing that on to my progeny. And frighteningly, this can go the wrong way. Whereas we start to genetically engineer our food system as we did in 1990s and start to expose people to toxins that disrupt their genome like DTT back in the 1950s, we can track the genetic consequences of that. And what we're going to find out is that in about 2040s, 2030s, somewhere in that zone, the generations of children that are coming out of the genetic engineering from DDT to your Roundup ready crops is going to start putting the gene mutations that they have developed that are dysfunctional due to the toxicity of our environment, into their sperm and into their ovum, into that germline nucleus.

Dr. Zach Bush: And suddenly we are going to see a species that has destroyed itself by genetically engineering out its relationship to nature. And so this is the frightening thing about humans doing gain of function, is we think of it as in a reductionist pathway where we want to stop other things and we want to only support human information. And in that isolationism, we're going to find our

own extinction. And so there's huge risk here, massive existential stress to the system, as well as to our philosophical belief of who are we, why are we here, and how are we going to go? But I still have this intrinsic hope within me that we are so limited in our understanding of the way in which nature does this whole genetic engineering, gain of function, quality of the virome and its greater purpose that we don't even know our regenerative potential.

Dr. Zach Bush: And so if for a moment we stop and say, "You know what? We're not going to genetically engineer to block spike protein viruses." We're going to come to the humble realization that coronavirus has been in the human experience for millennia and has been a part of our generative health. And we're going to start to embrace that and start to ask deeper questions of what health comes from exposure to a spike protein instead of what disease comes from a spike protein? We're going to start to ask that light-filled question of how did life happen? How did we emerge from it? And when we ask those questions from that perspective, we find out that viruses have been critical to the origin of our species to mammals in general. Over half of the genome of mammals was inserted directly by viruses.

Dr. Patrick Gentempo: Wow.

Dr. Zach Bush: The human only has 20,000 genes, and half, over half have been inserted directly by viruses. And the rest have been horizontal gene transfer and lots of other reproductive pathways of passing on genetic information, but half were inserted by viruses. And if you look at the genes and the proteins that they make that were inserted by those viruses, they allowed for us to switch from eggs of the reptile and the avian kingdoms into the mammals for live birth. You cannot have a placenta without a retrovirus that updated us with a new gene that would allow for a placenta to form. We would not have the ability for the human sperm to appropriately inseminate an egg by dropping its mitochondrial DNA before inserting its nuclear DNA but for a viral update that allowed for that sperm to understand how to dump its mitochondrial genome before inserting nuclear DNA. So these are incredibly specific jumps that happened that allowed for us to go from birth through eggs, to live birth. We couldn't have done it without the viruses.

Dr. Zach Bush: And so now that we get to ask these questions of, if the virome is not against us, and it was actually the foundation for by which adaptation and bio diversification of the planet occurred, what does it mean to put ourselves in conflict with it? What does it mean to put ourselves in opposition to the Virome? We are now in conflict with adaptation and biodiversity, which we now know is really the fabric of all of human health. We now know through gut health and genomics and all of the tissues in our bodies that a healthy body is teaming with an organic garden. And so this fear mongering, reductionist approach of there's humans and there's everything else, is putting us in opposition to life within us. And for every step we take away from biodiversity, through chemical exposure, antibiotics, the herbicides, pesticides was a primary source of antibiotic kind of chemicals in our environment.

Dr. Zach Bush: We are sterilizing the human experience, and in our isolation we have to live out the second law of thermodynamics, which is pretty profound. And it's never been proved wrong in any system. And what the second law of thermodynamic says is, "Any system in isolation increases its entropy, chaos."

Dr. Zach Bush: And so what you see happening in the sociopolitical environment and the polarization of human minds and thoughts and tearing apart of families, because you're pro-vaxx or are you vaxxed or not is tearing apart businesses and economic models all over the world. That chaos that you see is the necessary and immediate reaction of physics to the message from our public health officials to isolate. Everybody, go home, stay away from each other. Everybody kill everything around you make sure you're sterilizing your environment, isolate the human experience. Humanity will have to express a higher level of chaos for that isolationism.

Dr. Zach Bush: And in that isolationism, we will destroy ourselves as any cancer will destroy its greater organism and end up dying in its effort for conquest and sequestration of appearance of limited resources. And so this is the cancer of humanity. And yet we have this miracle happen all the time in hospice, which is we have to discharge hospice patients 10% of the time. One in every 10 patients that are admitted with less than six months to live. And the average in the United States is three weeks to live. If you get admitted to the hospital, you're going to be dead in three weeks on average. And yet 10%, six months later, nine months later, a year later, they've resolved their disease. They're coming out of this terminal state. They're rebirthing something completely different and they have to be discharged from hospice because they've chosen to live.

Dr. Zach Bush: So we're in our hospice moment. We are the metastatic cancer within our own system. And we could go through a miraculous healing if we will reintegrate into the nature that we've divided ourselves from.

Dr. Patrick Gentempo: So this becomes fascinating because there's multiple dimensions of this. There's the call it the, call it the biophysics of it, the idea of separation, sterilization, et cetera, which seems to be going enthusiastically in the wrong direction, if we want to really solve this problem. And it starts with a premise, right? The premise that viruses are bad, so you want to eradicate them. And that portrays what you described as kind of as an arrogance or hubris. Right? Well, I don't want these things around, they're a threat to me, and I'm going to eliminate them, not even understanding that you're populated with them on an ongoing basis and reliant on them for your own survival. So that's one aspect of it. Just saying from purely understanding environmental sciences, it's pretty extraordinary that really smart people take that view.

Dr. Patrick Gentempo: And that's the hubris of the arrogance that they show up with. We're very smart, we're very well educated, and we can just go for separating and isolating and sterilization and ride a storm out and think that we're going to save some lives as many lives as we can without consequences on the other side of that. But another part of it is the the psychodynamics. Right? And when you start to

think about are the implications of creating fear in a human population? I mean, widespread fear that is promulgated almost that people literally... I think that fear is important and necessary as a solution to a problem, which is incomprehensible to me. But nonetheless, that's what it looks like. And then separating humans from other humans, so what kind of an effect would that have on individuals and families and the fabric of humanity in general?

Dr. Patrick Gentempo: And then the economic stress, because we look at the spheres. You're saying, Hey, here's your healthcare, let's call it your medical autonomy or lack thereof. Then socially what's going to happen to you if you want to speak up and if you have a different point of view? Look at what's going to happen as far as you being censored. And then of course now, what's happened recently, you can't go to work if you don't get vaccinated. So we've seen that there's this compulsion aspect to this that we could have the narrow debates on vaccine. Good vaccine, bad vaccine, safe vaccine, not safe, and quite frankly from everything I've seen, it's bad, it's not safe and you know, et cetera, but should somebody want it, maybe they can have access to it, but should people be compelled to do something against their own conscience in the name of the greater good?

Dr. Patrick Gentempo: And from your view and the way that you just laid it out, you're not getting into those debates or arguments. You're basically taking a step back, looking at a wider context, saying, "This was inevitable based on where we are at this point in time that these behaviors would emerge." But let me ask this because you talked about the potential extinction of it, meaning we don't kind of get rational here. This could all go away. And in hospice you're saying 10% of the time somebody makes a choice and they're walking out. Are you seeing our odds at like 10% right now saying maybe there's a 10% chance that humanity can get its act together and take a step back and say, "Wow, how irrational we are being? And we can make a different choice and we can walk out of this situation. I mean, is that how you're seeing it?

Dr. Zach Bush: Yeah. I think if you break down the medical model of where are we at from a biologic standpoint and then understand it in the context of the macroeconomics of cancer. So, once a tumor takes over 99% of the resources for the body that it's in, the body's done.

Dr. Patrick Gentempo: Right.

Dr. Zach Bush: Your chance of survival 1% or less, right? Because 99% of the resources are being put into the cancer. And I would argue that that's exactly where we're at from a socioeconomic standpoint is we have 99% of the wealth being controlled by the 1% of humans. And so our extractive destructive economy is at its endpoint. You can't extract any more wealth out of the slavery that we've created through mortgages and through prison system and through the disease model. We've maximized extractions, so why is the fed printing $4 trillion? It's because there's no more to squeeze out of the lemon. It's empty. And so we're doing quantitative easing. We're creating money out of nothing because-

Dr. Patrick Gentempo: Which in essence, it's another thing they can say, they're saying there's nothing left to squeeze with the existing populous, so we're going to print the money and squeeze it out of the future populous which hasn't even been born yet. Right? I mean, that's kind of a little bit of the logic.

Dr. Zach Bush: Yeah. Or, what's typically seen with war, conquest, these things, is that for empire building, you have to empower the masses. You need to inspire them to create a bunch of stuff. And so they build infrastructure, and so you can look at Italy in the 1930s, which is in a huge, massive depression. You can look at Germany in a huge, massive depression coming out of World War I. And those two countries had these individuals rise. You've got Mousselini, you've got Hitler, and these individuals arise not because of who they were, but because the terrain demanded their presence.

Dr. Patrick Gentempo: Yes.

Dr. Zach Bush: The terrain of desperate human beings without a unifying philosophy of their own on how they were going to retain life and opportunity towards life were happy to hand off all of that power to an individual who had a vision that they could follow.

Dr. Zach Bush: And that's where we're we're at today, is we have a massive global depression unfolding, and some people are aware of it and some people are in complete denial, but there is a massive depression. The biggest poverty event in history is unfolding right in front of us. And there's going to be this tendency to raise a couple of individuals that come out with a vision and say, "We'll protect you." And if those individuals behave as they need to do, they're going to inspire the masses to go create a bunch more stuff. And so we'll mow down the Amazon and create more factory farms and we'll build bigger cities in China and we'll build new big cities in the north and Saudi Arabia, we'll control nature so that we can start to extract nutrients deeper from soil systems in the Antarctic or up in the Tundra that's been so far untouched. We're going to find more ways to extract and mobilize this.

Dr. Zach Bush: Once the extraction has reached its full potential, then they collapse the system to get all of that wealth from all the masses into the few hands. And so we are in one of those cycles now of collapse. So when you fight a war, you send out all this economic growth, and then in the decades or two after the war, you get to collapse the system through economic monetary policy such that there's depression, recession, and there's monetary instability, and then the whole populace go into debt. And then the biggest debtor becomes the federal government or whatever it is because they can start to leverage invisible wealth and build more and more wealth around them, extract more and more. And then they go into exponential inflation so that the debt shrinks. It's the only thing that can get debt to shrink when you don't have enough money to pay it off. You just go through inflation and suddenly the $90 trillion of debt becomes really payable because $5 trillion to buy a loaf of bread.

Dr. Zach Bush: So for five loafs of bread, you can pay off your national debt. So we're going through one of those cycles of we built great wealth through the economic expansion of the tech boom and the information technology environment and we did that globally. Now we collapse that whole thing and the few people become wealthy and that creates desperation in the public, and it helps us rise some other dictator to power and we give more power away so that they will stabilize the system. So these are the cycles we're in over and over again. And so are we going to go extinct? The answer is yes if we keep doing that. And what is the likelihood of avoiding extinction? Probably 1% or less if we keep in that behavior.

Dr. Zach Bush: But excitingly, this recent pandemic has shown a change of mindset in a very large percentage of the population, and so I get excited when the powers that be in any empire start to overstep their presumed power and they start to lose control of the narrative. And we've never seen in my lifetime a more extreme, desperate effort to control the narrative through widespread censorship and suppression of any sort of scientific debate around this. It's just, boom, pull their medical licenses, and close down their medical journals, strip their funding. Like anybody who steps out of the common narrative here is being crushed. And on one side you can say, "Oh my God, that's horrible, it means that we're at the end of all things." And the other side of you is like, "Yeah, but every time they do that, the narrative starts to fail because humans innately know what freedom feels like."

Dr. Zach Bush: And frankly, so does a bacteria. If you try to coerce a bacteria or kill it, it will immediately work to come around the threat. And nature has been brilliant in its ability to create 10,000 different pathways around that antibiotic that you're giving to kill that bacteria. And it will do that by sharing its genetic information with it neighbors while it dies. And then its neighbors will rebirth it. It's that resilient. It's that far reaching.

Dr. Patrick Gentempo: Right.

Dr. Zach Bush: You challenge me, I'm going to give everything I have out to nature so that it can return to me it again, in a new iteration of self. It's this ultimate empiric capacity for freedom that is being lived out by the microbiome, by the virome, and ultimately by every organism on the earth. Those organisms that are going extinct, one species every 20 minutes now, blinking out. In those last few minutes of life, they're passing all their genetic information out as new possibility and say, "Okay, as a triceratops, I may never walk this earth again, but I'm going to send out a new possibility. I am going to share in a co-creative imagination of birds. I am the fern dying at the moment of this great extinction 60 million years ago and I'm going to give up a new possibility by misspelling and creating new interpretations of my own genomics to imagine a flowering plant."

Dr. Zach Bush: And the ferns did that. We got to deciduous trees and we got the meadow flowers that inhabit these mountains around us in Park City. And it's just like, there's so much beauty because in its death throws, nature said, "We could do it

better." And the moment that extinction was happening, life was created more abundantly. The fabric of our makeup is that we are going to have to participate in that in the next iteration of life, whether it be humans changing our behavior and being discharged from hospice, or a new intelligent life on this earth. Imagine what replaces a butterfly. What's more beautiful than a blue morpho. Imagine what's more self-aware than humans. That will happen.

Dr. Zach Bush: It's coming on this planet. There's a higher intelligence going to unfold. And as a selfish being, I kind of want to see it. Got to see it. I want to be in it. I want to play in that sandbox.

Dr. Patrick Gentempo: Yeah.

Dr. Zach Bush: I want to be co-creating with mother nature. And I know we can do it right now. I know that through all of this existential threat and everything else, we could suddenly see our self-identity anew.

Dr. Patrick Gentempo: Do you think that's happening. In line with what you're just saying about the censorship and the narrative, et cetera, do you see a virtue saying, hey, it's forced the issue and it's going to create a rebellion that maybe becomes a Renaissance for humanity because they've overstepped, when I say they, these forces and these people who have overstepped with their arrogance thinking that they can control the masses, control the narrative and they miscalculated the quest for truth and freedom that lies in the souls of all humans. So, do you see if that's maybe the positive and necessary outcome that this COVID world possesses?

Dr. Zach Bush: Its almost inevitable, right. That in some parallel universe, this is going to work. And I really believe that if we can dream it, it's happening somewhere in the multiverse. Right? And we can dream this. We can see a civilization of humanity, reintegrate all of its thought processes, sociopolitical policies, all of its intellectual, intuitive innovations back into nature's template. We could become co-creators in it. It's beyond a dream. We actually know the mechanisms by which we would participate. I mentioned Cas9 earlier. This little enzyme, that is the entire database of decision making. Do you take on this viral DNA or do you reject it? The pair of scientists that discovered that, in 2015 Dr. Doudna she gave a Ted talk on her and her partner who discovered Cas9 and she said in 2016 in a Ted talk, "Cas9 is the equivalent of a vaccine card."

Dr. Patrick Gentempo: Yeah. I saw that.

Dr. Zach Bush: And so would she have been able to say that in 2020? No, but she won the Nobel prize in 2020 for discovering Cas9, but in an insidious way, the Nobel prize was given for Cas9 because it became the cornerstone of CRISPR genetic engineering, where we would go and tinker with things like RNA, vaccines or whatever we're going to call them. And so our very moment, this holy of Holies that we discovered and how do we actually stay in balance with a viral, we gave

the big award, we gave that big Nobel prize for showing how it could be co-opted and owned and manipulated by human interaction. And in so doing, we stole the power of the discovery, we back up. You asked if is this possible? And I say, yes, we can dream it and I can show you the mechanisms by which we will start to chart our co-creative capacity.

Dr. Zach Bush: When we start to learn that we can support Cas9 and its intelligence, and we could actually accelerate our input of genomic sequences in there to figure out how does humanity actually reverse the germline mutations that are now brewing in our sperm right now that are going to pass on germline mutations that will be the end of our species, 2030, 2050, somewhere in that zone. We start passing on germline mutations that are not escapable by our current understanding biology. Cas9 in understanding how it could be the interface to new genetic intelligence within humanity, we could solve for that. We could let nature solve for the crisis we've created. If we put Cas9 on an elevated hallowed ground of investigation to say, how can we help you Cas9, instead of how can we exploit you Cas9?

Dr. Zach Bush: And so the mechanisms by which we will dream that new reality by which we will create that new reality, are sitting right before us. We can genetically sequence every organ and we can see the message again and again. Biodiversity creates liver health, brain health, prostate health, every organ system is about biodiversity in the organic garden. Beautiful. How do we create birthing rooms that immediately introduce that child to the most diverse microbiome possible? Well, that birthing room is going to look a hell of a lot like an organic garden, and we're going to stop birthing in sterile, ICU-type buildings. We're going to start to... What would that schoolyard look like if that child needs maximum biodiversity and what will be the thoughts of that child when they have so much genetic information at their disposal at the fingertips of their neural system. They are sensing not human input, but viral input, not just viral input, but the input of the breadth of nature itself.

Dr. Zach Bush: What thought will that child have and what expanse can we expand that lens of consciousness too, so that it can see the scope of the beauty that we are born within on mother earth, sitting in this distant galaxy within the scale of the universe. We are sitting in an energetic moment in this great universe. It's been prophesy that we are one of the shocker centers in the universe. And if we choose to step up and expand that lens, open up the aperture to understand the truth of what it means to be given life in this galaxy on this planet, we will stabilize not just our planet, but the universe. And so that's an interesting prophecy. And maybe the more concrete one is that of the epoch war people who have been dreaming this moment in human history for 40,000 years and have predicted it down to really a decade in which this will happen starting in 2012, moving to 2022. Humanity's going to go through a transformation because it's going to open up its second wing.

Dr. Zach Bush: The bird of humanity has been flying in circles, doing the same thing over and over again in a downward spiral since it's origin because we only had the

masculine wing unfurled. Starting in 2012, we will unfurl the feminine wing. And for the first time in human history, epoch war people see us flying straight. And when the bird of humanity fly straight, we will leave behind the cycles of slavery, violence, conquest, ownership. And we will start a new epoch of 50,000 years. The bird flies straight into a future of co-creation, where it participates in adaptation and biodiversity. And it will dwarf any version of beauty that you and I can imagine in our minds right now. It will be so sentiently stimulating to be alive in a million years. In the next 50,000, we will see an explosion of life on earth. If we fly straight and we break the cycles of empire build and collapse, wealth accumulation and greed. When we break that cycles and fly straight, we will go.

Dr. Zach Bush: And so what does the feminine wing look like? What is that going to look like? It means we're going to move from this goal oriented masculine mind, kill the virus to a process oriented mindset. The feminine archetype is a process oriented mindset where it says, what process we will put in play in which humans are never in conflict with a virus? That's the journey we're now on. And so I'm excited to see that wing unfurl, and it will certainly look a lot like the elevation of women on this planet.

Dr. Zach Bush: We will elevate the feminine voice. We will elevate the feminine consciousness and that broader lens that's natural to the feminine, the ability to multitask and see ourselves in the context of nurture back and forth, receiving as much as we're giving, receiving instead of stealing and so this feminine archetype is going to have to emerge not from just the women on the planet, but for every man, woman and child. It's going to have the opportunity to embrace a balance between the process oriented and the goal oriented. And we could fly straight and create something that right now you and I can't imagine.

Dr. Patrick Gentempo: So, I think people know when they're hearing truth and if someone watching you right now and listening to this and saying, "Wow, I have a deep, innate sense that this is true." The question would come up, what role can I play in this? What you're saying is very empowering because it feels like tyrannical powers are taken over. We're being oppressed, all, which is true. And, I feel sort of helpless and I have fear and I got my family to protect, et cetera. But then we get to this context of saying, this is an inflection point that we just happen to be born into. And we can imagine now how this might create a great awakening, the second wing unfolds. And now we soar into a new future with potential and the vision that is exhilarating. Now, the question is, what role can I play in this though? Here I am in this. If somebody were to come to you anywhere that would say I heard this. I agree. What's my role? What would you say?

Dr. Zach Bush: I would say the first thing that we have to do is give up the male response to that question, which is I need to fix the problem. And so that mastermind is like, "Oh my God, how are we going to fix this? How can I help fix this?" And so that masculine mindset that is all of humanity right now needs to surrender. And we need to realize, oh my gosh, we are each ancient souls. We have a spirit within us that we could call a spirit or soul, or we're just energy. We have an energy

within us that has recycled in life, trillions of times in the epoch of universe collapsing and expanding, collapsing and expanding, how many times universe has done that. And so in this expansion of the universe that we're currently in, you showed up right now on purpose, not in your human mind, but in your deep, energetic soul, you showed up on purpose.

Dr. Zach Bush: And so the first thing we have to do is surrender to a deeper knowingness that we showed up on purpose. And we showed up with clear identity within that greater context of the universe life, whatever we want to call it. So we have a knowingness in us. And so what is your role in this tipping point of human history, you already know it. It needs to be unburied. And the beginning point that we could perhaps point to you right now in a poignant fashion given the pandemic, is you need to let go of your fear of death and you need to get into the exuberance of life, start to make strides towards being exuberant in your fact that you are alive, you are alive right now, mercy, that's beautiful. That is so miraculous that you showed up right now at the tipping point of all things, 200,000 years of human industry. You're here now on purpose.

Dr. Zach Bush: Silent the human mind, that masculine mind, that there're problems and bad guys and good guys. There's humanity, which is a terminal cancer. How do we remember the original math of life? How do we vibrate to life instead of fear of death. We chase fear of death in any position that you take, in opposition or promulgating anything you will see the demise of ours species. If we let go of the fear of death, we start to embrace the experience of being alive, sentient and listen within. This access point to the lens of consciousness into the greater knowingness of the universe happens deep in our biology. We have a neurologic center that can take up our mind and our thought we have seemingly an energetic center somewhere in our chest that emanates emotional signaling and sensing.

Dr. Zach Bush: And down here, we have knowingness of who we are, why we came and what we're here to do. And scripture of any religious background speaks to this. You read the English version, it always says the the heart of God or the heart of man, but that word in the Greek or the Hebrew is always the gut. And so what the real heart of being alive is known is right here. And so start to have the discipline to come out of your mind and head south, but don't stop at the emotional center, because this is a complete disaster right now. And so move past the emotional epicenter into the knowingness field and start to know what it feels like to be alive. I guarantee you have been disconnected from this just as the Oxford dictionary has disconnected you from nature.

Dr. Zach Bush: You have forgotten what it feels like to have feet. Because the last time you paid attention to your toes was maybe when you were four running across a field of wild flowers for the last time. And now you've been in Nike's ever since. You haven't touched mother earth and felt her exuberance of life under your feet. And so we need to tie back into this childlike experience of being alive and realizing we have no responsibility in the human mind or human intellect to solve for our crises. The crises were that we began to trust in those things. And

we thought that we had a responsibility. We thought that we had ownership. We thought that we had dominion over this earth. Its when we find out that we were called to stewardship and that we were called into relationship with this nature and the beauty of relationship when it is holy and when it is free is that it is never dogmatic and it is never controlling. It is always an opening. It is always an invitation to the soul.

Dr. Zach Bush: And so we need to answer that invitation. We need to step up and we need to be coherent with the original vibration of life and the bacterium and the nematode and the soil systems and the air we breathe and the life I can give to others. There is an opportunity for us to co-create, integrate, coordinate, become coherent again.

Dr. Patrick Gentempo: That's beautiful. The philosopher, Ayn Rand in Atlas Shrugged, when she wrote that to portray her philosophy one of the protagonists of the story is asked a question, what's the most depraved type of individual that exists on earth. You're thinking of murderer, pedophile rapist and the response was, the person without a purpose. And I think that's what you're talking about. Acknowledgement of being alive and then having a purpose in that life is what-

Dr. Zach Bush: Animates us.

Dr. Patrick Gentempo: It's the animation of the experience and the fulfillment of the potential, right? So, this is just a beautiful view of the possibilities that rather shrink in darkness and fear, what's going on right now. And then further lament about how things used to be. Because I think a lot of people are under an illusion that prior to COVID things were just fine and look what happened. Life was great and now life has become this and things weren't fine. In your description, this was an inevitability and a necessary one because if we could wake up and that's the whole thing... We're asleep at the wheel, but if we can now literally wake up, then the possibilities for the future become very exciting.

Dr. Zach Bush: Yeah. And I want to just encourage everybody in that moment, as they start to reimagine connecting to some deep known purpose that you need to embrace the journey into that experience. And your experience is going to be dominated by the experience of friction. So, as you start to come, quite the mind and you start to slow down compared to the common narrative and the March of this human machine, the tumor and its growth and the cancer that spreads as you become different from that, it's going to create an enormous amount of friction around you. And there's going to be this tendency to say, oh, well now I'm in pain or now I have less economic power or now I have this or that because the friction around me is tearing energy off of me. That experience is necessary at the beginning of the journey. And the increase in friction is going to guide you on the path.

Dr. Zach Bush: So, relax into the friction. Celebrate the pain, celebrate the discomfort that's going to naturally happen when you let go of the machine and start to float in a different flow. And as you start to float in a different flow, you're literally going

to reverse directions because right now you are in opposition to nature, in your consumerism, in your psychology and your spirituality, you are against nature. As you let go of that momentum of humanity and you surrender to the greater stream of life in the universe and on this planet, you're going to be swept up and there's going to be rocks in the way. And there's going to be boundaries that you're going to be bumping into. And the friction will become extreme at moments, acknowledge it and know that it's not anything but temporary. And it's just a redirect to show you back into the flow state.

Dr. Zach Bush: Don't grab onto that rock. And I suddenly make your identity. I am in pain. Now you're experiencing pain momentary, but don't make it your identity. And this is the danger of being an activist. Soon as you become an activist against something, you have to cling to that thing so that you continue to maintain your identity of being against that thing. In this very moment, we all feel this need to do something to reject the common paradigm. Let go of the common paradigm, just release. It's a surrender, not a battle. Surrender to the machine and let it continue on its path. Because what it was hoping is that you would cling on and donate your slave like labor to its momentum. The moment you let go, it takes no effort. It's the opposite of effort. It takes a resignation. It takes a surrender, a freeing moment.

Dr. Zach Bush: If you're going to start going the other way and there's going to be frictions, but this time, the forward momentum of all the powers that be the empire builders and the wealth extractors have no control over you because the frictions that are occurring are nature interacting with you and moving you into the current that it intended for you originally. And a beautiful thing starts to emerge as it turns out there are other water molecules going that way. And you're going to start bumping into those. And you're going to have community that is so beautiful and is so in line with not just you, but our natural state. So in line with the mechanisms by which infinite energy gets tapped into.

Dr. Zach Bush: There is no such thing of scarcity in nature. And when you let the scarcity mindset and the scarcity machine move forward, it will distance itself from you further every day and you will want less and you will need less and you will experience more and you will receive more and you will weep for the simplicity of life. And the realization of how much you are loved to be here right now at the tipping point of all things, how valuable you must be to be selected, to be one that would surrender the control and become part of something greater than yourself.

Dr. Patrick Gentempo: I'm just taking a moment to let that all just settle in. I don't think anything more could be said, you said it beautifully. And I so appreciate you showing up here and expressing in the way that you do in the way that you just did. And I know it's going to make a difference and the right kind of a difference in people's lives. So appreciate you and so appreciate how you showed up here and your willingness to be vulnerable, transparent, and share your view of things.

Dr. Zach Bush: I'm so grateful for the opportunity. That's the way we exercise self and you gave me a great opportunity. And so thank you for each of you listening for being a part of that. You are the matrix, you are the fabric of everything, and you just let me play in that fabric for a moment. You let me jump in your sandbox and ruffle things up for a moment. I'm just grateful for that. That takes a resource that is most precious in the human linear experience, which is time. So thank you for the time spent, thank you for the expertise around us in this room that makes this storytelling and this technology possible to reach out and connect in a spiritual fashion that reaches beyond the lenses of these cameras, beyond the awareness of you and I. And we become this ultra force. We become this interpretation of the knowledge field of the world through our shared consciousness. And it wouldn't happen without the community. And so I'm thrilled to be a very small and massive part of it all it.

Dr. Patrick Gentempo: All at once. Thank you, Zach. That completes my interview with Dr. Zach Bush. Again, the word that comes to mind, transcendent. Amazing human being, a great spirit. Someone that we can listen to and learn from and have a better life as a result.

Dr. Bryan Ardis

Dr. Patrick Gentempo: Early intervention is a big and controversial topic when it comes to COVID and we're going to be covering it quite a bit in this series. Dr. Bryan Ardis is someone who has jumped in and dug deep into following some trails when it comes to what recommendations our government agencies have been around treatments for COVID, especially some of them that are considered early interventions and what they're suggesting at and why, what he reveals here is quite startling. This is a two part interview. We're about to start with part one, but you're going to want to see both parts of this interview. Enjoy this conversation I had with Dr. Bryan Ardis.

Dr. Patrick Gentempo: Dr. Bryan Ardis, thanks for coming in. You've been making some waves lately.

Dr. Bryan Ardis: It appears so. I've got attention of a few people.

Dr. Patrick Gentempo: What has got you so engaged in this whole COVID scenario? Why'd you take an interest here?

Dr. Bryan Ardis: I really had no intention. I've actually stated many times to my wife that I had no wants to propel myself into this thing. Had no interest whatsoever. I actually sold my practices after 17 years in the end of 2018 and had gone off and started formulating my own nutritional products in several different companies. But early February 2020, before COVID hit Texas or the states, we lived in Dallas, Texas. My father-in-law, Weldon walked into a hospital with complaints of headache and a fever, that's all he had. He's independent, very healthy, walks into a hospital in Dallas. They diagnose him with the flu on day one.

Dr. Bryan Ardis: This is the setup for why I've been in the media nonstop since COVID. So day one, he goes in the hospital, they diagnose him with the flu. Day two, they call us to tell us that he's now diagnosed with pneumonia. Day three, they call us to tell us he's now in acute kidney failure. Day five, they call us and tell us that he is now going in and out of consciousness. And that's when we went up to the hospital for the first time was on the evening of the fifth.

Dr. Patrick Gentempo: Did he have a history of kidney problems?

Dr. Bryan Ardis: No.

Dr. Patrick Gentempo: Oh, so did it puzzle you that they said he had kidney failure?

Dr. Bryan Ardis: Yes. So, the issue was and the reason why we weren't up there on day one through five was my wife's mother had actually fallen three days before her dad went into the hospital and had broken her neck.

Dr. Patrick Gentempo: Oh, wow.

Dr. Bryan Ardis: Two vertebrae in her neck. So she was at a rehab center. In the rehab center, finding out that her husband at another hospital was actually diagnosed with the flu. They asked us not to go over there and visit him because they didn't want us bringing the flu back to this group of individuals at the rehab center that were elderly. So, we respected those wishes and let my wife's sister stay with their dad at the hospital. And so we were just being called with reports as we were with Jane's mother. But these were all very disturbing. And so by the time I learned, he was an acute kidney failure in day three, and now going in and out of consciousness and being put on forced air with a mask. That's when I went up there on day five, I didn't care what they said. So Jane and I both went up there, my wife.

Dr. Patrick Gentempo: And at this point they're saying flu, not COVID?

Dr. Bryan Ardis: Right.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: Yeah, there was no COVID in Texas. It was only in China at this moment. So, we were okay. We were free to go in and out as a family, there was no issues surrounding COVID at this point. That night though, while I was there, I noticed that his abdomen, he was very thin, his abdomen had at least 10 to 15 pounds of water in it. You could touch it and it actually bounced up and down like a waterbed. I remember he was going in and out of consciousness. So, he was coming in and out of it and delirious at this point. And I waited around, I asked the nurses station, when was the next attending doctor was going to show up or medical doctor. They told me nine o'clock in the morning. So, we were there at eight in the morning.

Dr. Bryan Ardis: By the time I got there at eight in the morning, on the sixth day, his abdomen was another 10 pounds heavier.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: With water and his breathing was even more labored. So, by the time the doctor showed up at 9:00 AM, as soon as the door opened, it hit me. And he was surprised to see somebody in the room and he said, "Hi, I'm Dr. So and so." And I said, "Hi, I'm Dr. Ardis. I need you to show me his records from the first time he walked in here." So, we walked over to a computer screen. I asked him to show me the pathology report, all of the testing they had done on day one to determine what type of infection he had. And as they went down the list of all viruses, bacteria and fungi, they had tested for, to the doctor's surprise each of them were flagged negative. So, influenza A was negative, influenza B was negative, bacterial and viral pneumonia were negative.

Dr. Bryan Ardis: And so I looked at him and I said, "Why did you diagnose him with the flu then if he didn't test positive for the flu?" And he looked at me and he said, "We assumed it must have been a false negative."

Dr. Patrick Gentempo: Assumed it?

Dr. Bryan Ardis: Assumed it. And I said, "My problem is this even if you thought it was the flu, or you got a positive test for the flu, antibiotics don't treat the flu. Why do you have him on that bag of vancomycin, which is an antibiotic. It was hanging up on an IV bag drip." And I said, "How long have you been giving that to him?" And they said, "We've been giving it to him since day one."

Dr. Bryan Ardis: And then he goes on to tell me that's not the only antibiotic, he's on two other ones also. We put him on three on day one. And I said, "Why would you do that? Antibiotics don't treat the flu." And his response was, "That's just hospital protocol." And I said, "You have to get him off that vancomycin right now. You know that drug, that one causes acute kidney failure. And you called us three days ago to tell us he's now gone into acute kidney failure." I said, "In fact, I don't even think he has pneumonia. I want you to show me his x-rays on day two when you said he tested positive for pneumonia." So they pulled up the chest x-rays and I was looking at him and he points and he goes, "There's the pneumonia right there on day two." and I said, "Where's pneumonia?"

Dr. Bryan Ardis: And he goes, "It's right there." And he was looking at this very defined white line in the lower lobe of his left lung. And I said, "That's not what pneumonia looks like." Pneumonia looks like cauliflower appearances on a x-ray. I said, "That is a straight line of water, complete solid, same opacity or shadowing." And I said, "That's pulmonary edema. That's water filling up the lungs because you've caused acute kidney failure with vancomycin. And you've continued to do this over time. So, there was an incorrect diagnosis of pneumonia. He also had shown me that on day one, there was no positive test shown for bacterial or viral pneumonia, but the next day he had it, but he also didn't test for the flu. So, now we've got two ill-advised issues. Pneumonia was not positive. I asked him to do a sputum test to determine if it is viral or bacterial pneumonia on day six.

Dr. Bryan Ardis: He said, "No, we will not do that. That is not hospital protocol." I said, "You cannot definitively define that's pneumonia versus pulmonary edema without the test."

Dr. Patrick Gentempo: Right.

Dr. Bryan Ardis: It's just a screening test when you're looking at x-rays. So, anyway, I told this guy to get him off vancomycin, which was causing acute kidney failure. What had really happened and I told him, I said, "You've done chest x-rays since day two till now and the water levels have gone up in his lungs day five. Now you're saying he's going in and out of consciousness. That means water's now getting

on his brain or around his heart. And it's depleting oxygen levels to his brain. I said, "You were drowning him to death and you better get him off that vancomycin." And he said, "Okay, we'll go talk to the other docs and the administrators to see if we can do that."

Dr. Bryan Ardis: And I said, "No, you're going to get him off of that right now. It's not warranted against viral infections or diagnosis." And then I said, "When's the last time you put him on Lasix?" Because he had retained a lot more water from the night before. And he said, "Oh, we've been giving Lasix every day." And Lasix for anybody watching is a pharmaceutical diuretic. It makes the kidneys excrete water. And remember, he's now an acute kidney failure they told me. So he said, "We've had him on Lasix this whole time every day." I said, "Show me the medication schedule." This is in front of my wife, in front of my unconscious father-in-law. "Show me the medication schedule." He pulls up, day one, no Lasix. He goes, huh? Day two, no Lasix, huh? Day three, one dose of 20 milligrams, day four, none. And he's like day five, none.

Dr. Bryan Ardis: And I said, "He at least has 10 more pounds of water in his abdomen right now than he did last night. You better get Lasix right now, and put him on it." Now this is the attending medical doctor and I'm expecting they are attending to his care. He's obviously unaware of multiple issues right now that's causing complications in him. So they go out to the nurses station, bring in actual Lasix, administer it to him for four hours. He loses 20 pounds of water weight in four hours.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: About an hour after the four hour treatment, the respiratory therapist who has this mask on, forcing air and oxygen into his lungs because he can't breathe, his lungs were filling up with water from pulmonary edema for days. The respiratory therapist comes in and is listening with the stethoscope at all the lungs fields, and he says out loud to the entire family, "This is the first day in five days he hasn't had a crackle, no gurgling sounds in his lungs. His lungs sound completely clear." So he says, "We're going to turn off the forced air into the mask. I think he can breathe on his own. Let's just see if he can keep his breathing rate up and his saturation of oxygen level up." And he did, all on his own for the next five hours, and we go home, only to find out at 9:00 that night, the nurses station called my wife to tell her that the hospital administrators and the attending doctors had a meeting and told the nurses station to cancel all future Lasix treatment.

Dr. Patrick Gentempo: Why?

Dr. Bryan Ardis: They were claiming the Lasix was going to be damaging to his kidneys and caused more kidney failure, when in reality it improved all of his breathing over just a few hours. They told us that he was no longer going to be on Lasix, and that was really upsetting. The next morning I went up there, his water retention had gone up, they had put him back on forced air. And then they, as a result of

my getting in their faces demanding different protocols, they had me escorted out of the hospital, convinced my wife's family that over the next three days, it's time to let him go and just put him on a morphine drip, and let's remove his pain and let him die. And it was, to me, an attempt to cover up all of the things I was disclosing and that they were finding were going to work to actually bring him back to life. They had to actually convince my wife's family, who didn't know as much as I knew from clinical practice over 20 years, how the body heals and how it functions.

Dr. Bryan Ardis: I actually think the liability to the hospital administrators was more of a threat that if I sued them for actually causing acute kidney failure and making him go in and out of consciousness over a few days, I think that was more scary to them than actually trying to then tell me, because I'm married into the family, and told my wife's family, we're not talking to him anymore because he's married in the family. We're going to have him kicked out of the hospital and we're only going to talk to you. And and the rest of my wife's family said, "We don't know health care, so we're just going to have to rely on the medical professionals."

Dr. Bryan Ardis: So it was, I believe, their attempt to cover up, get me out of the way, and then actually continue the protocols as they were. And overall, over a nine day period, I haven't even looked at the cost of those treatment protocols over a nine day period, but hundreds of thousands of dollars would've been billed to Medicare for the next two months. I actually didn't leave the house. I didn't talk to anybody. I was so furious that they would actually go to these lengths, and not take their Hippocratic oath seriously to do no harm. I would assume that if I actually gave you information and you applied it, against your hospital protocols, and it made improvements, that would make you excited as someone who's actually in the field to try to improve the life and health of other people. And that was not what I found, in relationship to my family, and my father-in-law, particularly.

Dr. Bryan Ardis: So two and a half months go by. I'm just furious and angry and depressed. And this is why I got into the COVID thing, so why I ever went into the media from the beginning. In the middle of May, an alert came up on my phone, that said, "Today marks the day in history where the United States of America had more deaths in one day from COVID 19 than any other country's had in one singular day during this pandemic." And I was just sitting there and I remember thinking, we live in America with the supposedly greatest US health care system in the world, why would we be struggling to keep people alive, worse than any other country? So I decided to find out what are they treating COVID 19 patients with? Because I had not paid attention to the pandemic at all, even though it had reached into Texas towards the end of February and early March.

Dr. Bryan Ardis: So what I found was, as I went to CNN, and I wanted to know what are they reporting in New York? Because in New York is where there was a huge outbreak initially with COVID 19. And what the hospital administrators in the medical doctors were stating in the news was, and their press conferences was this, verbatim, "We are finding that within three days to five days of treating

COVID 19 patients, we are finding that we have never seen a complication like this before, especially with a respiratory virus like COVID 19. When we start treating this respiratory virus, within three to five days we're seeing severe acute kidney failure in all of our patients. So severe, in fact, that we not only have a shortage of ventilators to help patients breathe through COVID 19 treatments, we're experiencing shortages of dialysis machines to handle the acute kidney failure."

Dr. Bryan Ardis: Now what got my attention was. One, the medical doctors were being very honest when they were saying we've never seen a respiratory virus, which is what they were saying, we've never seen a respiratory virus attack the kidneys like this and cause acute kidney failure. That was the first thing. And the truth is, still to this day, they're being very honest about that, respiratory viruses don't attack kidneys. So they were not used to seeing this, this was them absolutely being ethical and honest. The next statement was, is we're seeing acute kidney failure in three to five days after we start treatment. We've never seen this before. And this is what got my attention because my father-in-law, three months earlier, we were called on day three of a viral diagnosis that he was now in acute kidney failure, and it was not by a virus, it was caused by an antibiotic called Vancomycin. So I wanted to know, what are they doing with these patients in New York? What's the treatment protocol? Because I didn't know. I actually thought, I bet they're using Vancomycin, they did with my father-in-law. Only to find out that wasn't the case.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: It was something much worse. So I go to cdc.gov's website on that day, it's May 14th, 2020. I look up cdc.gov's mandated protocol for treatment of COVID patients in hospitals. And it says, "We have adopted the NIH's mandate, the National Institutes of Health's mandate for COVID 19 patients." Hyperlink here, click, took me to the nih.gov's website. And it took me to the page where Anthony Fauci was declaring the mandated treatment for COVID 19. This is in mid May 2020. And what it states is this, it says, "During this COVID 19 pandemic, all serious COVID 19 patients treated in hospitals are going to be treated with one drug, and one drug only. That one drug is called Remdesivir. Remdesivir, this is an experimental drug, but there are two studies that support it's use during this novel coronavirus pandemic."

Dr. Patrick Gentempo: And when was this, about?

Dr. Bryan Ardis: This was in May, I was looking at this May 14th, 2020.

Dr. Patrick Gentempo: So just on a timeline, you're talking about, there's no vaccine program yet, this is the treatment protocol, people are coming into hospitals, and it was a single targeted treatment.

Dr. Bryan Ardis: One targeted drug.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: Yeah, so what he stated was is there's only one drug you're going to be treating in hospitals, across the nation, only one. And that's called Remdesivir. This is an experimental antiviral drug, which meant it wasn't FDA approved ever, which was the first problem. Then he stated there were two studies, one against the Ebola virus, from 2018 and 19, that proved it safe and effective, Remdesivir, against the Ebola virus, and because of that study, it warrants its use in this new virus called the coronavirus, or SARS COVID two virus. He was quoting this Ebola study, saying it was found safe and effective against Ebola virus, so we're going to use it against this virus.

Dr. Patrick Gentempo: Is this written on the NIH's site?

Dr. Bryan Ardis: Yes. This is on NIH's website. This is where I'm reading it, on nih.gov's website.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: So I'm reading this, and then he says, "There's a second study that also supports its use." It says there's a cohort study that was conducted by Gilead Sciences, who is the maker and patent owner of Remdesivir.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: And so I'm just reading this, and then it goes on to bash two drugs, in the same article it says, you are to use hydroxychloroquine against COVID 19, it's proven to cause heart failure in COVID 19 patients. And I remember thinking that's weird, that drug I've known about for 70 years has been FDA approved. And then it says, and you're also not going to use chloroquine. So now that we know these two drugs, I'm now learning, have been found dangerous to COVID 19 patients, I want to know what's so miraculous they found about Remdesivir in the Ebola trial and the cohort study by Gilead. So the Gilead study, just for reference, was conducted and concluded in March of 2020.

Dr. Patrick Gentempo: Right before this, wow. Okay.

Dr. Bryan Ardis: Two months before this declaration, okay? The Ebola study was final in August of 2019, which was just less than a year, like 10 months earlier, okay? So I click both of these studies to go find out just how miraculous was this Remdesivir study. I want to know, what did they find? And I just want you to know, everybody to know. I'm not making any of this up. This is the actual printed New England Journal of Medicine Ebola virus Remdesivir trial that Anthony Fauci was quoting. So I actually just opened it. I clicked the hyperlink on nih.gov, went through this entire study, only to be blown away. I could not believe it, what I was reading.

Dr. Bryan Ardis: This study was conducted in four regions of Africa from November 2018 through August 2019, and they gave it to multiple people throughout those regions. They gave four different experimental drugs in this trial. Only four. It was Remdesivir, a drug called Zmap, which was actually put into this study and funded by the United States Department of Health and Human Services. They put ZMap in there. And then DARPA, our own defense contract group, decided to put in another drug called a singular monoclonal antibody, and then Regeneron was the other fourth, triple monoclonal antibody experimental drug put in the trial. So there's four drugs in the trial, Remdesivir, Zmap from the United States Department of Health and Human Services. Number three was a monoclonal antibody put in by DARPA, our own government, and then the fourth drug is called Regeneron, which is made by Regeneron Pharmaceuticals, a monoclonal antibody.

Dr. Bryan Ardis: So I'm reading this whole study. It goes on from November 2018 to August 2019. There is one review board who's assigned to review the entire safety and efficacy of this trial. That's the National Institutes of Health, that's who supported and funded the whole trial. But they had to allocate a third party, independent safety board, to also review the data. Come August 2019, they did a review of all the data and found out that there were two drugs of the four that were found to be the deadliest and most complicating for organs of all the African Ebola virus patients. They found that Remdesivir killed 54% of all people they gave it to within 28 days. They found-

Dr. Patrick Gentempo: And they're saying, there's two things, they're saying within 28 days, this many, 50 some odd percent died, but were they giving attribution saying that it was the drug that caused the death?

Dr. Bryan Ardis: Yep. So they actually gave attribution to these drugs being too toxic and dangerous.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: So they were looking at mortality or rates of all four of these experimental drugs. Remember none of these are FDA approved, never been used or found safe before.

Dr. Patrick Gentempo: Well they had to stop the trial then. I mean-

Dr. Bryan Ardis: So they pulled Remdesivir from the trial six months in, and said we're no longer giving this drug out to people, it's killed 54% of people we gave it to.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: ZMap, which was put in by our own Department of Health and Human Services, that drug killed 49% of everybody they gave it to. So the safety board pulled those two drugs and said, no one else in Africa can be given these drugs for

Ebola. Now my problem initially was, Anthony Fauci, you funded this entire study, you had been given all of this information in 2019. Why would you pick the one drug that didn't even make it to the end of the trial and was found to be the most deadly or dangerous?

Dr. Patrick Gentempo: And this is the specific study that he's citing for his rationale in doing it. But how did it clear FDA then? I mean there's no way the FDA could clear this if-

Dr. Bryan Ardis: That's right.

Dr. Patrick Gentempo: 54% of people are dying from it.

Dr. Bryan Ardis: Yeah. So this was May 2020. The reason for these conclusions of that Ebola study in 2019 is why it was never FDA approved anyway. So even at this point, it wasn't FDA approved. They put in an emergency use authorization to use the drug.

Dr. Patrick Gentempo: And they were granted it?

Dr. Bryan Ardis: Yes.

Dr. Patrick Gentempo: Based on this data?

Dr. Bryan Ardis: No, based on Anthony Fauci's recommendation, and the cohort study from Gilead. So going back to this Ebola study, which I think is amazing, because right now you're hearing about monoclonal antibodies as a treatment for COVID 19. Right now we're in what month? September 2021. And now they're saying, in some states like in Florida, they're saying we should do early treatment with these monoclonal antibodies called Regeneron. Well, Regeneron was the actual drug in the trial that had the lowest mortality rate. Its mortality rate was 33% of everybody they gave it to, which to me is not that impressive, but in comparison to ZMap and Remdesivir, it is better. But it's not so much better I think you should be giving it to everybody.

Dr. Patrick Gentempo: Well, I mean, you're basically saying a third of the people who get the drug are going to die.

Dr. Bryan Ardis: Yes. And that's what they found inside the trial. So they took these four experimental drugs, they excluded two that were the most deadly, which was Remdesivir and ZMap. And the two, the singular monoclonal antibody that was provided by our Department of Health and Human Services, and then Regeneron, were the two that were found to be the most successful because they had 10 and 15% less mortality rate than the other two drugs. They were only comparing the four drugs together, so they picked the two that were the least deadly.

Dr. Bryan Ardis: Why would Anthony Fauci, immediately when I read this, my problem was why would you pick that drug that you knew was the most deadly in your own funded trial from a year earlier? Why didn't you pick Regeneron, which only killed 33% of all people you gave it to? Why didn't you pick the monoclonal antibody that only killed 35% of everybody you gave it to? Why didn't you pick the Department of Health and Human Services ZMap drug that only killed 49.1% of all people? Why did you pick the one that killed 54% of all people they gave it to? This made no sense to me, unless you were just pure evil.

Dr. Patrick Gentempo: Well, none of it makes any sense, right? The death rates of any of those drugs would be completely unacceptable.

Dr. Bryan Ardis: All of them are absurd.

Dr. Patrick Gentempo: I mean, a 1% death rate would be unacceptable, let alone what you're talking about.

Dr. Bryan Ardis: Exactly.

Dr. Patrick Gentempo: So I don't know how they made it through. So do you have an answer to that question?

Dr. Bryan Ardis: No. I just think there must have been some intentional decision to actually harm as many people as possible.

Dr. Patrick Gentempo: Well, you said there was a second trial by Gilead. What'd that show?

Dr. Bryan Ardis: Yep. So Gilead, I have that whole trial right here. It's marvelous, and I want to read some of this to you.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: Okay. So here it is. This is the Gilead Remdesivir trial in March 2020.

Dr. Patrick Gentempo: I just want to highlight something you said, so it doesn't go by, there's a conflict of interest, in essence, because the trial is performed by the pharmaceutical manufacturer that makes it, so there could be a bias in there. It's not like a neutral party is taking an objective look at this. It's basically the person who profits from the drug is doing the study to say that the drug is validated. So, with that as the backdrop, what do you have in the article?

Dr. Bryan Ardis: That is a great point. I actually thought that the whole time I was like, what biased information am I going to read in this?

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: It actually was so unbiased to me, in the results and conclusions, I had to go into the media and talk about it. I couldn't believe it, what they determined. So this was a study done in March 2020, and Gilead took 53 patients who were seriously ill with COVID 19, and these patients were from Canada, America and Japan.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: So 53 people, and they gave the drugs to them. The actual parameters were, we're only going to give them Remdesivir for 10 days and we're going to see what happens. Would you like to know what happened? I would like to tell you what happened, because I couldn't believe the results when they gave it out.

Dr. Patrick Gentempo: Were these people already hospitalized? Or how far into their COVID were they?

Dr. Bryan Ardis: They actually didn't mention if they were hospitalized or not.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: Just serious COVID 19 patients.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: They must have already been in hospitals to be determined to be seriously ill.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: All right. So, summary of the adverse events, this is in Gilead Sciences own research study, from March 2020. 60% of the 53 people reported serious adverse events during follow ups after the 10 days of treatment. The most common adverse events, now this gets better. The most common adverse events were increased hepatic enzymes, liver enzymes, showing liver damage, diarrhea, rash, renal impairment, kidney failure, and hypotension. 23% had serious adverse events. The most common serious adverse events of the 23% of all 53 patients was multiple organ dysfunction syndrome. That's multiple organs are failing. That actual syndrome, multiple organ dysfunction syndrome, has been defined as the number one cause of death from ICU protocols in American hospitals. Multiple organ dysfunction syndrome, renal failure, septic shock and hypotension. 8% of all of them had to be taken off the drug by day five of 10, because of such severe acute renal failure and multiple organ failure that they were going to die.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: They had to come off the drugs. So if you combine the 23% of those with serious adverse events of multiple organ failure and acute kidney failure, then those

with severe issues of the same, you're up at 31% of all 53 people you gave it to. And these were the two studies that Anthony Fauci said warranted that Remdesivir was safe and effective. And now every hospital in this country is going to use only that drug, and no other drugs.

Dr. Patrick Gentempo: Was there some spectacular outcome for the people who didn't have serious adverse event's that that made it say, okay, well, it looks like you might die. Like see with the Ebola, say, oh, maybe you're going to die anyway, so if we have something that 60% of the time is going to save you, that might be one thing. But here we're dealing with a fairly, I'm not going to say non-lethal, people do die, but it's not like a majority of people die who get COVID, and yet why would you take the risk of giving a drug that has such significant consequences?

Dr. Bryan Ardis: That's exactly right. So the one bias around the Gilead Sciences is that they're only treating with their one drug. There's no control group, and you're only giving these drugs. But still you're reporting such high numbers of serious adverse events. Now, what was disturbing to me, was that the 8% number of people who had to be taken off the drug at day five in Gilead Science's cohort study, that 8%. I actually went on the internet to look at World Meter, that keeps track of all Corona cases for all the countries in the United States and around the world. I wanted to know in the United States, what was the percentage of treated COVID 19 patients in hospitals, and deaths. And at that point, that same day, it was 8%.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: The drug mandated treatment protocol by Anthony Fauci was, you're going to treat all ICU treated COVID 19 patients in this country with Remdesivir, and Remdesivir alone, minimum of five days. Do you want to know where he got the five days from? The cohort study from Gilead. Two months earlier. So in five days they had 8% of all their patients, just in that small group, that had multiple organ failure and acute kidney failure so severe that they were going to die.

Dr. Bryan Ardis: Now I want to explain to you how I know what the problem is here.

Dr. Patrick Gentempo: Good.

Dr. Bryan Ardis: When you're listening to the media, talking about hospital administrators and medical doctors who are up saying, as we're treating COVID 19 patients, we've never seen a respiratory virus ever attack the kidneys like this. We've never seen it. And we not only need ventilators, we need more dialysis machines. What happens when you shut down the kidneys with a drug, which now we know this drug, Remdesivir, was proven to do it in 31% of everybody you gave it to who were seriously sick with COVID.

Dr. Bryan Ardis: When you shut down the kidneys, the kidneys main job is to excrete water from your body. All of these ICU treated COVID 19 patients, like my father-in-law

being treated with the flu, were on a saline drip, water drip, right? They were giving them water all day long, shutting down their kidneys. In my father-in-law's case, with Vincomyin. Now they're doing it in ICUs with Remdesivir, and as they pump them full of water, their kidneys can't excrete the water, then their abdomen retains the water. The water then goes and saturates the heart, gets inside the pericardium sac, and then it goes from there and infiltrates the lungs, and you physically are drowning them to death.

Dr. Bryan Ardis: Just like in the case of my father-in-law, they actually flooded his lungs with water, called pulmonary edema, and they drowned him to death, by shutting down his kidneys. They also misdiagnosed my father-in-law with pneumonia, and it was actually pulmonary edema. Now what you're hearing in the media nonstop, and all the reports we're getting from patients in ICUs today who were dying, or medical reports after they've deceased and treated in ICU's, it's the same things put on every single death certificate. Death by COVID 19 infection with severe acute renal failure, kidney failure, and secondary COVID pneumonia. And I am begging everyone in the world to demand that your loved ones in ICUs, demand the medical doctors do the sputum test to find the bacterial and viral pneumonia. If it's not present, it is acute kidney failure resulting in fluid accumulation in the lungs, water retention called pulmonary edema. And they're drowning your loved ones to death, and they know how to do it in five to 10 days per these studies.

Dr. Bryan Ardis: Now what's also miraculous is, America represents 4.5 of the entire percentage of the population of the entire world. We represent 4.5% or so of the entire world's population. By the end of 2020, we had more deaths in the entire world from supposedly COVID 19 than any other country in the world, at 550,000 Americans dead.

Dr. Patrick Gentempo: Was any other country following our protocol?

Dr. Bryan Ardis: No, this is what's amazing. So when people ask me, why are you so upset? And I'm like, "Anthony Fauci, in May of 2020, asked our Federal government to buy up all the stock of this experimental drug of Remdesivir, and not to share it with another country until the end of 2020." So we were the only country in the world treating patients with a proven multiple organ failing drug, acute kidney failing drug, and we were the only one doing that in all of our hospitals, treating all Americans with it, and we had the highest death rates.

Dr. Bryan Ardis: I am convinced that 90% of everybody who died from COVID 19 did not die from COVID 19 infection. They died from acute kidney failure, renal failure, leading to pulmonary edema, misdiagnosed as secondary COVID pneumonia, and it never was that. And they're still doing it a year and half later.

Dr. Patrick Gentempo: And so they still use Remdesivir?

Dr. Bryan Ardis: This is still the only treatment protocol, and we're getting reports all the time now, because I'm in the media all the time talking about it. Keep your loved ones out of ICU, they have this murderous cocktail that they're using to destroy you. And now that it comes to the Delta variant, if I can touch on this for a minute.

Dr. Patrick Gentempo: Sure.

Dr. Bryan Ardis: People ask me, why is this Delta variant so much more deadly for the healthy and unvaccinated people in hospitals? And I've stood up on stage on multiple speaking engagements, and I've said, "All of you who have loved ones in ICU, I need you to pay attention. They already knew that Remdesivir, in combination with a steroid called Dexamethasone," which is what they're only doing in hospitals, all ICUs, per the NIH right now, "Those two drugs in combination actually cause acute kidney failure in 35% of all people you give it to."

Dr. Bryan Ardis: I said, "If you want to know how it is they're making all these people sick and dying that are healthy in ICUs, all they have to do is add another drug. All they have to do is add Vancomycin, that antibiotic that is deadly, that killed my father-in-law." I said, "Demand the medical records of all your loved ones who have died, or are being treated in ICUs. I guarantee you they've added Vancomycin." Since I've started speaking that, every day we get multiple medical reports from patients who have died since April of this year, 2020, all of them include the three drugs, Vancomycin, Dexamethasone and Remdesivir, for five to 10 day treatments."

Dr. Patrick Gentempo: But do you think the ICU doctors are complicit? Or they're just following protocol and they don't understand it?

Dr. Bryan Ardis: Great question. Do I think the medical doctors are complicit in this?

Dr. Patrick Gentempo: The attending, I'm talking about the frontline ones who are right there. I mean, I would have a hard time thinking that, universally, they're all just going to say, "Yeah, we're going to be complicit in the murder of all these patients."

Dr. Bryan Ardis: Absolutely. So I actually have stated this many times, people have asked me this many times in interviews, and I've actually told them, in the beginning for like maybe the first three months, I will grant them ignorance, and the demand put on them, by their employers, the hospitals, to follow just these one mandated, Federally mandated protocols. And I really do believe they would've just trusted their employers, these hospitals, and just done what they were telling them to do.

Dr. Patrick Gentempo: Or they trust the CDC and the NIH.

Dr. Bryan Ardis: Or they trust your federal agencies, right?

Dr. Patrick Gentempo: You know, listen, we got a new infection, our governing bodies that basically are supposed to give us information to tell us what to do. So, to me, it'd be like, as a matter of fact, they might be, they could have adverse licensure action because they're not with the standard of care as recommended by the CDC for an infectious disease. So I could see that, but then where do you think it goes from there?

Dr. Bryan Ardis: Well, it's been a year and a half almost now. I think they've taken a Hippocratic oath to do no harm. They should have had plenty of time in the last year and a half to do some research into why it is we, as an American country, our health care institutions of the great United States of America, why in the world are we still having death rates higher than any other country in the world? Why don't they look back? Why don't they step back and go, what are we doing to every patient? Is there something different that we could do?

Dr. Bryan Ardis: Well, I would love to tell you there's something you could do differently, because in September of 2020, France decided to do of little trial with Remdesivir on just five French people that had COVID 19. And they wanted to see what happened with Remdesivir, and I'd love to share with you the results of that little study.

Dr. Patrick Gentempo: Go ahead.

Dr. Bryan Ardis: Because it was miraculous. This is in September of 2020, five months after that. Okay. Still, in September of 2020, Remdesivir was not FDA approved drug. In the middle of the pandemic, now that we had killed 500,000 people with that drug in America, at the end of October 2020, is when they got the FDA approval for Remdesivir. So there was this title, Remdesivir and acute renal failure, in September of 2020, this is the case report study done by the French. In France, this was actually done by the, I'm going to butcher it, Bichet-Claude-Bernard University Hospital in Paris, France, and they took severe pneumonia related SARS COVID two treated patients.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: So they had severe SARS COVID two pneumonia. The brilliance about this though, is France said we're only going to do five patients. And what they decided is they were going to give them 14 days of Remdesivir because there's this American country just using Remdesivir. Let's just give it five people. And this is what they found. Remember they wanted to do it for 14 days. Remdesivir was interrupted before the initially planned duration in four out of the five patients. They had to stop Remdesivir, they couldn't even go to 14 days, because of alanine aminotransferase elevation. This is called ALT on blood work. They found that ALT levels, which is liver enzymes showing liver disease and toxicity. They found that ALT went up three to five times the normal numbers.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: Which were normal before they started Remdesivir. Within those 14 days, they found it elevated to five times the normal dose, or levels. Two, because of renal failure requiring kidney transplants.

Dr. Patrick Gentempo: Whoa. In how many of them?

Dr. Bryan Ardis: This is four out of five.

Dr. Patrick Gentempo: So four out of five required a kidney transplant?

Dr. Bryan Ardis: Yes. So the actual numbers were this. They found elevated liver enzymes that were three to five times normal, toxic levels of liver disease, and then they had two of the five who had to actually stop the drug because their renal failure was so great they had to get a kidney transplant.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: And this was their conclusions. They said, this case series of five COVID 19 patients highlights the complexity of Remdesivir use in such critically ill patients. Guess which drug France decided not to use?

Dr. Patrick Gentempo: That only makes sense, so they stopped using it. I mean they never used it, I guess, they tried it.

Dr. Bryan Ardis: Yep, they tried it, on five. Two of them died during the trial, during the 14 days. Two of them did. That's two out of five.

Dr. Patrick Gentempo: Two out of five.

Dr. Bryan Ardis: Yeah. So what's your percentage there?

Dr. Patrick Gentempo: Yeah. Wow.

Dr. Bryan Ardis: These are horrible numbers. So I just want you to know it's not only that America, but-

Dr. Patrick Gentempo: That's where it cooperates what the earlier study showed.

Dr. Bryan Ardis: When Anthony Fauci said we're going to now mandate this and give it to every American, without question, and then quoted two studies, that he said proven safe and effective against Ebola, proven safe and effective for COVID 19 patients. No it wasn't. It was found to have a huge amount of acute kidney failure.

Dr. Patrick Gentempo: So has anybody put these questions to Fauci? In other words, this is published. I mean, it's searchable, right? Anybody can see it.

Dr. Bryan Ardis: All published. Yeah.

Dr. Patrick Gentempo: Again, these frontline doctors, I mean, I don't know. I could follow all the way saying that they're all just in every hospital in America complicit and wanting to kill people. I think maybe there's some people like that, I can't imagine all of them just decide to turn murderers, but nonetheless, this data is available for anybody to observe.

Dr. Bryan Ardis: I would like to highlight on another published review, okay? And you can find this stuff, just type it on any Google search, duck, duck go search, I don't care where you go. Just type in Remdesivir, acute renal failure, WHO, the World Health Organization. Okay. All right. Now this is dated April 2021. So we're in September, it's only like six months ago. There was a data review within the World Health Organization of people treated for four different types of drugs for the exact same severity of COVID-19 symptoms or disease around the world.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: And this is what they wanted to do. They were looking for reporting odds ratio. They wanted to compare the number of acute renal failure cases reported with Remdesivir with those reported with other drugs prescribed in comparable situations in COVID-19.

Dr. Patrick Gentempo: Did they have any controls to say, if we don't give them any drugs, does kidney failure occur?

Dr. Bryan Ardis: Not for this. They wanted to just take drug treatment patients around the world with four to five different drugs.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: And they were all at severe levels of disease of COVID-19. So, this is what there was. They wanted to look at reporting odds ratio comparing the number of acute renal failure, renal means kidneys, renal failure in COVID-19 treated patients with those with Remdesivir compared to those being treated with Hydroxychloroquine, which is what Anthony Fauci said was dangerous. Don't give it to people during COVID-19. Tocilizumab and Lopinavir or, another word for it is Ritonavir, these drugs the combination of the terms acute renal failure and Remdesivir yielded a statistically significant disproportionality signal. The ROR or reporting odds ratio with Remdesivir for acute renal failure was 20 fold that of other comparative drugs-

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: ... including hydroxychloroquine. 20 fold. Then they quote, we detected a statistically significant pharmacovigilance signal drug-induced signal of nephrotoxicity, or kidney toxicity associated with Remdesivir deserving a

thorough qualitative assessment of all available data. Assessments of patients with COVID-19 renal function should prevail, so they're saying here, the assessment of renal function should be imperative to evaluate before and after you start Remdesivir treatment for COVID-19 patients in America, this was five months ago.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: It is still on the NIH's website. Even this morning, it is still the only mandated drug is Remdesivir, with Dexamethasone, a steroid. And now they're combining that with an antibiotic, which by the way, for all your audience, antibiotics the CDC says are unwarranted in viral infection diagnosis. They cause more harm than they do good. So, why would you throw Vancomycin in there? Why would you do that? When the CDC tells you not to do that? So, go look it up, look up CDC, antibiotics warning for viral infections. You'll see it. So, with all this information, all you know now, every time you see a death certificate for patients in America, you're seeing death from complications of COVID-19 followed by acute severe renal failure and secondary COVID pneumonia. Acute kidney failure leads to pulmonary edema.

Dr. Patrick Gentempo: Is there any data on untreated people that had severe COVID to see if there's any renal problems?

Dr. Bryan Ardis: This is great, right? So, in America, you're not going to find any of those, because what do they tell all serious sick people with COVID-19?

Dr. Patrick Gentempo: Go to the hospital.

Dr. Bryan Ardis: Go to the hospital. And where did 100% of all the patients in America die with COVID-19?

Dr. Patrick Gentempo: Yeah. In the hospital.

Dr. Bryan Ardis: In ICUs. What were they doing to those people in ICUs? Remdesivir.

Dr. Patrick Gentempo: Incidentally, is that something you verified a hundred percent of people who died from COVID did it in hospitals? There are no home deaths?

Dr. Bryan Ardis: Yeah.

Dr. Patrick Gentempo: I guess, maybe they can't be tracked.

Dr. Bryan Ardis: Yeah. That's going to be very hard to track, but you would only be able to find that on the death certificates written by their corner, if they came to your house or the attending doctor is there in the hospital.

Dr. Patrick Gentempo: Yeah. But I would imagine people who got very sick ended up in a hospital for the most part. Yeah.

Dr. Bryan Ardis: For sure. They're still going there right now. They're all still going there feeling like they need to go there. When in fact it's already proven that the drug Anthony Fauci chose to be the mandated drug before he chose it, it was already chosen to be, and found to be, the most deadly of the four experimental drugs in the Ebola trial.

Dr. Patrick Gentempo: So, with the FDA, when they approved it, was the intended use for treatment of COVID-19, or how did it get approved?

Dr. Bryan Ardis: I have no idea why they would've approved that in October, except for the fact maybe they heard me in the media screaming about how dangerous it was since May 2020. I literally went into the media on every news outlet you could think of, making sure everybody knew that this drug was the reason all the doctors in New York at the time were actually stating we're seeing acute kidney failure in three to five days. No kidding.

Dr. Patrick Gentempo: So, if someone has a loved one that gets into the hospital, can they demand that they don't use this drug and would the ICU comply with that?

Dr. Bryan Ardis: So, we're finding a ton of ICUs and medical doctors, they are telling, and administrators, are telling their patients they're not doing anything else other than the mandated federally protocol for Remdesivir and Dexamethasone. But what we have learned is, if you are coherent and you can tell them you're not putting Remdesivir inside of me, you can threaten them with battery if they still do it because you told them upfront not to do it, and you're not going to allow them to. You can call 911. File a police report and file battery charges against the doctor. You should also audio record the entire conversation. That's if you're coherent. It's very unfortunate, but we have thousands of people emailing me, me personally, me, the chiropractor every week, asking for me to step in as a patient advocate, to get the ICUs to change their mandated protocols, as they're finding out that their loved ones are failing and going into acute kidney failure and they're being treated with Remdesivir.

Dr. Bryan Ardis: The exact thing we've been teaching them about. And they're seeing the exact same scenario. So, we're educating on everybody how to either hire private patient advocates if they can't speak of it confidently on their own, the chain of commands of those individuals, there are ways to do that and then are legal things you can do. For example, there was the Right to Try Act. You can actually file a temporary restraining order against the hospital for not trying additional treatments on top of what they're mandating right now. For example, just like in the case with my father-in-law, one of the horrible things they're doing in ICUs, as these individuals are going into renal failure and then being put on a vent, they are refusing to feed them. They're not doing any G tube feeding, no esophageal feeding.

Dr. Bryan Ardis: They are completely, I mean three days, six days, nine days, even 10 days of zero food. The likelihood you'll understand this. The likelihood of an individual surviving is going to be based on the mineral and vitamin load in their body. If they are malnourished and you're poisoning them with drugs, the likelihood of them overcoming that bombardment of poison is way less if your immune system in your body is malnourished.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: So, you can demand this. You're going to start feeding my loved one. And I believe the chance of survival will go way up even with Remdesivir poisoning if you can just file if you have to, a temporary restraining order to get them according to the Right to Try Act, and quote it and give it to them, it's your right. I believe it's criminal what they're doing in ICUs is not following the recommendations.

Dr. Bryan Ardis: I just want you to know, it was found by the World Health Organization's data review Remdesivir was 20 times more deadly with acute renal failure than Hydroxychloroquine. Which Hydroxychloroquine and Ivermectin have been touted in research, shown proven-

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: ... to help protect the heme on the outside of red blood cells that are damaged by spike proteins of SARS-COVID-2. So, Ivermectin and Hydroxychloroquine, these two drugs are actually way more safe and effective in early treatment-

Dr. Patrick Gentempo: Yet they're vilified.

Dr. Bryan Ardis: And yet, they are vilifying these like crazy. Amazingly. I already knew when I saw Anthony Fauci bashing Hydroxychloroquine in May 2020. I was like, how can he be bashing that drug it's been FDA-approved safe and effective for 70 years. Remdesivir? Never FDA approved at that point. And he chose that one. It was odd to me. But Ivermectin has been actually FDA approved for 20 years by the FDA and been used with four billion-plus doses for over 40 years.

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: Zero deaths. And it also won the Nobel prize in 2015 for curing multiple human diseases caused by parasites.

Dr. Patrick Gentempo: And it's one of the World Health Organization's essential drugs.

Dr. Bryan Ardis: It was. And then they took it off.

Dr. Patrick Gentempo: Oh, man.

Dr. Bryan Ardis: This year. It's so ridiculous. Yes. So, there's been this huge attempt to actually cover these things up and just use Remdesivir. And the sad part of it all is Anthony Fauci knew all this information. This is what I got upset about. It was personal to me because Anthony Fauci knew how dangerous the drug was before he mandated it. He could have picked any of those other three drugs in the trial. And I probably would've been okay because he picked at least not the deadliest one, but you picked-

Dr. Patrick Gentempo: Any of those would be unacceptable.

Dr. Bryan Ardis: But any of them are unacceptable to me. Listen. Listen. This whole virus pandemic has killed less than 1% of the entire world's population. Why would anyone be okay being mandated a drug that even killed over 1% of the people you gave it to, much less 8% up to 35% proven in these studies with Remdesivir? I wouldn't be okay with anything over the percentage of the people that are actually dying in the world. This is less than 1% of the world dies from this infection. Less than one.

Dr. Patrick Gentempo: So, it is still in use today. Is there anybody else speaking up about this or challenging it, or have you spoken to any people in legislature to say, take a look at this please, before you next speak to Dr. Fauci?

Dr. Bryan Ardis: We have been meeting with, I'm not even kidding, retired military personnel, in generals, we've been meeting with lawyers, we've been meeting with legislators. I actually was called by, I don't know if you saw this interview, but Dr. Reiner Fuellmich in Germany, he oversees what's called the German Corona Foundation Committee, and he contacted me about a month ago and said, "We have a thousand lawyers in Europe, 10,000 MDs in this foundation and we're all suing the World Health Organization for crimes against humanity over COVID-19."

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: And they wanted my information about what Anthony Fauci knew before he mandated Remdesivir.

Dr. Patrick Gentempo: Had they scrubbed the sites?

Dr. Bryan Ardis: I actually just printed all of this stuff this morning.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: So, they haven't taken down these published reviews. I can just keep throwing them at you.

Dr. Patrick Gentempo: They obviously don't fear it, but I would back it up, because they're going to take it down.

Dr. Bryan Ardis: Yes. So, we've downloaded all of them. But I actually submitted all that information to the German Corona Committee Foundation. There are people who are actually fighting this and wanting all of that information. So, we did a one-and-a-half-hour deposition-type interview and provided all of their lawyers with all of those documents. So, yes, I'm doing my best to try to get as much information as possible. Number one would be if you're concerned that you're going to die from COVID-19. This is the ultimate fear when people start struggling with breathing.

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: They think they're going to die. Just remember the statistic is 99.97% of all people that get COVID-19, don't die.

Dr. Patrick Gentempo: All right.

Dr. Bryan Ardis: If you go into an ICU right now, they're going to limit your ability to even have your loved ones with you. They're going to cut them off and not let you in. You're going to be all alone, subject to protocols they're going to want to mandate and follow. And if you don't think you're capable physically or emotionally to fight back and stand for a different protocol, you're going to be run over, and they're going to just push these protocoled drugs on you. These mandated drugs that are going to do more harm than good to you. And my thought process for you is if you actually think you're going to die, which 99.97% of all of you are not. You just feel like you're going to, please I want the world to know this. Every single person who's ever had the flu, either influenza A or B in your lifetime, day three, four, and five of being sick, all of you remember those days, every part of your entire body hurt.

Dr. Bryan Ardis: You actually start thinking, am I going to make it, am I going to survive this? And then, within 48 hours, the body gets rid of the virus altogether, and then you recover. But there's moments where you think, I think I'm going to die. I feel that bad. The body has to go through certain processes to eliminate infections. And when the virus ultimately gets into your lymph system, you feel horrible. So, please let the body do its thing. You all survive the flu. 99.97% of all of you are going to survive COVID-19. But if your fear is you're going to die, would you rather be in a cold ICU being pumped full of drugs that are proven by France, by the World Health Organization's data, by actual studies on New England Journal of Medicine, proven that those drugs they're about to pump into you are going to cause acute kidney failure inside of you and ultimately take your life within five to 10 days. For more than 1% of all of you, would you rather be at home with your loved ones, or would you rather be in a cold ICU without them?

Dr. Patrick Gentempo: That completes part one of my two part interview with Dr. Bryan Ardis. As you can see, there's some shocking information here and we're not done. I'll look forward to seeing you in part two.

Patient Testimonial: Sheryl Ruettgers

Dr. Patrick Gentempo: Sheryl, thanks so much for taking the time to have this conversation with me.

Sheryl: Thank you, for having me.

Dr. Patrick Gentempo: So, let's get into your story a little bit and let's start with what inspired you, or caused you to take the action to want to get the COVID-19 vaccine?

Sheryl: So, at the time that Oregon was rolling out phase one of the vaccine, I was doing an internship. I've been working on my master's in clinical mental health. My stance leading up to my internship is that I was not going to take the vaccine. I was going to wait and just see how other people handled getting the shot.

Dr. Patrick Gentempo: Right.

Sheryl: But then I felt the pressure, and the way that it was presented to me is that I had a choice, but that in order to protect the youth in my care, that would be beneficial. That came more from not necessarily from my internship site, because like I said, they gave me all the freedom to make the choice, but I did feel the pressure, and I had less than 24 hours to make my decision, which contributed to making such a quick decision.

Dr. Patrick Gentempo: What would happen if you decided not to do it within 24 hours?

Sheryl: My understanding is that my opportunity, I would not get that opportunity again.

Dr. Patrick Gentempo: I see. Okay. So, basically they said, yeah, you have 24 hours to get this done otherwise this opportunity goes away. Wow. Okay. So, you went ahead and said, okay, I'll go get it done. So, tell me what happened.

Sheryl: And so, I went to the health department and filled out paperwork, and I got my shot. I honestly didn't even feel the needle. Two days after my shot, I woke up with excruciating neck pain and had palpable lymph nodes from under my jaw all the way down to my collar bone at which I attributed to my vaccine. And then the real trouble started two days after that.

Dr. Patrick Gentempo: Which was what?

Sheryl: I woke up in the middle of the night thinking that I had slept on my arm weird because I woke up and my arm was numb. And then I realized that my leg was numb. And so, it continued. And then I realized that my face also was starting to feel numb, and I just sort of waited it out during the day until finally I just went to urgent care, and they checked me for a stroke. They ran some tests and said that everything looked normal but they were concerned, and that if my symptoms progressed that I should go to the emergency room.

Dr. Patrick Gentempo: Did they suggest that this was or wasn't related to your vaccine?

Sheryl: He said that the timing was odd and that he had not heard of any other reactions but didn't discount that it could be attributed. Because he also had access to my health records, which prior to taking this vaccine, I am perfectly healthy. I honestly don't even know the last time I had a cold. I just don't get sick.

Dr. Patrick Gentempo: So, what happened after that?

Sheryl: So, I went to bed that night, same symptoms, and I woke up in the middle of the night about the same time, and I could feel movement under my skin. It is bizarre to describe it. It was as though something was moving under my face and what I attribute now is just nerves firing. And then my scalp started to burn, and my hands started to go numb. And so I just got up and went to the emergency room.

Dr. Patrick Gentempo: And then what happened?

Sheryl: So, they checked me for, and I was having pain in my chest. And so, they ran an EKG, which was normal. Ran a bunch of blood work, which was all normal. And then did a brain scan, which was also unremarkable, everything was normal. The ER physician, I saw two of them while I was there, told me that they had seen, I think he said, three or four other patients prior to me in that same week, with similar neurological reactions, as well as a physician with Bell's Palsy.

Dr. Patrick Gentempo: Wow.

Sheryl: And so, on my records, and I asked if this is attributed to the vaccine, do I report this to VAERS? Or do you report this to VAERS? And the ER physician told me that it was my responsibility to report it to VAERS and asked me to make sure that I did report it. And then they made me a referral to a neurologist.

Dr. Patrick Gentempo: So, how long ago was this that this all went on?

Sheryl: January.

Dr. Patrick Gentempo: And where are you right now as far as your... I'm assuming you never went back and got a second shot?

Dr. Zach Bush: No.

Dr. Patrick Gentempo: Yeah. Okay. I had to ask only because some people actually had a bad time with the first one and then semi recovered and went back for the second one and it was pretty disastrous. So, now where are you right now with this? So, now we're several months later, obviously. What are your symptoms like now, if any?

Sheryl: So, my symptoms progressed to include a lot of autonomic dysfunction. I had a hard time regulating my temperature. I would be really hot. I would be really cold. I would get chills, terrible brain fog, which was debilitating because I'm in a master's program. And so, I would say that my symptoms have progressed to include nerve pain in my arms and my legs. And I have this internal vibration that just sounds like it's out of a science fiction movie. I don't know how to describe it.

Dr. Patrick Gentempo: It's not getting better with time or not really changing? And what does your neurologist say? Is there anything he can do to help you?

Sheryl: So, my neurologist ran more CT scans to rule out some things. And then he also did a skin biopsy for small fiber neuropathy and then a sweat test that they do, and that came back positive. So, the diagnosis that I have today is immune-mediated small fiber neuropathy.

Dr. Patrick Gentempo: For which there's no real treatment?

Sheryl: There is no real treatment. No.

Dr. Patrick Gentempo: Did the neurologist suggest or is he aligned with the fact that this is a adverse reaction to the vaccine or does he have a different opinion?

Sheryl: No. I did see initially after my stint in the ER, I saw one neurologist, and I said, well, I was perfectly healthy, no symptoms, and then four days later, I present with all of these neurological symptoms. Is there a reason why you're not considering that the vaccine could be causing this? And she was not having it. And she was not happy about it. And actually told me take your next vaccine, and then let's see what happens to your body. And I actually laughed because I thought she was kidding. And so, anyway, I left her, and my second opinion, the other ER, or the other neurologist that I saw was a referral from, unbeknownst to me, from the urgent care physician. And that's who I've been seeing is this one.

Dr. Patrick Gentempo: I'm literally shocked. That that first neurologist recommended getting the second vaccine, which is pretty much malpractice. If you already have an adverse reaction knowingly, you would be medically exempt from the second shot as compared to say, well, let's get the second one and see what happens. That's just inconceivable that somebody with an education and a license to practice would make that recommendation. Last question, did you register your adverse event with VAERS? And if you did, how hard was that?

Sheryl: It was very difficult. I did. The first go-around, I was knocked off because you have apparently a time limit. And then I started all over again and was knocked off of VAERS again. Meanwhile, every week I was filling out the V-checker that came through my cell phone that I had signed up for. And my symptoms were getting so bad and so scary that I literally when it would send the request for me

to mark down or to text back what my symptoms were. I would literally write on there I think I'm dying. At one point, I really didn't think I was going to die, and can somebody please contact me? And it was four months later before I heard back from the CDC in relationship to the V-checker, that woman that helped me, she went back for me and checked my original VAERS report and found it and then updated all of my symptoms for me.

Sheryl: And at one point, while she was updating my symptoms, she stopped and said, "Are you close to done? This is a lot." So she marked the box for permanently damaged, which was hard to hear. And then, I have to say it's a huge hassle. And so, when I hear people say, "Oh, we can't trust VAERS because anybody could get on there." Nobody in their right mind would spend the amount of time that it takes to have to, even if you were going to fake information to put on there.

Dr. Patrick Gentempo: I'm very sorry that we're having this conversation as far as how you're impacted. And I am very appreciative of the fact that you're willing to speak out publicly about this and to share your story. And I wish, based on our exploration through this series, I wish I could say it was unusual in you're a way outlier, but the reality is the more I'm researching this, the more I'm finding out this is a lot more common than almost anybody thinks. I do really hope for your recovery that your body will. I think the good news is you were healthy beforehand and imagine people who are already compromised trying to go through something like this, geez, it'd be much worse, but I do hope that the coming months start to show some healing in your body as compared to what you're dealing with right now. So, thank you so much for being here.

Sheryl: Thank you. I appreciate your time.

Outro

Dr. Patrick Gentempo: That completes episode four of our nine-part docu-series COVID Revealed. We're moving past the halfway point now it's exciting. I know what the future episodes have, and it's a lot. You're going to be really excited about the information you're going to get. And quite frankly, in some instances, it might even anger you because you're going to learn things that have been kept from you in these episodes.

Dr. Patrick Gentempo: I also want to remind you that during this free viewing period, we have very steep discounts on owning COVID Revealed as well as some special bonuses. If you haven't already checked that out, I think you're going to see that's an investment worth making. And certainly we have great gratitude and appreciation for you supporting this work. So, thanks for being here. I'll see you in episode five.

Dr. David Martin: Peter Daszak, in 2015, the National Academy of Sciences made the statement. We need to create universal acceptance of a universal pan-influenza pan-coronavirus vaccine. We need the media to create the hype, and we need to use the hype to our advantage because investors will follow where they see profit at the end of the process. You can have a fragment of what we're calling SARS-CoV-2 and have a perfectly healthy experience of living. And you can have all of the things we call COVID-19 and have no evidence of any of the fragments of the alleged causal agent. That is, in fact, the definition of conspiracy.

James Lyons-Weiler: They make something up, and they say it. Because they're the CDC, it becomes true. This is a case if it's PCR positive. It was not medical. That was policy. In my view, they've gone too far. The CDC actually doesn't consider you vaccinated unless you've survived to day 14 after your second dose. You're still unvaccinated. So, anybody in those studies that dies, that counts towards the unvaccinated. The vaccine is ineffective. You might as well have not got it. But if you got two doses, you're more likely to have an infection. The vaccine is causing antibody-dependent enhancement. It's causing the disease.

Bonus Interview: Michael Green

Dr. Patrick Gentempo: Michael Green is an attorney from Hawaii, who made big headlines in the news, in the national news because he's filing a class action suit on behalf of first responders and others, when it comes to COVID and COVID discrimination. Let me tell you, he doesn't seem like somebody you want to mess with. This interview gets into the legal aspects of what the rights are for people like first responders and others who don't want to get this vaccine.

Dr. Patrick Gentempo: He digs deep into the law and talks about why at this point in his career, he decided to step up and take on this challenge. Enjoy this interview. Michael, thank you for taking the time to have this conversation, I'm very interested in the work that you're doing. Let's start with what got you interested in this case that you're developing around COVID?

Michael Green: Well, when it started, I have a son-in-law and I have a grandson that both coach at probably one of the most prominent private schools in the world, Kamehameha schools, which legacy comes from the monarchy here, our princess who began this school to educate her Hawaiian children. It's an incredible place. They have the ability to provide scholarships and education, not only in the elementary school and secondary school, but college and things like that. It's just a wonderful place to be.

Michael Green: Then all of a sudden, this pandemic comes about, and we have the school saying to my son-in-law, who by the way, had COVID, "If you're not vaccinated, you lose your job." Not that he's being paid to be a coach, because most coaches at our high schools in Hawaii don't get really paid. Of course my grandson's not vaccinated. He leaves. I got another grandson that's got a scholarship, great education. If he's not vaccinated, he's got to leave. I started with them, because they had religious exemptions as they explained them to me, which is a whole separate area with mandates and title VII, that doesn't allow people to be discriminated against because of their religion.

Michael Green: I started talking to their lawyers. I've been in litigation with that school for many, many years. I like the school. The trustees are wonderful. We started talking about what they were doing to the school and the kids for extracurricular activities, which is so important in nurturing your kids from elementary school, a secondary school, to be able to interact with other students, which allows them to grow other than reading textbooks and taking tests.

Michael Green: From there, our governor lost control of what he was doing and we just... He started looking at other states to see what they were doing and then he started imposing emergency orders and mandates. I started getting phone calls and I was contacted by a guy who's the head of some freedom foundation here, who has got about 2000 members that pay him dues. The conversation basically was,

could I appear at a meeting for four or 500 people to explain what I'm doing regarding the mandates to be vaccinated or lose your career.

Michael Green: I went and before I got up on the DS to speak to these people, I was approached by four firefighters over a hundred years of protecting the lives of people in their community, our community, who were told, "Go home, you got no job unless you want to be vaccinated." What the governor did in an emergency mandate was to take away all of our union's rights to arbitrator negotiate changes in collective bargaining agreements. If you belong to a union, the employer just doesn't have a chance to call you one day and say, "You know what? You know you guys or you women that are making 30 bucks an hour, we're giving them 10 bucks now." Those are extreme examples, but the point is, if you want to change the contract you've agreed to, the union has a right to negotiate that or arbitrate it. The government took away their rights. He suspended that right, so the union became powerless and all these people are going home. If you don't want to be vaccinated, you're done.

Dr. Patrick Gentempo: Mm-hmm

Michael Green: "Besides being done, I got more news for you guys. You want to apply for unemployment compensation, the employers coming in to say you were fired for cause." After two years of appeals, you know what? No rent for... No money for rent, food, for clothing. Are you kidding me? Are you kidding me? We're talking about the first lawsuit was for first responders, EMTs, fire, police, ocean people that are going out in 40 foot waves to save people. Their financial careers are over. The love that they have for helping people, saving lives. Don't let the door hit you, pardon of my language. It's true. Don't let the door hit you way out.

Michael Green: Now, all of a sudden I speak to this group of people and we have first responders. We have over a thousand of them, I mean, some union people are willing to be vaccinated. Others are not willing to be vaccinated. The one thing about this that I got involved in, I didn't know this. I'm on both sides of the fence of this thing. My wife was never supposed to live when she got COVID. Prior stroke, prior heart attack, diabetes and then she got COVID. The doctors never told me, or one in particular. I do a lot of legal work in Hawaii. You should tell the Greens not to have a lot of faith in the outcome of their mother and their wife, his wife, because you know the outcome of this woman, which meant death. Never told me that, and this doctor refused to give up. 93 days in the hospital. Twice she's on a ventilator and she's... By the time they get done with her on the ventilator, and she's paralyzed twice, she then has a tracheostomy and she lives. Then she comes home and she's not on a ventilator anymore. She's not on a tracheostomy anymore. A trach, she's able to breathe somewhat on her own. She's in pain, everyday. Long haulers, people that have had this disease, it doesn't go away when you're done with COVID. There's residual effects.

Michael Green: Then she wanted the vaccination because she believed that the vaccination would help mitigate the horrible pain she's in every day and remains to be there. She wanted the vaccination. I didn't know the numbers that I know now about deaths of people besides heart attacks, deaths, residual effects of these vaccinations. Because the truth of the matter is, it's a lawyer talking, not a doctor, but I'm reading what experts are saying, the public doesn't know what they're sticking in their bodies. Billions of dollars being paid to for the pharmaceutical companies that are producing these vaccines. Billions a quarter. The pressure from the President of the United States, who promised, "The day I'm elected starting the next day, we're going to take care of COVID." People never knew the risks. I didn't know the risk. My wife... We drove her to a pharmacy, because she couldn't walk. They came out and they injected her and they injected me because she wanted to get better.

Michael Green: I got to tell you, if I knew today, back then, I probably would've let her do it because that's what she wanted. She's a survivor and if she got to through what she got through for 93 days, I let her make the choice of life or death. Then thousands of people are coming forward. Not just first responders, EMTs, fire, police, water safety. Now we're talking, it's 350 flight attendants. We're talking to public school teachers, public school students. We're talking to private students, teachers, everybody, everybody. Then our governor in his infinite wisdom, besides taking away the powers of the unions, this is a huge union state, he then comes out with an emergency proclamation, taking away people's rights to litigate against healthcare providers, if they tell you to get out of the hospital. We can't treat you, get out of this bed, we're bringing someone else in that's suffering from COVID. Took away their rights to litigate this.

Michael Green: We have four counties in Hawaii, three mayors say, "You know what? You don't want the vaccination, be tested once a week." The mayor of our county says, "No, no, you got to be vaccinated and if not, you lose your careers or maybe some testing, but it's got to be for religious or medical exemption." Now I get 50 calls a day from people. A guy just called me that just got fired. They denied his religious exemption. He's going to be out in the street. I got nurses in nursing school that are not allowed to go to hospitals, to do their lab work, which means they can't be nurses and the hospital is saying, "No, no. If you're tested, come on in, you can work here." But the college is saying, "No, no, no, forget it. You ain't going anywhere. No vaccination and if we don't accept your medical exemption, which they have not, done."

Michael Green: I've been talking a lot before you ask me anything, if you want to, but let me tell you something else, just as a lawyer. The doctors, the nurses, the respiratory people look at me and they cry and they say, "Michael, medical science didn't do this." They point up to the stars and heaven. I can tell you miracles that happened to my wife, that made these doctors and nurses cry. I've seen it happen. Now I have all these people coming to me and they're concerned about their futures. Our governors taken a position where basically you accept his mandates or you're out, you're gone. You can't support your families. Your careers are over. As a lawyer over my career, and I used to do a lot of medical

negligence cases, malpractice cases. I've slowed down because my new love for lawyers and for doctors and nurses has changed a little bit. Every procedure you have, if you, your family, whoever it is, if they have to go in to see a doctor and they need a medical procedure, it is required by every physician to provide their patient with what's called informed consent.

Dr. Patrick Gentempo: Yeah.

Michael Green: You have the right to know the risks of the procedure. You have the right to make a knowledgeable decision, an informed concision, decision, as to what or not you want the procedure. If you say, no, you don't have the procedure. Here, if you say no, when they... And they never tell you, the people giving you vaccinations here at the stadium where they're doing it, people volunteering for the city go and get your vaccination, they're not telling you, "By the way, let me tell you the number of people have died, within 48 hours of getting these vaccinations."

Michael Green: "Let me tell you how many people wind up in the coronary units. Let me tell you how many people wind up in ICU. Let me tell you how many people have suffered dramatically 71 times more effects from this, these vaccinations than any other vaccinations that were given to people over their lifetime." They don't tell you that, but you know what in our state? It don't matter, because if you exercise your informed consent and say, "No, no, no, I don't want that." You know what? Out, you got no job. You can't feed your family. You can't support your family. You can't call your family.

Michael Green: We have gotten to a place in this country and a lot of it comes right from The White House, the pressure of a promise made to the citizens in this country, what he will do to correct this disease and the pressure he's putting on food and drug. I mean, they approve this drug in... It usually takes a year and a half or two years. I'm looking at numbers that come from the VAERS organization. I read what I've got in front of me is this guy named Steve Kirsch, who's the executive director of COVID 19 Early Treatment Fund. He gave testimony, there's a bunch of doctors that also gave testimony.

Michael Green: He's not a doctor. He wants to, focus his remarks on the elephant in the room, "Vaccines, kill more people than they save," but he starts quoting data from the VAERS organization and 411 deaths per million doses. That's 150,000 people that have died from the Pfizer shots. All I'm saying is, if people don't have the right to choose as opposed to getting fired and they lose their careers. I'm beside myself and I, as I said, I talk to people every day. Our team, each of us gets 50 calls a day from people who are panicked. One of them called me and says, "You know what, Mr. Green, I filed for a religious exemption and what the employer said was, 'You know, the Pope? The Pope just said it's okay to be vaccinated.'" I said, well the Pope can be vaccinated, then get vaccinated."

Michael Green: This religious exemption is personal to every person. Originally our mayor here said in our county, "If you say you have a religious exemption, we believe it to

be the honor system. We're not going to subpoena your pastor, your rabbi, whoever it is. If you say you have a good faith, religious exemption, just write it and tell us." Well, that changed pretty quick. It changes all the time. Then the interesting thing was, that our first complaint that we filed, we filed in federal court on August 13th, 2021 for all the first responders. When you file for what you anticipate to be a class action, the court's going to have to certify the class, but we name class representatives, because if you wind up as a lawyer, and we just did one for 3000 people a little while ago, if you don't have class representatives that represent all the class members, if you sue somebody that has unlimited resources, their lawyers are going to want to take depositions of everybody in the class, they burn you out.

Michael Green: We have class representatives that represent the entire class, and they can only do discovery and question those people. We file for 10 class representatives for first responders and they came in and they granted our request for testing. They want to get our case dismissed, "Because your honor, there's no issue anymore. We agree with Mr. Green, that we're willing to test them as opposed to make them stick needles in their arms." Now we have to amend the complaint, we'll name 750 more and we'll see what they do, but the pressure on judges, thank God they were appointments for life. You can't do anything to them, if you don't like what they do, other than appeal to the circuit or the Supreme Court. Basically you've lost your rights to be treated at a hospital, if it's something other than COVID. If a doctor has to make a decision in violation of their Hippocratic oath, not to do harm to someone, and you worry about your career. You worry about years and years of service and all of a sudden, one day you get the letter that it's over and the unions can't do anything. The governor made sure here.

Michael Green: One last thing. I'm working, I work seven days a week. I'm at my house working on some briefs and I happen to have the Ohio State game one. I'm originally from Illinois. I've been here 31 years. Ohio State's got a hundred thousand people in the stands. I look at Oregon. I look at Washington, these people in the stands, professional football, they're there. Our governor doesn't even allow parents to watch our games here. We don't have a professional team. No one. I mean, we need something, for example, to give people a sense of camaraderie, to get a sense of what we call a family here. He took it all away and it changes every week. This isn't Ohana, the word, local word here for family. Took it all away from us. People are terrified. They have people flying in from all over the country. You got to show them your vaccination card. What the hell does that mean? After plane can be infected, even though they're vaccinated. I got deaths. I have people dying that have been vaccinated.

Dr. Patrick Gentempo: Yeah.

Michael Green: Testing is the only way it seems to be able to make sure that the person you're talking to does not have this terrible disease. If I watch my wife every day, we have nurses around the clock. I know what the disease can do. I talk to people who 20-30 years fire department, police department. We had one cop pulled

out of his car the other day, told him to go home. He's done. You can't, you can't work anymore. One year away from his pension investing.

Dr. Patrick Gentempo: The legal side of this is really fascinating and disturbing, because I'm wondering if one of the challenges, and there's several, but you brought up informed consent, which is, that is the law. Suddenly informed consent is actively discouraged. Anybody... Censorship is preventing people from getting the actual data and the information, and that in and of itself I think poses some legal challenge. I wonder also about the governor in Hawaii, that you're speaking of, saying is there a challenge to these authoritarian measures that he's taken? Does he have the right to do this?

Michael Green: Well, we're saying to a federal judge he's not. He forgot that there's an executive branch. There's a judicial branch, there's a legislative branch. He forgot about that. He thinks he's it. What he's getting, is, he's getting things from other states that other states have implemented and he does it here and it keeps changing. He's done. He can't be reelected. I think he'd probably get 15 votes, because he's got those many people in his family. It's nuts. What I'm saying, look, he doesn't want to hurt people, but he's panicked. He's frightened and he is reacting knee jerk actions because he's so frightened. You know, there's something about your governor thinking, he's your parent. He tells you how to run your children's lives, how to run your husband or wife's lives. How you run your business life. He's taken it all over. He's taken away everything. I got to tell you, when people cannot pay their rent and they can't feed or house their family, bad things are going to happen.

Dr. Patrick Gentempo: To your point on that, incidentally, just locally where I am here in Park City, Utah, the longer short of the story that I got a firsthand account from, is that there's a single mother nurse who had two kids, young kids that she had to feed. She was told that she cannot go to work unless she gets vaccinated. She did not want the vaccine. She ended up basically having to weigh that thing out and said, okay, I guess I got to do this. I got to take care of my kids, have no other means to do-

Michael Green: Have no choice. Have no choice.

Dr. Patrick Gentempo: Have no choice. She gets the first shot. She has a really bad reaction. I think she may have been even hospitalized from the reaction, but at that point probably should have been given a medical exemption, but they insisted that she be fully vaccinated before she return to work, gets the second, the second shot and it kills her. She dies. Now, someone who didn't want to go to work, didn't want the vaccine, needed to feed her kids. The compulsion that you're talking about, now these kids are orphaned. It becomes highly disturbing. We, almost every expert I talk to says it's way under reported, as far as the deaths and injuries from the vaccine. Now, I think, did I see that in a complaint that you said that you're asserting, I think 45,000 people?

Michael Green: That number comes from a group in Florida. I'm looking at the VAERS study is a little bit less. It's so under reported. I've seen testimony on video from nurses in ICU where somebody dies and it's not reported. When you are talking about billions of dollars, you're talking about the white house being involved in promises they made and people getting reelected, we suffer from that. The individual. We have a woman that called me a little while ago and made all the newspapers here. Her son was in his senior year on the wrestling team and he was hoping to get a scholarship for wrestling. Well, they're not letting him wrestle unless he gets his shots. "Mom, please, please." Gets the shots, winds up in ICU, in the cardiac department. The number of people that suffer from myocarditis is a lot. He wound up in the cardiac unit. He ain't wrestling anymore.

Michael Green: Just wants her son to live. Then you have food and drugs saying, "Don't get the booster." Then, "Get the booster." Everyone writes their rights, their constitutional rights have been removed, or they have to make a choice between feeding themselves and their families or doing what the government says they have to do. The other thing is the governor says here, and maybe in other places, mayors, cities, "If we get a certain vaccination and rates, we're willing to reduce so that people that have restaurants, no longer have to be investigators," and look at your card and look at your testing, whatever it is. If you're willing to do that, if we have a certain number of vaccinations, none of them include people in that had COVID. That have probably stronger antibodies than the vaccination will give you. If they took those into consideration, you're here, I think we're close. We're over the sixties of vaccinations. We'd probably be close to 85 or 90%. My son-in-law, an athlete, will not be vaccinated, but he has... He goes and he's tested twice a week. "You have your card?" "No, but here's my vaccination... Here's my testing card." Well, wait, wait, he went in and got tested on a Monday. He just got the results on Thursday morning out, it's got to be 48 hours.

Dr. Patrick Gentempo: It's ridiculous. I mean, just the logic of it doesn't hold, obviously. I mean, as a matter of fact, so many breakthrough infections, people just because they're vaccinated, doesn't mean they're not infected. Doesn't mean they can't spread the infection. Yet, if somebody's recently tested, that's probably a better, a safer thing, saying, "I just have a negative test," and then of course, we can get into testing. None of it makes any sense.

Michael Green: No, at the testing is the only thing I can see based on the months I'm working on this, that is dispositive of the fact that you're not, you're infection free. The vaccinations don't mean anything to me. I mean, you're vaccinated. Maybe if you get the COVID, even though you're vaccinated, you won't die, but you certainly can be... You can certainly have COVID and be on a plane and bring it to Hawaii, even though you got a card. The reason for it and the goal is on its head. It doesn't achieve the purpose of complete safety for the people you're going to be around. I got to tell you, my son-in-law and daughter are thinking of moving. To a different state. Of course, it'll probably will spread almost everywhere, but what they're forcing people to do, but we have people leaving.

Our young athletes that love being here, part of the whole Ohana for Hawaii, they want to go to states where they can play, at least play high school ball, so they have a chance of going on with careers. It's affected everybody.

Dr. Patrick Gentempo: Yeah.

Michael Green: Everybody's affected by this. Of course the biggest motivator is fear. Then secondarily, we have people that are truly have been part of the church for years, bible studies, have reasons they've espoused in writing, and then somebody tells them, "We don't accept that." The stuff I've done over the years, this to me is probably the most important thing for...

Dr. Patrick Gentempo: You've got these classes, you've got these classes that you're forming now. What are you hoping to achieve in these legal battles that you're fighting?

Michael Green: Don't think we can win, simply saying, "We're not going to be tested. We're not going to be vaccinated." I think that the way the country is today, that you've got to be able to say, look, I'm willing to be tested. If you want me to go in, twice a week or outside islands, you're only asking for once." But we had an employee said they want tested every day of the week at their expense. The governor was saying twice a week at your expense, that's 300 bucks after tax dollars. $1,200 a month to a family after taxes. It just, you just wonder how do these people get to a point of where they're running the entire state and their logic is skewed. It makes no sense. I'm just hoping that a federal judge will be able to compromise this. We've offered to compromise. What we did was, we filed for first responders because the deadline was around the corner. We got it in on a Friday, because by Monday, a lot of people are going to get fired. We then have private schools, different deadlines. Different deadlines, depending on where you work and what class you are. We're trying to meet those deadlines by filing complaints for injunctive relief.

Michael Green: I represent a lot of people charged with crimes around the country and they get a right to be frightened about what's going to happen. But, a lot of them, it's the old session, the statement, "You can't do the time, maybe you shouldn't have done the crime," but here we have hardworking, decent men and women with families and grandparents. All of a sudden, they look at losing everything, unless they compromise their good faith belief. Losing everything. The panic is all over the place. The other part is this, and I don't mind saying this to you, we got a lot of smart lawyers anyway. My practice was originally in Chicago, but I was blessed enough to go all over the country. I met a lot of guys and men and women I respect as lawyers. We got smart lawyers in here, but I was waiting to see the larger firms here. I've got 15 lawyers I can rely on here in my offices. But there's lawyers firms here with 30, 40, 50 lawyers. I was waiting for someone to file a complaint for injunctive relief. Do something.

Michael Green: Nothing. My sense is, with all due respect to my colleagues, maybe there wasn't enough money in it to take on the challenge. There's a couple of websites, our team set up and I have no idea what's in there. I got a check from a guy in Texas

last week, thanking me for what I'm doing. It was a sizable check. No one doing this in our teams, I don't know if they've been paid anything. If they've taken anything out of the funds and they're putting in hundreds and hundreds of hours, and now we're getting calls potentially two or 300 class members, like flight attendants for Hawaiian Airlines. We're asking them to pay a fee to the lawyers. I told them in a Zoom meeting, I directed it to the lawyers who were doing their briefing and the writing. Not because I'm being altruistic, but I start to think about every dollar they give me, may be dollars they need for how about going to the supermarket? I know that's cutting it down to the least denominator, but it's actually a fact this could happen.

Dr. Patrick Gentempo: Are you seeking... Is there a path for you to seek damages?

Michael Green: No.

Dr. Patrick Gentempo: Not just injector releases. Even if you carry this all the way through, you can't get damages back?

Michael Green: I'll tell you where we can get them. Any employer that fires somebody or changes their employment status by denying a religious exemption or a medical exemption, I'm coming after them. Title VII doesn't allow that. You can't discriminate based on that. We're compiling a list, because you need numerosity numbers in a class action. I've heard about maybe 25 or 30 people so far. I'm coming. I'm coming. For now, we're just trying to get some agreement where people can be tested, before they lose their careers. But when you deny religious exemptions or medical exemptions, you're going to have a problem.

Dr. Patrick Gentempo: Those employers can include the state or the local municipalities?

Michael Green: I don't care who they are. I don't care what the title says on their door. If they're responsible for violating one of my client's constitutional rights, I don't care what it says on their door, and they know that.

Dr. Patrick Gentempo: Yeah. Good. First of all, I appreciate the fact that you're willing to represent these people and Hawaii is... All the feedback I get is how crazy it is out by you. It's kind of going off the rails. I'd imagine that at this point in your career, after all these years of practicing law, this is probably not an expected thing that you'd be doing at this point, right?

Michael Green: When, for the time I got licensed and I had my first law office in some lawyers working for me in the mid seventies, late seventies, I've been very blessed. My biggest case was down in New Orleans years ago and made my stamp in life as a lawyer, a trial lawyer. Then, I came here with my family. My wife was a local girl and so they knew their culture. I have people call us all the time. I'm just been very, very lucky, but this could be the most important case I've ever done in a sense of giving back. When you have so many people who are looking at such

terrible things happening to them and their families, as opposed to maybe a family comes in, I have... We had a terrible crash the other day, where some police officers may be responsible for a death and paraplegia some passengers. We took that case, but that's a family and families what we can help. This goes into we're the seventh largest city in the United States.

Dr. Patrick Gentempo: Wow.

Michael Green: We've got over a million people here. Look, many people are being vaccinated. The people that are vaccinated, don't like the people that weren't vaccinated or don't want to be, even though maybe they had lunch together several times a week for 20 years. Now, they're pointing at each other. We've got kids in a classroom. The unvaccinated are going to sit all the way in the back, segregated from the ones in the front. There's all kinds of stuff going on and these kids don't understand why they're being made fun of and stuff like that. There's all kinds of things that come from this, as opposed to what the immediacy is of what you see. Cause and effect, there's other subtitles in this thing, that are affecting people.

Dr. Patrick Gentempo: Yeah. Well, we're definitely in new territory here, as far as I think our culture is concerned and I'm very happy that from the legal perspective, you're taking a look at this and saying people need representation right now because our government is way overreaching. It's become tyrannical. They're, promulgating fear. They're promoting censorship and they're taking away our civil rights and that just can't be tolerated.

Michael Green: Well, I don't know what the outcome will be of eventually when you guys, and you finish your, the story that you want to tell, but the story has to be told. There'll be people that won't believe you, that think you must have some motive for doing this, but people need a voice.

Dr. Patrick Gentempo: Yeah.

Michael Green: I'm not talking about somebody that's accused of something horrible criminally, and they go get a lawyer, I'm talking about just hardworking people that just want to have a place over their, a roof over their heads and to be happy about their, the kids going to school and becoming something. The grandparents and grandchildren just, they need a voice. I got to tell you, I'm looking at some programs now in the news, and I'm seeing lawyers in different jurisdictions are filing the same things we've filed here. Not that they're copying us. There are lawyers that are willing to take on the fight. I got to tell you, those lawyers aren't making any money. It's something that just needs to be said. This was probably one of the most important challenges of my life. We know it's an uphill battle. We know it, but when the day is done, whatever the results are, at least I know I tried.

Dr. Patrick Gentempo: Yeah,

Michael Green: That's all I can do.

Dr. Patrick Gentempo: Well, it's very meaningful, I think in a lot of ways for people. I hope that what you're you're doing is inspiring other legal representation in other places, because it's necessary. But, I appreciate not only that you took the time to share what's going on with us here, but that you're also doing this out in the world and helping people in your community that you've lived in for so many years. As you have updates, maybe you'll come back from time to time, let us know what those updates are and we can share them with this audience.

Michael Green: No, no, I will, I will. I just, I'm happy to do this. I just, I just want the message to go out that what you see in the newspapers or on TV and what's coming out of our executive branch in Washington and other places, ain't exactly the truth.

Dr. Patrick Gentempo: Yeah.

Michael Green: Then, like I said, it's... The story needs to be told and I'm happy to participate and if anything comes of what we're doing, any updates, I'll be happy to call you.

Dr. Patrick Gentempo: When you're fighting the system. I think everybody needs a badass attorney and that's what Michael Green is. I'm glad he's doing what he's doing. I also am glad that he decided to share it with you, right here, right now. Thanks for tuning in.

Episode Five

Dr. David Martin: Peter Daszak, in 2015, at the National Academy of Sciences, made the statement, "We need to create universal acceptance of a universal pan-influenza, pan-coronavirus vaccine. We need the media to create the hype, and we need to use the hype to our advantage. Because investors will follow where they see profit at the end of the process." You can have a fragment of what we're calling SARS-CoV-2, and have a perfectly healthy experience of living. And you can have all of the things we call COVID 19 and have no evidence of any of the fragments of the alleged causal agent. That is in fact, the definition of conspiracy.

Dr. James Lyons-Weiler: They make something up and they say it, because they're the CDC it becomes true. This is a case, they, if it's PCR positive, it was not medical, that was policy. In my view, they've gone too far. The CDC actually doesn't consider you vaccinated unless you've survived to day 14 after your second dose, you're still unvaccinated. So anybody in those studies that dies, that counts towards the unvaccinated. The vaccine is ineffective. You might as have not got it, but if you got two doses, you're more likely to have an infection. The vaccine is causing antibody dependent enhancement. It's causing the disease.

Dr. Patrick Gentempo: Welcome to episode five of COVID Revealed. Well, we're moving past that halfway point in our nine part docu series. So it's great to be here with you. We got a lot of road behind us and covered a lot of ground, but let me tell you, the road in front of us still covers more facets of this arena called COVID, in ways that you need to know and understand. So stick with me, keep taking this journey with me, you're going to learn things that you need to know. I also want to remind you that during this free viewing period, we have significant discounts on owning COVID Revealed, as well as some really great bonuses that you'll be interested in. Know that when you invest in this, that it's supporting our work, it encourages us, it keeps us going, and it's something that we have deep gratitude for.

Dr. Patrick Gentempo: You're saying that you appreciate what we've done. You think it's valuable. And once you own it, I want you not only to have it for yourself, but make sure that you share it with other people. It's important that people get this information. One of the things I've got to tell you, it's so hard when people want to enter a conversation around COVID or the vaccine, it gets very polarized and very heated, very quickly. And people are just seeing headlines all the time. And I felt like it was our job to say, "Let's put the information together." So that when people have questions or even if they're opposing or adversarial in some situations, you have the content to be able to have them see it, and say, "Here are credible experts. Here's their credentials. Here's what they had to say." It

just allows us to speak for you when you're trying to communicate something. That's one of the visions that we have for this series, to have a very encyclopedic look at COVID with experts that are credible, so that people who maybe are getting their information from bad sources can now get it directly from very good sources. So we are past the halfway point now in this free viewing period, it's great to be here with you. Episode five is a very, very powerful episode. Let's go ahead and get started.

Dr. David Martin

Dr. Patrick Gentempo: Sometimes people's intelligence can almost be overwhelming. They are so bright, so articulate, and have this high horsepower brain that they can take large amounts of information, sort it all for you, put it together, and then deliver it, and do it in ways like other people aren't doing. Well, that's the case with Dr. David Martin. You can't help but know you're in the presence of intense intelligence when he's speaking to you. He is somebody that's come on the scene to recognize certain aspects of this whole COVID story that really nobody else is talking about. And I have to say that this interview blew my socks off, and it's about to blow yours off too. It's a two part interview, so we're going to start with part one right now.

Dr. Patrick Gentempo: David, I've very much been looking forward to this interview. So thank you for taking the time to come sit down with me.

Dr. David Martin: Oh, it's a delight, Patrick. Thank you so much.

Dr. Patrick Gentempo: So I want to maybe approach this a little bit differently than most interviews where we follow a trail and then get to a conclusion. Maybe we've got to do this more like a research paper, because I know the vastness of the trail.

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: Let's start with the conclusion, and what is the conclusion? Then we're going to get into the trail that got us to this conclusion. So when it comes to COVID in the general context in the world, what the world believes about COVID, what the media's promulgating versus what you know, what's the conclusion there?

Dr. David Martin: The conclusion is, we have a conflict of two fundamental worldviews about what humanity is. There is a view which is informed by the industrial evolution, which is now turned into the kind of AI and cyber view of the world, which essentially sees humanity as a series of predictable, reductionist, almost computer simulatable experiences. And in that world, what you want to do is you want to get consensus thought, you want to get consensus behavior. You want to get consensus acquiescence. You want to get the world to actually fit into a formula, because that's a view of humanity that says that the best humanity is domesticated. That's one worldview.

Dr. Patrick Gentempo: Gotcha.

Dr. David Martin: There's another worldview, and that worldview says that the essence of humanity is this unbelievable interplay, where the spark of consciousness that tunes us into the frequency called humanity gives us the ability to see life as an ever unfolding mastery of learning from that which has come before us, adding our own experience, and our own intellect, and our own creativity to that

experience, and then passing along something that is fundamentally non-linear. And in many instances, transcendent. And so when we think about it, that one worldview is the worldview that can build a cathedral, where the cathedral has a dome that wasn't even contemplated when the cornerstone was first set.

Dr. David Martin: Where you actually know that by virtue of building the thing you're building, somebody else is going to look at it and go, 'Ah, I wonder if you could do that with glass," and then, "I wonder if you could do that with an arch," and, "I wonder if you could do that..." And in fact, by the very act of living, we're innovating a more rich experience. So one world view takes us down a progression towards consensus, monotony, and ultimately absolute replacement with a digital reality. And another world view says that's not what humanity is, that's what an industrial model of a regression oriented control system is. And we are in fact living the fork in the road, so that's the cool thing about where we are. And this conversation is advocating for the cathedral.

Dr. Patrick Gentempo: Great. With COVID specifically, it seems like there are forces at play that are trying to force us behind door number one, basically. Down the former path that you described, which it's interesting to say it ends up in digital replacement. But is there, in your mind, a conspiracy? Is there some sort of a group of people who are puppeteers, trying to pull strings without people knowing about it, to create certain influences in humanity?

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: To shape it into the form of whatever it is. They want it to be?

Dr. David Martin: No question. And we need to take this one back a bit, but remember, let's start where we are right now. COVID doesn't exist.

Dr. Patrick Gentempo: What do you mean by that?

Dr. David Martin: COVID is a series of clinical symptoms. This is a series of clinical symptoms that by definition cannot be defined. So the wonderful thing is, they are, at best, a bit fuzzy. And to have COVID means that somebody decided that you have enough, whatever enough is, 3, 5, 7 of the 11 to 15 approved symptoms. And once you have those, you have COVID.

Dr. Patrick Gentempo: Okay.

Dr. David Martin: This is such a bizarre experience because we invented a diagnosis, and then we said that it was causal, saying, "We have a virus that causes these symptoms." The problem is we actually had the symptoms long before we had isolated a virus, and the virus exists in enormous numbers of the population with no symptoms.

Dr. David Martin: So the fundamental fallacy is we have empirically established there is no causal relationship out of the gate. There is no causal. If you can have a fragment of what we're calling SARS-CoV-2 and have a perfectly healthy experience of living, and you can have all of the things we call COVID 19 and have no evidence of any of the fragments of the alleged causal agent, by definition, that is in fact, the definition of conspiracy. When you willfully create, as the World Health Organization and the CDC did in February of 2020, when you willfully create a conflated statement where you know that the definition, by definition, is going to be a way to manipulate the population, right? The difference between positive cases and sick people. Well, we don't even know what those numbers are.

Dr. David Martin: When we were told, "Oh, there's 1000 COVID cases." Okay. Is anybody sick? Well, nobody asked that question. They asked how many PCR tests were run. We have people filling the hospitals. Okay, great. We have people filling the hospitals, and crazy thing is I can find a hospital almost any day, anywhere on the planet. If I look, I can find a hospital that its ICU is full. And so we go, "Oh, there's full ICUs." Great. Were there any alleged viral cases in those ICUs? These are questions we're not invited to ask because we're building an ontology around this illusion that says that we are going to use numbers and statistics to instill a state of terror and fear in a population, to coerce that population into a behavior they would not otherwise accept.

Dr. Patrick Gentempo: To what end? Why would people want to do that?

Dr. David Martin: Well, it's once again, when we think about the worldview, if what I'm trying to do is accelerate a very hierarchical system, where there is a few individual actors or groups who have the ability to impose their narrative onto a population, and the population willingly embraces whatever the overlords tell them, there are an enormous number of people who actually are very, very happy to be in the position of that dictatorial view, of saying, "We're going to impose upon..." And then they watch as the masses just acquiesce to whatever they're doing. I remind people frequently that if you go back and look at the great reveal that we saw in the Anthony Fauci emails, which were supposedly going to be this watershed moment, the thing that should be quite problematic is that a veterinarian, Peter Daszak, a veterinarian is the guy driving the narrative.

Dr. Patrick Gentempo: Interesting.

Dr. David Martin: Now, I don't... I'm accused by many people of being somewhat of a polymath and a multi-disciplinarian or whatever you want to call the terminology. And I'm not saying that a veterinarian can't have insights into public health. But I have a problem with a veterinarian who is paid to create a narrative, who is paid to definitely divert funds during an illegal action that was going on. I have a problem with that veterinarian being chosen to be the one running the narrative, where he's telling the world, "We need to make sure that people don't get suspicious about the laboratory in Wuhan. Don't get suspicious about

other things." It's somewhat ironic that the only person who's building the narrative is the person who was actually running all the ingredients that went into the narrative. And those kinds of things are the self-evident components of a story that says this was a manufactured narrative. And the manufacturing of the narrative, unfortunately, has a very long history.

Dr. Patrick Gentempo: Is there a relationship, though, between a contagion and these set of symptoms called COVID 19?

Dr. David Martin: No.

Dr. Patrick Gentempo: So all the viruses, and I know we're going to get into the patent history and these things, et cetera. So when someone shows up and there's an apparent observable cause and effect, meaning here's a person who has the symptoms, or develops the symptoms of COVID 19, and these other people that they were around seem to have gotten it also through some sort of transmission. Is that there's no cause and effect there?

Dr. David Martin: No, this is the fallacy of regression. And I apologize in advance for everybody who hated math in the 10th grade or the ninth grade, when you first saw that Y=MX+B formula, but here's the fallacy. Those same people were around a bunch of other people who didn't get sick. And ironically, the person that allegedly got sick wasn't around somebody who was sick before. So once again, what we're doing is making the mistake of association and causation, and that's a fundamental problem. That's the epidemic of stupidity.

Dr. Patrick Gentempo: Make the distinction, association versus causation.

Dr. David Martin: Yeah. So if I'm measuring a thing, there's a higher probability that I'm going to see the thing then if I'm not measuring it.

Dr. Patrick Gentempo: Well, you can't see it if you're not measuring it.

Dr. David Martin: Well, there you go.

Dr. Patrick Gentempo: Yeah.

Dr. David Martin: So the funny thing is if I have a population, I don't care what the population is. If I have a population, I bring the population in and I say I'm going to measure blood pressure, you know what I'm going to find?

Dr. Patrick Gentempo: Blood pressure.

Dr. David Martin: There's going to be some people who have higher blood pressure, and some people who have lower blood pressure. Some of them are going to know that they had it, and some of them are not. Some of them are going to be symptomatic and some of them are not. But I'm going to only see that which I

choose to measure. Now, the funny thing is we picked a measurement device, in this particular instance, which was not specific to a pathogen, right? There has not been a SARS test ever run in the population. The RTPCR amplifies a fragment associated with what we think we've called SARS. So people think, "Oh, we've tested for the virus." No. No one has ever tested for the virus. Hasn't been done.

Dr. Patrick Gentempo: So what are they testing?

Dr. David Martin: They're testing for fragments of either RNA strands or protein strands, associated with what we think would be produced by the virus. But the RTPCR itself cannot measure what we think we're measuring, so we do what's called cycle threshold amplification. And that's what the RTPCR is about. It's about taking a sample and repeatedly amplifying all of the little fragments of nucleic acid sequences. We're amplifying those fragments anywhere from 25, 28, 35, 40 cycle thresholds. What that means is we're taking a tiny little spec of dust, we're reproducing it a whole bunch of times, and then we're trying to figure out whether the dust came from the carpet, or from the sofa, or from the chair, or from the dog. Now, the good news is, we can build a hunch after a certain number of times looking at the thing, we can build a hunch that goes, "Eh, it's probably from either the carpet or the sofa." But we can't tell you whether it was from the carpet of the sofa, because there's similarity between the fibers in both of those.

Dr. David Martin: And because all we're measuring is this tiny little sub fragment of it, we can get to, "It's probably a furniture thing." And that's what happens in RTPCR. We're amplifying this fragment to the point where we think we probably have an association, but this is a disease based on the manipulation of statistics, not based on the existence of a thing. And the thing, remember, there's, by the way, a very simple thing that could be done. Every research facility that has ever researched human tissue has samples of human tissue that predate November 2019. I don't care where you are. I ran labs. We kept tissue samples from people for 8, 10, 15 years. If we wanted to solve this question immediately, you know what we could do? We go to a tissue bank and say, "Let's take 100 samples from prior to November of 2019. Let's run those samples. And let's see if there's any SARS-CoV-2 in those samples." You'll conspicuously notice why the research project that I just described has never been done.

Dr. Patrick Gentempo: Why hasn't it been done?

Dr. David Martin: We'd find it.

Dr. Patrick Gentempo: Yeah.

Dr. David Martin: And if we found it, then we'd have a hard time selling the story that we had a new disease. We'd have a hard time selling the story that we have a new pathogen. And the reason why we'd have a hard time selling the story is

because it is in fact a story that's falsifiable with a very, very, very simple, but not done, exercise.

Dr. Patrick Gentempo: So maybe two questions, number one, so why did we choose the PCR test in the first place? The experts, are they in on it?

Dr. David Martin: Of course, they have the patent on it. So, yes.

Dr. Patrick Gentempo: Okay.

Dr. David Martin: There's a big financial in selling a test that you can run persistently and have no accountability for what you're testing. It's a fabulous money grab.

Dr. Patrick Gentempo: Wow. All right. And then number two, what's the end game here? What's the agenda to say that, "Hey, we're going to basically create this work of fiction, get everybody in fear and terror, cause behavior." And there's the censorship going on. I mean, it's easy to observe there's things, but could there be a conspiracy on this scale?

Dr. David Martin: It's not a conspiracy. It's actually... Remember, conspiring, if we go back and get to the lexicon of this, right. Conspiring is when one or more parties get together to create an act, whatever the act is, which is intended to either hide or harm. That's the core of what conspiracy is. The problem with this one is it's actually stated in public, so you can't quite call it a conspiracy. So when Peter Daszak, in 2015, at the National Academy of Sciences, made the statement, "We need to create universal acceptance of a universal pan-influenza pan-coronavirus vaccine. We need the media to create the hype, and we need to use the hype to our advantage. Because investors will follow where they see profit at the end of the process."

Dr. Patrick Gentempo: Did he say this publicly?

Dr. David Martin: He said that publicly, it's been published. It was published in the National Academy's proceedings in 2016. Now what makes that problematic is the following. According to the World Health Organization, the coronavirus SARS problem was eradicated in 2008. Now you heard the date that I just said.

Dr. Patrick Gentempo: 2008.

Dr. David Martin: In 2008. And we had that little camel fart in the middle east, the MERS, which was a few hundred people that got terribly sick, and several people died from what we called MERS, but SARS was declared eradicated. So why in 2015 would Peter Daszak, the veterinarian, the guy hanging out with Anthony Fauci's money, that he was diverting through EcoHealth Alliance to Wuhan, why would he say that sentence? "We need the media to create the hype, we need to use the hype to our advantage and investors will follow if they see profit at the end of the process," that's a quote.

Dr. Patrick Gentempo: Why would say he say that publicly?

Dr. David Martin: Why would he say that publicly if it wasn't... Not a conspiracy. It's not a conspiracy, there's nothing hidden. This is a willful act of inhumanity. This is a willful act of bioweapons and terrorism. Because if you are telling me as a veterinarian, who's funding the weaponization of coronavirus, if you're telling me that you are telling the public that we are going to create a hype event, is that Dave being conspiratorial? That's not a conspiracy, that's actually sociopathic behavior, and we need to be really clear on this. There's a group of us who find ourselves that we at least think we've self classified into rational. And I'm being quite polite about that, because I'm not sure sometimes that I, in fact, am. I try to at least have a grounding with opening assumptions where I go, I can at least let you know the foundation of my madness.

Dr. Patrick Gentempo: Right.

Dr. David Martin: Because I think that's an ethical thing to do if nothing else. But if you stop and think about what I've just said, you have the guy who's getting paid to weaponize a virus, that guy saying, "We need investors to follow where they see profit at the end of the process." Does that sound like a public health thing to you?

Dr. Patrick Gentempo: Well, I guess what I would say is why would he want to be so forthright in public to something that's so obviously abhorrent?

Dr. David Martin: So Plato has a very interesting answer to your question. In the Republic, Plato talks about the audacity of what he referred to as temple robbers. The story that he tells in the Republic is actually quite fun, and it basically says that... Let's keep it really simple. Let's make it simple for today's conversation. If a person killed another person, we'd say, "Oh, that's bad. That's homicide, or it's murder," or whatever else. And we'd have a righteous inundation, and we'd be consternated about the fact that that had happened, okay? So if that person killed three people, we'd start going, "I wonder if there's mommy issues there, or daddy issues, or neglect, or abuse," or this or that or the other thing. And we'd still be upset about three or five or 10 people being killed, and we'd go, "That's still unfortunate." But there's a threshold where we stop being met with abhorrence, and we start being met with fascination.

Dr. David Martin: Once we get to the Charles Manson level, we start going, "Well, that's kind of an interesting character, isn't it?" Right? We're not taking the sum of all of the deaths and going, "I would be shocked with that one, and shocked with that one, and shocked with that one." What we would do is we actually numb ourselves to the fact that we're talking about the eradication of human life. And at a certain threshold, we get fascinated by it. We make movies about it. We write books about it, and we go, "Isn't this a fascinating story of inside the killer's mind?" Well, what is that? That is actually a numbing of our consciousness. It's a searing of our sense of humanity, where if I can get to the, now I'm going to have genocide and I'm going to kill a million people.

Dr. David Martin: People sit there actually trying to reverse engineer, well, how would you schedule that many executions? That's a practical issue. I wonder if they have a software program. I wonder if there's an SAP program for mass murdering. We even lose the fact that people are being killed, and we enter into this bizarre obsession with the mechanics of how it was done. Now think about a population of 300 million people, or three billion people. Our consciousness doesn't have the ability to enter into the sentence that Peter Daszak said in 2015. "We are going to unleash a pathogen on the world and investors are going to follow for profit."

Dr. Patrick Gentempo: To what end? For profit? Is profit the end?

Dr. David Martin: Well, there's two ends, as I've stated, many, many times. One end is there are a lot of people lining their pocket with this thing. I mean, remember that to create the illusion of this response, the medical countermeasure response that we call Operation Warp Speed, the United States government contracted ATI. Not a pharmaceutical company, a defense department contractor whose other contracts included misinformation and propaganda.

Dr. Patrick Gentempo: So you think the government is a part of the conspiracy?

Dr. David Martin: I don't think it's a part of the conspiracy.

Dr. Patrick Gentempo: Or if it's not a conspiracy, but a part of the agenda?

Dr. David Martin: No question. If I were going to... I don't know, if I was going to go out and make a vaccine, don't you think I'd actually hire a company that made vaccines? Would I hire a propaganda specialist out of South Carolina? They're the main contractor. Operation Warp Speed went through one defense contractor. Does that make sense to you?

Dr. Patrick Gentempo: No.

Dr. David Martin: No. And would it make sense to anybody? These things are so egregious and in public that this was in fact an effort by the individuals who are running this particular racket to show that even the government has been manipulated. We actually don't have the illusion of what we think of as a government that's at control. As a matter of fact, it is such an egregious abuse of the agency of government, where we have somebody who has the ability to have the audacity of violating federal laws, being the architect of a narrative that goes into the September publication from the World Health Organization, September 2019, that said that we need to create a worldwide experience of an intentional or accidental release of a respiratory pathogen. Published in September of 2019, and the exercise had to be completed by September 2020. And the milestone of completion for that exercise was the development of a universal vaccine platform.

Dr. Patrick Gentempo: Who's the author of that?

Dr. David Martin: World At Risk. It's the Global Preparedness Monitoring Board. Anthony Fauci sits on that board, Dr. Elias from the Bill and Melinda Gates foundation sits on that board, and Dr. Gao from the Chinese CDC sits on that board.

Dr. Patrick Gentempo: And this is all... This is published and it's in the public domain?

Dr. David Martin: Yep. Yep. I'm quoting from it.

Dr. Patrick Gentempo: Wow. Wow.

Dr. David Martin: And so anybody who wants to tell me that this is some sort of deep seated, Deep Throat, follow the money and you'll get into these seedy underbellies of secret handshakes and everything else. No, it isn't. It's written right in front of our faces, and it's done to do a very simple thing. In those two world views we talked about at the beginning, if I want the population to ultimately accept my digital reality, I have to make sure the cognitive dissonance is so complete that you stop trusting your own brain. And guess what they've done? Exactly that.

Dr. Patrick Gentempo: Couple of things. Just circling back to one of the, I want to close the loop on something we talked about earlier. This whole idea of a contagion, and saying, "Well how come everybody doesn't get it?" Is that traditional germ theory is, it's a matter of immune response versus the pathogen, and there are people who are more vulnerable, other people whose immune systems will fight it off without developing the disease COVID 19. So wouldn't that be an explanation as to why there could be a contagion, a set of symptoms that are associated with that contagion, and some people would get it, and some people would get it mildly, some people would die, and everything in between?

Dr. David Martin: Yeah. That's a wonderfully logical a question to ask. And if we were serious about that in this particular case, then the clinical trials for the intervention would've actually measured either infection or transmission.

Dr. Patrick Gentempo: Right.

Dr. David Martin: And by the way, the FDA has a published standard, which was last updated in 2014, which actually defined what a vaccine clinical trial primary endpoint was. And guess what? it had to do with infection or transmission.

Dr. Patrick Gentempo: Right.

Dr. David Martin: Guess what we haven't done?

Dr. Patrick Gentempo: Those two things on this particular vaccine.

Dr. David Martin: We changed the rules of what... No, we even changed the rules of what a vaccine clinical trial was, and we changed those rules because we knew this had nothing to do with infection or transmission. And remember, people have to get back to the association. We want to live in a simple world where we can tie a nice bow on the top of a thing and go, oh, Frank died of a heart attack. Oh, he's a smoker for 20 years, yeah, that's what happens to smokers. We're living in this 12th century morality play where we're told that the dragon is the reason why the bad thing happened, or whatever the myth story is.

Dr. David Martin: We don't ask the question, oh, was it really the smoking that killed him? We make the association mistake of saying that because something was associated, therefore it's causal. And we love this obsession with causality because we want to believe in a predictable world where we know what the inputs are and we know what the outputs are, does that start sounding like the digital world? I need the inputs to match the outputs. And we had to manufacture this crazy concept of healthy people being asymptomatic carriers. Well, how did we have to come up with that story? By the way, in the 1900s, early 1900s, 1904, 1905, there was a really beautiful case in California, Jew Ho v. Williamson, which was actually the Supreme Court of California ruling that you could not quarantine a healthy population. That's a Supreme Court decision in California, and who was the first state to quarantine a healthy population?

Dr. Patrick Gentempo: California.

Dr. David Martin: New York and California.

Dr. Patrick Gentempo: Yeah, yeah.

Dr. David Martin: And you sit there going, the rules are not maybe kind of suggestions, this is a Supreme Court decision, and in a Supreme Court decision it's very self-evidently clear you don't quarantine a healthy population, the reason why was because it was deemed both unconstitutional and unethical to do that. Now, let's get back to this association causation problem. If all of the facts stand in the way of the story I'm trying to tell you, the inconvenience of I got a bunch of sick people that I don't see the fragment in, so the causal thing seems to fall apart there, and then I have a bunch of people where I actually seem to be seeing that they in fact are sick, but they don't have the pathogen. And then I'm trying to tell you, as the fear campaign gets built, I'm trying to say SARS causes COVID, SARS causes COVID, COVID comes from SARS, every causal statement that's out there, the problem is all of the evidence says that that's a crock. All of it.

Dr. David Martin: And, add to that, the only way we can maintain the campaign of terror is, remember back to Peter Daszak's conversation, we need the media to create the hype to get the public to accept a pan-coronavirus vaccine. They told us what this was, this was a marketing program. Every time you saw a face mask, every time you saw a sticker on the floor, social distance, this foot. That six foot social distancing, you know where that actually came from? A Petri dish study in a hospital where they took a very, very sick patient, and they set Petri dish at

different distances from the patient, and then they actually measured what grew in the Petri dishes. They never validated that it came from the patient, they just actually had Petri dishes, and then they said, how far out did the Petri dish grow weird and crazy things? And it turns out that at six feet they still had crazy things growing, and after six feet they couldn't find the crazy things growing.

Dr. David Martin: So they came to the conclusion in one study, which by the way, under the Federal Trade Commission Act is halfway to making a recommendation, so you can't even make a recommendation about six feet. But if you go back and you look at that study, they had a tiny problem. They never showed that any of the things that grew in the Petri dish were infective. We don't know. And I'm not saying that six feet is safe, or 12 feet is, or 20 feet is, what I am saying is that when you're creating an illusion, you actually don't want these questions to be either asked or answered, because this is not the point.

Dr. David Martin: The point is we're going to create a visual cue, we're going to create a behavioral clue, we're going to create all these cues, and then what we're going to do is we're going to tell the population, be afraid, all the time. All the time. Be afraid where you go out, where you stand, where you this, where you that. I'm going to create a fear system in which you cannot escape the fear, you can't go anywhere without seeing the disc on the floor, you can't go anywhere without seeing the mask sign on the door, you can't go anywhere without seeing the message. And they told us in 2015 what this was for. This had nothing to do with a pathogen, it had everything to do with the profit.

Dr. Patrick Gentempo: Looking into your background, you've got my vote for world's most fascinating man.

Dr. David Martin: Ah yeah, it's been interesting.

Dr. Patrick Gentempo: Well it's just, you used the phrase, or the term polymath earlier, but there's so many areas of interest that you have, and have applied them, not just that their personal interests, but they're applicable in the world, but you have a perspective and have followed the trail that nobody else has, and I've been looking at this COVID thing for a long time, in so far as looking at intellectual property.

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: So just for a moment, talk about your background in intellectual property and your management of these databases, and how did you start to get on this trail that we're going to get into right now?

Dr. David Martin: So let's answer that at the humanity level first. The humanity level is that we only have one asset defined by right in the constitution. Article one section eight of the US constitution provides every human being in America only one right,

and that is the right to your creativity. That is the only right we're granted, and I think a lot of people don't know that because they don't read something silly like the constitution. But if you look at that right, you realize that we have defiled that right since 1786. We say that everybody has equal access to the right to their creativity, and then we build all of our social systems, we build all of our finance systems, we build all of our banking systems, we build everything to make sure that no one has access to it.

Dr. David Martin: And so my motivation around intellectual property came from a broken social contract that started in 1786. And if we go back and reread what the constitution actually says, that exchange for the promotion of the useful arts and sciences, meaning that the contribution, back to my cathedral analogy, by offering into the public your creativity, you should receive the benefit for having made that contribution. The ultimate democratization of wealth, the ultimate democratization of creativity is that contract, which is you do something of value and society rewards you with the right to benefit from that. Well that's been erased, and it was erased many times over, and it was erased principally under the uniform commercial code, and the tax code when we invented the tax system. But essentially what we said was that the right defined by creative inputs was in fact something that could be leaned as an asset, it could be used in banking, it could be used in tax, it could be used in all kinds of other ways to extract wealth from a person, but we never built the system, ever, to actually let humans actually receive the benefit.

Dr. David Martin: So in 1998, after doing 10 years of treaty restricted tech transfer all over the world, which is a very long sentence that I'm brushing over a huge thing, but in 1998 we built the system that would allow a bank to look at the creativity of an individual and see the financial value of that creativity such that the bank could lend money based on that creativity. That's what my company started doing. Now when you do that, what you have to do is you have to establish a couple interesting things, and I simplify it into three really fundamental questions.

Dr. David Martin: First, do you have what you say you have? Now the reason why that's an interesting question is most of us, when we think that we've been creative, we don't bother to check on whether or not somebody else had the same impulse, because we're pretty sure in our own little God complexes that we probably came up with it. So we don't usually look in the rear view mirror and go, oh, there's 10 other people that came up with the same thing. We actually go, oh, it's my idea, without doing any real responsible assessment, and so the first step is, do you actually have what you say you have? The second step is, does anybody else care?

Dr. David Martin: One of my favorite examples of this is the faster than the speed of light engine, that's really patented, an engine that flies faster than the speed of light. Now the cool thing about that is it might work. The bad thing about that is we haven't found any materials that can actually be used to implement the thing. So the cool thing is you can get an engine, you just can't build the vehicle that the engine lives in. The other cool thing about that invention is you have to

figure out the halfway point of your flight really precisely, like to the angstrom, because it turns out if you're accelerating to the speed of light, you have to start breaking a long way ahead, because the great news is getting to the speed of light might be easy, but making sure you hit the brakes before you arrive at the speed of light, which has an existential problem, like smashing into Mars because we flew there really fast, but we forgot to put the brakes on halfway through the flight, that would be a bad idea.

Dr. David Martin: But the does anybody else care is actually asked and answered in the context of not do you care because you came up with the idea, but does anybody else care is, is there a context in which the thing that you were creative about actually has an expression that somebody else has shown evidence works, and so that's the second piece. And then the third piece is, if you can't use it, and this is the tricky one, is what you're doing something someone else can use? In other words, what's the recycling or the refurbishing or the reconstruction of your creativity such that it could have value after you don't have it anymore? Because those are the three questions a bank has to ask, do you have it? That's an important one. Does anybody else care? That's an important one, that's the value question, and then can somebody else use it if you're not using it is the collateral question, that's the fundamental of banking. So in 1998 we built the system which uses linguistic genomics to answer those three questions, which is really cool. The bad news is when we digitized the patent record the very first time, we found a bunch of evidence of violations of biological and chemical weapons treaties.

Dr. Patrick Gentempo: Just by accident?

Dr. David Martin: By virtue of looking through what was there.

Dr. Patrick Gentempo: Yep. You weren't looking necessarily for that, but it just emerged out of the data.

Dr. David Martin: No, no, no. The cool thing about my worldview is I like to enter into every experience of my life with the knowingness that there is something to find out, and the unknowingness of, and I have no idea what it is.

Dr. Patrick Gentempo: Got it.

Dr. David Martin: So one of the things we found was a bunch just stuff that looked like it was violating biological and chemical weapons treaties, and that was really problematic when we started seeing that a bunch of what were called pathogens, viruses, bacteria, various toxins, seemed to be showing up in things where they didn't belong. My favorite example is the blast resistant rocket propelled grenade that is actually patented to deliver a payload of biological agents. Now I don't know about you, but I can see a syringe and I can go, yeah, that's probably the way I would deliver a biological agent to somebody, when

it's on a rocket propelled grenade, I'm not sure I can quite believe that that wasn't meant to be an agent of war.

Dr. Patrick Gentempo: Right.

Dr. David Martin: Something about the rocket propelled grenade, I don't know, I have a cognitive problem with that.

Dr. Patrick Gentempo: And the treaties prohibit even the development of such things?

Dr. David Martin: Yeah, any research into, development of, perfection of, commercialization of, anything else.

Dr. Patrick Gentempo: We're just agreeing not to look at it.

Dr. David Martin: Yeah, it's kind of a big deal, and that's kind of the end of the second World War, we said that is a really bad thing, and we don't want the world to have that again. But here we're finding all these weird patents, and I started looking at these weird funding patterns. And remember, Anthony Fauci started NIAID in 1984.

Dr. Patrick Gentempo: What is that?

Dr. David Martin: The National Institute for Allergy and Infectious Disease, he started in 1984, and it seems like as he started in his role of the director of The National Institute for Allergy and Infectious Disease, the bioweaponization of pathogens also seemed to start going through the roof. And that was an alarm bell for me, because if you're running an NIH program, the National Institute of Health program, you're running an NIH program to allegedly help cure disease, or help with longstanding disease. And then I'm starting to see these weird things showing up in bioweapons program and military programs, and everything else, I'm asking a question. Now I wasn't looking for the bad guy, I just was looking at this information going, and there's a self evident problem. It seems that NIAID is weaponizing a pathogen model.

Dr. David Martin: Anthony Fauci hides in every public statement behind the fact that he was trying to find a way to naturally develop an HIV vaccine. So Anthony Fauci's cover story is I'm trying to make a vaccine vector that allows me to deliver HIV vaccines, and that's the argument he stood behind all along. The problem is, if I'm doing that I probably wouldn't be getting DARPA funding.

Dr. Patrick Gentempo: He got DARPA funding?

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: So explain what DARPA is please.

Dr. David Martin: The Defense Advanced Research program, which is this black ops of the science and technology community funded by the military complex to actually come up with novel ways to defend the country, or attack others, or do whatever they want to do. And you start seeing this alliance between the defense funding mechanisms and allergy and infectious disease.

Dr. Patrick Gentempo: Strange bedfellows.

Dr. David Martin: Well, I'm willing to accept that there's a lot of weird things in the world, I don't have to make sense out of things, but when I see patterns start to emerge where I start seeing money going to the same place, or I'm starting to see dual funding, or I'm seeing, after 9/11, and then 9/28, which nobody remembers, the anthrax biological weapon program that took place a couple weeks after the towers fell, and nobody seems to remember that we actually had a bioterrorism moment in America called the anthrax scare, which by the way we shut down all of our, no we didn't. We shut down all of our small, no we didn't shut down all our small business. We all had to wear face mask because it was an aerosolized powder, no we didn't do that. You see what I'm doing?

Dr. Patrick Gentempo: Yeah.

Dr. David Martin: You're looking at the evidence and you're going, oh, hold on a minute. We actually had a powder form pathogen called anthrax, we sent it through the mail, we weaponized that, and we did none of our interventions that we're doing for a thing that we don't actually know really even might exist? Pretty crazy. But we started watching, and in 2001 a very alarming thing happened. We saw the 1999 grant that was given to the University of North Carolina Chapel Hill, where coronavirus was specifically selected as a malleable recombinant technology platform that could be altered so that it could target human tissue with greater virulence. And I'm going to tell you the sentence that bothered me in the patent.

Dr. Patrick Gentempo: This is a patent that exists?

Dr. David Martin: Yeah, "We want an infectious replication defective virus."

Dr. Patrick Gentempo: What does that mean?

Dr. David Martin: Yeah, that's a good question to ask. So we want to make the virus more capable of making you sick, that's the infectious part, but we don't want it to be able to leave you and go to somebody else, so we want an infectious replication defective virus. If I'm putting the happiest thought I have in the universe on this I'd go, okay, I get it, it's like giving somebody radiation, where you want the radiation to affect them, but you don't want them to go to the bathroom, pee into the urinal, and then have radiation hitting the next person who comes to the urinal. I get it, you can have a thing where you want the effect to be limited to that person, and you don't want the effect to spread to other people, I'm

totally down with that. But when you do that with a virus, and you actually then say, I'm not just going to target that individual, but I'm going to make the virus more capable of targeting human lung epithelium.

Dr. Patrick Gentempo: It says this in the patent?

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: And what year was that published?

Dr. David Martin: That patent was published in 2002, and this is before the 2003 SARS outbreak. Anybody have a math problem with the calendar problem I just said?

Dr. Patrick Gentempo: Go ahead.

Dr. David Martin: We've lived, allegedly, if we subscribe to a viral model of the universe, which I'm not saying I do, but I'm saying if you do, we've been living with coronaviruses in the general circulation for millennia. We actually build at UNC Chapel Hill, and collaborating with researchers across the world, we build an infectious replication defective coronavirus, we make it target the human lung, and a year later we have SARS.

Dr. Patrick Gentempo: Wow.

Dr. David Martin: Now what's wrong with the chronology of what I just said?

Dr. Patrick Gentempo: Well you see what's wrong, go ahead.

Dr. David Martin: And remember, I'm the one criticizing causality, so I'm going to hang myself on my own cross. I am not saying, I am not saying that the coronavirus outbreak in 2003 in Southeast Asia was in fact UNC Chapel hill going to attack China, I'm not saying that. But what I am saying is there's a math problem on the calendar, which is coronavirus wasn't harming the human population with any severity at all, we build a recombinant replication defective coronavirus, and not only does it come out in 2003, but do remember that it was supposed to be a pandemic that never got off the ground.

Dr. Patrick Gentempo: Right.

Dr. David Martin: We were all supposed to live in fear of this thing, but the agency of fear didn't work because we actually didn't get enough people sick. Now that actually sounds like replication defective.

Dr. Patrick Gentempo: Yeah.

Dr. David Martin: That's another piece of a puzzle. I built a pathogen, it's supposed to be this scary uber pathogen, and it turns out it works, it makes people really sick, makes some people die, but it doesn't transmit very well.

Dr. Patrick Gentempo: Why would anybody want to patent a virus in such a way that do such bad things? Are they claiming it was a vector for a vaccine?

Dr. David Martin: Yep.

Dr. Patrick Gentempo: Okay, so that it had positive applications.

Dr. David Martin: This is one of those beautiful Oppenheimer moments, "I didn't know I was building a bomb." Okay, maybe, maybe you didn't. Maybe you're a genius when it comes to recombinant DNA and RNA work, maybe you're a genius there and an absolute idiot over here going, I wonder if this could ever go wrong? Maybe that's the problem. I don't care if it's the problem, if that's a problem that you have I'm not going to give you hundreds of millions of dollars of making something more dangerous. And we didn't stop with that. In 2013, when a bunch of miners got sick in China, and they got all the COVID symptoms, by the way, all of them, in 2013, all the COVID symptoms, and there was a thing called the Wuhan Institute of Virology Virus there was allegedly isolated from these six miners, the first thing that we did was we actually built that virus in UNC Chapel Hill.

Dr. Patrick Gentempo: Once they got sick?

Dr. David Martin: Why would you do that now? Now we know that this thing allegedly was associated with these guys that got really, really sick, why would you take that virus and then build, are you ready for this? A chimeric synthetic alternative that increases the pathogenicity of the ACE2 receptor and the S1 spike protein, the two things that make the SARS virus the SARS virus, why on earth would you go, oh, I've got a great idea here. The great idea is we found a version of this thing that makes people far more sick, and they get a lot sicker a lot faster. So let's go ahead and make recombinant synthetic chimeric alternatives of that.

Dr. Patrick Gentempo: Can you explain what that is?

Dr. David Martin: Yeah, that's actually Frankenstein's lab. That is sitting down in a laboratory and going, I have found something that has taken the anonymous little vector, you know that wonderful thing that we were supposed to say might be used for a vaccine, might be used for HIV, now I'm taking a thing that I knew made people sick, not an innocent little viral fragment that I could use for a vaccine, this was a willful act where we knew that this would make people sick, and then we decided to take that and make it more lethal. And we did that.

Dr. Patrick Gentempo: Synthetically?

Dr. David Martin: Yeah, in a lab. And the cool thing about this is Ralph Baric, in his response to a international journalist inquiry into this topic.

Dr. Patrick Gentempo: Who is Ralph Baric?

Dr. David Martin: Ralph Baric is the master architect of coronavirus at UNC Chapel Hill, but the funny thing about him is that when he responded to a request from the Financial Times, I'm going to go ahead and say it, because screw them, they need to be on the record for this, when he responded to an interview request for the Financial Times, he actually said that what he was doing was in fact helping civilization, and thousands of people were going to be saved because of his vaccine work that he was going to enable. Conveniently leaving out the fact that in 2016 he published a paper saying, and I quote, "SARS coronavirus is poised for human emergence."

Dr. Patrick Gentempo: Meaning?

Dr. David Martin: Meaning the that he had built the bomb.

Dr. Patrick Gentempo: Not meaning that and it's out there and we might-

Dr. David Martin: No, because if you read what he actually wrote in the paper, and a lot of people who do nothing but read the headlines go, oh, well, he's just warning us that this might be coming.

Dr. Patrick Gentempo: That's what it sounds like.

Dr. David Martin: Yeah, it'd be nice if it wasn't a synthetic chimeric alteration of the thing, which is not natural, poised for human emergence hardly is we've built it in a lab, and we're supposed to believe a story that this came out of a bat cave even though, as of this date, which is the end of July 2021, we haven't found a single bat that even has a remote resemblance of this particular pathogen, but we're still supposed to believe it came out of a back cave, we just haven't yet found the back cave, but we have found, allegedly, thousands of cases all over the world where it exists in people, but we can't find it in a bat cave even though we know the bat cave where it from in 2013 when it was natural. When it was natural we could find it. We can't seem to find this one.

Dr. Patrick Gentempo: So, just as a quick interjection, is it conclusive in your mind this is a manmade, not a naturally occurring virus.

Dr. David Martin: Absolutely.

Dr. Patrick Gentempo: Okay.

Dr. David Martin: That's not even a question.

Dr. Patrick Gentempo: 100%, not even a question.

Dr. David Martin: It's not even a question because the published evidence is all in patent records, and is all in scientific proceedings, there is no question at all that this did not come from a bat and a penguin walking into a Chinese bar and getting it on one night.

Dr. Patrick Gentempo: That completes part one of my two part interview with Dr. David Martin. As you can see, we're looking at somebody with pretty extraordinary intelligence, and part two just gets better, so make sure you tune in for that one. Thanks for being here.

Dr. James Lyons-Weiler

Dr. Patrick Gentempo: Coming up next is part two of my two part interview with Dr. James Lyon-Weiler. If you saw part one you realize this man has great expertise and experience in the realm of molecular biology, so he can interpret what we need to understand about COVID and communicate it in a very passionate and powerful way. I always enjoy my conversations with him, he delivers on a high level, let's jump in on part two of this interview.

Dr. Patrick Gentempo: Well, when we spoke way back when, you were pretty critical of the PCR test, and for good reason, and I would say probably psychoemotionally tortured by the concept of this test and its inability to do what people wanted it or proclaimed it to do, and the fact that it was being run at scale, and that policy decisions were being made from bad data, and you scale bad data, you scale bad decisions with that. And now here we are, because everybody else, not everybody else, a lot of people are lauding the PCR test and it being a standard for whether people can travel, and go here or there, or whether they are infected or not infected, et cetera, now we see that, and this is a test, again, emergency use authorized, not vetted fully as a diagnostic test for COVID infection, now they're taking it off the market at the end of this year. So how does this thing, which basically drove our machine, I mean, it was like the prime motor of the machine, suddenly they're taking it off the market. So what's going on?

Dr. James Lyons-Weiler: So through the lenses that I look at this through, here's what happened. When the virus made it to the Princess Cruise ship, they had at their disposal the test that was created by Germany, the Drosten test. They could have adopted that test, it was already validated in the lab to work as well as that test works, and when I was reading about Drosten laboratory I'm like, okay, this is great, they took a bunch of sputum samples from patients who didn't have COVID, they were historical samples, there was no COVID-19, at least we thought, in Europe at the time, to determine, what's the probability that this test is going to give a false positive? Very important. And then they took samples where they spiked in the sequence of the virus that they actually created, and I've got to watch my terminology they reproduced subsequence of the virus from the published sequence from China and they spiked those sequences into samples, and then they validated that yes, this PCR kit will amplify those nucleotide sequences, those particular sequences.

Dr. James Lyons-Weiler: In other words, the Drosten test came out of that lab with sensitivity and specificity measures. We knew what the probability is that it would detect the virus if it was present, we also knew the probability it would not detect the virus when it was not present. CDC took it upon themselves to reject that test after 142 other countries had adopted it, and they'd wanted to develop their own. They developed their own and they shipped out a flawed test. The Princess Cruise Ship, this goes all the way back to the Princess Cruise Ship days, right at

the very beginning. Those people were let off the ship after being tested, everybody who was negative could leave. This was not even a field tested, laboratory tested kit. It was flawed, it didn't work, many of those people that left the cruise line ship developed COVID and spread it, and that's why it took off like wildfire in the United States after that.

Dr. James Lyons-Weiler: So what I believe that the CDC did was they said, well, what we can do is we can use the PCR test, but we'll bias it to the point where we won't miss any cases. We have to catch all the cases, because if we don't catch all the cases the thing's going to get away from us, so we're going to bias it so that what's called the cycle threshold, the number of cycles that the machine has to run before you reach a certain level of amount of replicated material, we're going to run it all the way up to 35, maybe 40, and then we're going to call you positive if that happens, knowing that there's going to be false positive. But then they did thing that was constructivist in philosophy.

Dr. Patrick Gentempo: I'm just going to say, false positive means that you took the test, you really don't have COVID, but it comes out positive anyway. Is there any numbers that have been published or representative what percentage of false positives we were getting from the PCR test?

Dr. James Lyons-Weiler: Yeah, the numbers I've seen, and I've cited these, are 11% from Australia, all the way up to 90%, and it's waned over time. So then what happened was they said, if you die with COVID, you died from it. We're going to equate the presence of the virus with the disease, so the PCR positive result means you have COVID. We're not going to worry about symptomology or anything like that. And they did that so that they could then justify why all these people are walking around with positive PCR tests, but they don't have any symptoms. And then their spin machine decided, "Well, look, we've got all these asymptomatic patients, we're going to say maybe asymptomatic transmission is occurring. We're going to scare the heck out of people." And this is all looked through my lens again, okay?

Dr. James Lyons-Weiler: Now, the reality is that they should have looked at the false positive rate. I wrote to Peter Marks at the FDA, he's the director of the FDA, and I said, "You have to put the demand on these companies to show the specificity. We need to know the false positive rates, otherwise you're going to create an economic disaster. You're going to have people that are quarantining all over the place. They're going to have teachers that can't show up to teach. You have people in critical areas of the workforce. They can't show up to work." Because if you do this indiscriminate testing, you end up with hundreds of thousands, if not millions of false positives, relative to the few true positives that you have.

Dr. James Lyons-Weiler: So this was their paradigm. And this is a constructivist philosophy that what we say is true, it's our strategy, it's going to manipulate the public's perception. And then therefore we're going to control what's happening. But they can't control it, they're delusional that way. They think that they can control that, okay, we're going to do this now, but what about nine months later when there's so much

selective pressure against the spike protein that the tests start failing? There's so much selective pressure against the actual primer sites that bind to the genome of the virus, if it's present, that the tests start failing. And so you start getting a huge amount of false negatives in addition to the huge amount of false positives, and the testing becomes basically useless.

Dr. Patrick Gentempo: Well, and it's only just so I could say. So two things, number one, selective pressure, meaning evolutionary pressure?

Dr. James Lyons-Weiler: Evolutionary pressure. Every time somebody tests positive, if they actually had it, they were taken, they were quarantined. So that particular virus won't replicate. The ones that the test works for won't replicate. Sitting right next to them, on the way home, is somebody that got COVID from them, but it mutated in the primer site, so that particular test won't work. The PCR tests are made of nucleic acid sequences that have to match the primer site. And there's data that, this is not idle speculation. 8.5% of all the known new variants, those variants mapped to known primer sites from testing kits. And the genome is 39,000 bases long. And these primer sites are only up to 21 bases. So we're looking at an intense amount of selection. Of course, I mean, it's bound to happen.

Dr. Patrick Gentempo: So we're looking at, now, false negatives, which is the opposite of false positive. False negative says you actually are infected and it doesn't pick it up. But what's interesting, what you're saying is that, "Hey, we took all the people who tested positive, we took them out, but there's a bunch of people who were tested negative, which means that somehow it evades detection and that's what's getting spread. And therefore over time, it makes the test obsolete."

Dr. James Lyons-Weiler: And it makes a great deal of sense that you have an evolutionary biologist looking at this problem, right? So when I looked at the problem, I wrote to the lead virologist in the UK, Andrew Rambaut. You might recognize that name because he was on the list of the dirty dozen that were talking with Anthony Fauci in that secret phone call. And Rambaut decided to beat his chest at me over it, it's the best way I can describe it. What makes you think that with all the hundreds of scientists that are working on this problem, that we didn't already think about that? Well, perhaps, Andrew, it's because none of you said it when you said it was a good thing that the primer dropped out, because now you can tell the difference between the UK variant and the original.

Dr. James Lyons-Weiler: So when the PCR test fails, it becomes basically useless. However, it's not entirely useless because the PCR tests are designed to work if two out of three of the primer sets light up. So imagine you've got a board and it's got three lights on it. If any two of those three or all three light up, we're going to call you infected. So if your bulb is out in one of those lights, you just cut down your possibility of a positive, if it's present, by 50%. So your sensitivity's shut down by 50%. But it still works for some people, all right?

Dr. James Lyons-Weiler: So what the CDC has decided to do is, well, we can't really very well continue this PCR testing the way we've been going with these high false positive rates because we're vaccinating people. And the false positive rate's going to make it look like the vaccine's not working. We're going to have a lot of breakthrough cases. We can't have that. So they dropped the cycle threshold to a reasonable cycle threshold of 28 plus hospitalization or death for the vaccinated. For the unvaccinated, they're still using cycle thresholds of 30, 40, whatever the kit.

Dr. Patrick Gentempo: So they're basically using different testing parameters for vaccinated versus unvaccinated people? Is there any explanation other than the fact they're trying to skew the data?

Dr. James Lyons-Weiler: When I called them out on it, right? And it was USA Today, or PolitiFact, or one of these organizations criticized IPAK, my organization, for calling them out on this. And they published an apologia. They got a doctor from somewhere that said, "Well, those are the most important cases. The ones that are sick, those are the most important cases. So of course, we're only going to report the most important cases." So they're still collecting. So it's really interesting because there's actually a smoking gun of a cover up in this. Because if you go to the original URL for the guidance that says, "We don't even want to hear about it, unless it's 28 or less, and the person's hospitalized or dead." If you go there, now there's a PDF that loads up and says, this website's been updated and redirects you to something that's unrelated to this.

Dr. James Lyons-Weiler: So you go down this literal rabbit hole of nothing, it's a misdirect. But the Wayback Machine, the archive I still has it, and I still have the original document. Now what the CDC does is they collect all the data from all the breakthrough cases, all the vaccinated cases, and they capture the Ct threshold, right? So we really don't know, unless they publish the Ct threshold distribution of all the vaccinated and the distribution of all the unvaccinated in any report, whether or not their report's completely biased.

Dr. James Lyons-Weiler: The problem is if they're not using the same denominator, you can't compare rates, right? So that's a huge problem. And today, I've just published an open letter to the CDC about this because they looked at the rate of reinfection in Kentucky in the vaccinated versus the unvaccinated, but they didn't define anything about the Ct thresholds. So if they're using different Ct thresholds per their own guidance, it's worse than that, Patrick. The CDC actually doesn't consider you vaccinated unless you've survived to day 14 after your second dose, you're still unvaccinated. So anybody in those study and reporting the data that dies or gets an infection or a reinfection, or has to be hospitalized for anything respiratory, because their immune system's harmed by the vaccine or something, that counts towards the unvaccinated.

Dr. Patrick Gentempo: Wow.

Dr. James Lyons-Weiler: Day 14. And we know in the animal studies that it happened immediately, all the antibody-dependent enhancement, the disease enhancement, that

happened immediately. They're biasing their data. And then further later on, 90 days after your second dose, you're magically unvaccinated again. They have this narrow window between day 14 and day 90, where you're "truly vaccinated."

Dr. Patrick Gentempo: How can you say that after 90 days, you're not vaccinated anymore? I mean, is that really the criteria for inclusion in the-

Dr. James Lyons-Weiler: Absolutely, 100%. It's verified, it's on the CDC website, it's 100% correct. And go to jameslyonsweiler.com and you can look at my open letter to the CDC today. So the fact that they misdirect, and we have to go to the Wayback Machine to actually get their original guidance, that's a cover up over what they're doing. Because they got nailed, we nailed them for it. And then they said, "Well, these cases, the vaccinated, these breakthrough cases are the important ones because they're sick or they're dead. These are the ones we really want to focus on." But they're not doing the same thing for the unvaccinated. So it's utterly biased. You've got the PCR test that's failing, you've got the PCR threshold that's different between vaccinated and unvaccinated. And then what do you have? You have a designation of unvaccinated up to day 14. And I wrote in my letter to Dr. Campbell at the CDC, "If you guys are not counting anyone who's gotten the vaccine until 14 days after the second dose, shouldn't they wait 14 days before they get their vaccine card?"

Dr. Patrick Gentempo: Right? Which they get immediately. But these are bombshells. I mean, this is... I don't know how else to explain this, except for willful intent to mislead.

Dr. James Lyons-Weiler: It's not a mistake. This is not done by mistake. Again, go back to the Princess cruise ship and understand that they shipped out a flawed test. They are responsible for the spread of COVID in the United States by shipping out that flawed test. They couldn't do contact tracing, there has been no meaningful contact tracing in the United States whatsoever. There's been no meaningful capture, nothing. 100% nothing, zero. So basically public health didn't do their job, right? They couldn't do their job. It got away from them. So what are they going to do? They're going to bias it to the point where they're going to say, "It's an emergency. We're going to justify this because it's going to get out of hand if we don't. So we're going to bias the test." Now they're biasing the test downward because we don't want people to stop vaccinating.

Dr. James Lyons-Weiler: It's just layered lie after lie, after lie of this constructivist paradigm. And it's about time in the United States of America, that we have a science-based paradigm running public health. It's about time in the United States that we have evidence-based medicine, not this constructivist baloney, where they make something up and they say it, because they're the CDC, it becomes true. This is a case. If it's PCR positive, was not medical, that was policy. That was 100% policy so that they could try to get this thing under control out of the best of intentions perhaps. Either way they're lying to the public. We know Fauci's admitted lying to the public over masking. So we know that they do it and it's harmful. It's harmful because there are smarter people than them out here in

the public, in academia, who can help. There are people that are far smarter than the people running CDC.

Dr. James Lyons-Weiler: I'm not patting myself in the back by saying I'm one of them. But I am saying that I know over 99% of the physicians that I worked with at the University of Pittsburgh Medical Center, the University of Pittsburgh Medical School, and across the campus, the University of Pittsburgh, where highly ethical people, they were super intelligent and I admire my colleagues, they would never tolerate or brook this baloney, this is damaging. It's one thing to try to be kind to a patient who, we don't know when you're going to die. When you know, 99.999% of people that you're talking to have terminal cancer die within the next day for this type. We just don't know, but we're going to make you comfortable get as much time with your family as you can. That's a kindness because it's horrifying to know that this is your last day on earth.

Dr. James Lyons-Weiler: Whether it's cancer or whether you're being put to death for crime or something like that, capital punishment, it's horrifying. And so what they're doing is patronizing. What they're doing is destroying America. What they're doing is leaving us wide open to false biological attacks that activate this entire program of lockdowns and shutdowns and quarantines by some terrorist agency or by some other country that wants to harm us. And we need transparency, we need forthrightness, and we need truthfulness from the CDC, from the NIAID. But, in my view, they've gone too far. They're non-viable as leaders to get us out of this. We cannot backside our way out of this. We cannot do anything. And none of their recommendations are going to get us out of this.

Dr. James Lyons-Weiler: What we need to do is listen to guys like Pierre Kory, and we need to listen to Peter McCullough and I dare say throw my hat in that ring too. Where we can do science that's subjective and the public will respond very well to the following. My message is going to be very difficult for you to accept. My message is going to be, in fact, quite painful, but there's not enough masks to go around and we have to prioritize it for the healthcare workers. So I've asked the President of the United States and all the governors to issue, and work with the legislature to write new laws that you cannot hide masks, you can't hoard masks. And if you're consuming masks a lot because you like to go shopping and that's something you like to do, why don't you just stay at home and limit yourself to one mask a week?

Dr. Patrick Gentempo: Are the masks even effective?

Dr. James Lyons-Weiler: Yes. N95s are effective. Yes they are. And those were the ones that were in short supply. Okay. So an N95 mask will be extremely effective at blocking this, it's fine. But this is the message, this is the approach that they should have taken, but they're incapable of being forthright. They have proven themselves to be pathological liars. It's in their DNA, it's in their blood, it's the only way that they know how to do it. And it must be horribly stressful for these people to work in these jobs, knowing that what they're doing is layering lie upon lie, upon lie in a stack of cards that eventually is going to come tumbling down.

Dr. Patrick Gentempo: Is there a growing course, though, of scientists like yourself? Because I look at different realms. You've got the clinical realm, you've got people who are just literally working on the front lines and clinically interacting with the patients. And there's a whole thing there. And we could talk about early intervention, ivermectin, hydroxychloroquine, zinc, IV vitamin C, et cetera. And then you've got the scientists who are looking at the predicament on the wider scale. Rather than saying I'm dealing with a patient who comes in and I have... There's a whole area of study there that needs to take place. But now let's look at the virology and the vaccinology and the evolutionary biological implications of what's going on right now, which is what you're speaking to. Saying, "Hey guys, wait a minute here. First of all, you have different testing standards for vaccinated versus unvaccinated, which can predictably give you certain outcomes. It's going to skew data."

Dr. James Lyons-Weiler: It's going to make it look like an outbreak of the unvaccinated. That's what they wanted. And that's what they got.

Dr. Patrick Gentempo: Well, didn't we see recently that they published what percentage of new infections were unvaccinated? But they took the sample before people were vaccinated. So almost everybody was unvaccinated and they lie with the data.

Dr. James Lyons-Weiler: You got it, 100%. So this is the public health care paradigm in the United States. Now, Israel, they were more honest. They said, "Look, these are breakthrough cases. And most of the cases are breakthrough." The UK, they were more honest. For some reason in Barnstable County, we got an actual read on what was going in, right? So we know that there's more vaccinated breakthroughs, percentage wise, than there are unvaccinated.

Dr. James Lyons-Weiler: In Barnstable County, I looked at the data and I did the calculations. If you had one vaccine, the vaccine efficacy calculations are zero. It's a big goose egg. The vaccine is ineffective, you might as well have not got it as equally, as well as you might have gotten it. You're still going to have an infection. But if you've got two doses, you're more likely to have an infection.

Dr. Patrick Gentempo: Whoa.

Dr. James Lyons-Weiler: Negative efficacy means you're more likely the vaccine is causing antibody-dependent enhancement. It's causing the disease, right? So this is what the Barnstable... Now, it's arguable that, wait a minute, there's a bias, it's observational data, but I didn't create that situation, they did. They created that situation when they vaccinated all the control groups in all the clinical trials. If they didn't vaccinate all the control groups, we'd have the long term data, they should have let them run on and on, and on as long term data.

Dr. Patrick Gentempo: What do you mean they vaccinated the control groups. You mean after the study, they decided to vaccinate all the controls also?

Dr. James Lyons-Weiler: That's the short term study, because it was unethical not to vaccinate them because they might get some protection.

Dr. Patrick Gentempo: Well, how would they know? They didn't run the study completely.

Dr. James Lyons-Weiler: They destroyed the studies. Yes, they destroyed science. And this is what they do. Thankfully, we have the data from Israel, from the UK, that shows exactly what's going on. And you know what's happening in the UK? They're turning towards treatments. They're turning towards the list of treatments that you just talked about. Ivermectin, hydroxychloroquine, they're taking a good, serious look at it, fluvoxamine, they're looking at all of it. Now they are going to survive this better and sooner than the United States. We're going to go through a whole bunch of social diarations of masks versus unmasked, and vaccinated versus unvaccinated. People are being manipulated. They're becoming programed by the state now. The news, message from the state to get out on social media is ivermectin is for livestock. Why are these anti-vaxxers using medicine for livestock? They know nothing about the massive amount of science or if it's used in human medicine.

Dr. James Lyons-Weiler: It used to be called a wonder drug for human medicine because it did so many things. You know, it's from a plant, it's a derivative of a molecule from a plant. So if you're into natural things, there you go. But the point is we have no leadership capable in the United States. I'm not making this political. We have no real leadership in the United States, just a leadership vacuum that no one has the willpower, the spine, to stand up to the CDC.

Dr. Patrick Gentempo: But you are. And other people are standing up. I mean, you're standing up to them and I think there's a growing course, the Great Barrington Group, there's a lot. I think it's a growing course standing up because it's just getting to the point of being outrageous. But let me ask this question. What is the risk anyway? What I love about you is you're a great data nerd. I mean, you really understand your statistics and know how to run them. And you know, I hear different numbers. But what is the mortality rate on COVID?

Dr. James Lyons-Weiler: Because they changed the Ct threshold for the vaccinated, we don't know the hospitalization rate. We don't know the infection rate. We don't know the death rate in the vaccinated compared to the unvaccinated. We don't know the reinfection rate. At this point in time, when the director of the CDC announced that they were going to change the Ct threshold for the vaccinated. No report can be considered credible unless they showed the distribution of the Ct thresholds. For some reason that Barnstable County showed their Ct threshold and it was the same. They had the PCR results and the samples and it was the same. So that one's valid. And it means that the vaccine efficacy is zero or worse, right? But they don't have survivorship on that. They don't have mortality.

Dr. Patrick Gentempo: Putting vaccine efficacy aside, and safety aside, which are very questionable things. The question is, in general, COVID-19 as a disease, when it becomes

symptomatic. I'm hearing the mortality is 0.2%. And now we can go into subgroups obviously, in younger people, older people, et cetera. But it seems like there's a bunch of drive and rhetoric that this is a deadly disease, which is why we are going through these extraordinary measures, and vaccine will prevent it. Which is why we have to censor anybody who would create vaccine hesitancy amongst people who know how to think.

Dr. Patrick Gentempo: Interestingly though, the biggest vaccine-hesitant population are PhDs. People who have the most education. So they're not prone to people's opinions, they're prone to doing their own reading and research. But do you have any numbers that you have arrived at relative to what the mortality is of COVID. Should somebody who's unvaccinated... Let's not compare vaccinated to unvaccinated for a minute. Let's just say that there was no vaccine, what's my risk?

Dr. James Lyons-Weiler: Okay. So the most responsible thing that I can say to you is it depends on how aggressively you pursue early treatment.

Dr. Patrick Gentempo: Okay.

Dr. James Lyons-Weiler: Your risk of mortality is directly proportional to whether or not you have a doctor that's going to give you a script for something, or whether you're aware of the protocols or whether you wear the supplements that can actually help you get through this in a very good manner. The number one predictor that I know of a serious COVID-19 infection in people who are not vaccinated, this was before the vaccine, is whether you have autoimmunity.

Dr. James Lyons-Weiler: So if you already have lupus, if you already have other autoimmune conditions, then you want to do everything that you can possibly do to get to peak shape, peak fitness, clean up your diet, make sure you have sufficient vitamin D around, vitamin A, vitamin C and all the rest that we all know about, supplementing with zinc and Quercetin and everything else, prophylactically. And have a handy supply of hydroxychloroquine around, which now I understand you can order from Canada. You can also find a doctor that will prescribe it for you.

Dr. James Lyons-Weiler: And when I was saying that there's no leadership, I was saying that there's a change now because Ivermectin's prescriptions are soaring. That's the official data. That means allopathic medicines, naturopathic doctors, and so on, osteopaths, everybody's saying, "Forget it. I'll write you a script. Just forget it. Devil may care whether did it come from me or not? I'm going to give you a script." Now they'd like to remain anonymous with their names on the script. So the point is we're seeing a stand up movement and I see signs of a walk away movement where the nurses will not vaccinate and they're taking off from allopathy.

Dr. James Lyons-Weiler: And my message to them is it takes about probably less than $500 to create an LLC. And you don't have to be an MD to create a medical facility. You can create

a naturopathic facility as a former nurse or a gaggle of formal nurses, whatever. And you can start hiring these MDs that are going to lose their job because they won't vaccinate. And you can create a viable, vibrant healthcare industry in the United States that is going to be far superior. Now, what do you have going for you? Well, what you have going for you is you don't have brick and mortar and telemedicine is legal. So if you can compete against standard allopathy through telemedicine, you're going to get a leg up on the market big time, because your costs are so low. I think everybody in these new medical facilities should buy into it. So it's more of a cooperative than it is a corporation. I think that model is in our future. I'm seeing signs of that.

Dr. Patrick Gentempo: Is it at least reasonable to say this isn't a killer disease that most people get it are under threat of death, except for the most vulnerable?

Dr. James Lyons-Weiler: What I'd like to say is that the population, just like the moms had to do with autism, okay? The population has learned for themselves how to deal with COVID, right? The naturopaths have educated them, Pierre Kory, the frontline doctors, Dave McCullough, they've educated themselves where they really don't care what their doctor's opinion is. That's what I'm seeing.

Dr. James Lyons-Weiler: There's this huge mental break. There's this huge freedom from allopathic doctors that were saying, "Oh, you know, you're stupid because you're taking horse medicine." You think you're going to get them to come back to you if you treat them this way? No, you're just driving them further and further away. So you can't shame somebody into submission over something that they know full well has a better chance of saving their lives.

Dr. James Lyons-Weiler: And this is how we're winning this argument. We're winning the argument by pointing out that Dr. Fauci's medical prescription for you, if you test positive for COVID-19, is to go home and sicken in place until you need emergency care. Who wants that? Who's going to do that? And how long and how many times are you going to do that? Further, when you go home and sicken in place, you develop high viremia and you become the source of new variants.

Dr. Patrick Gentempo: Yeah.

Dr. James Lyons-Weiler: So we're winning this argument hands down. Do not go home and sicken in place. Get well, get healthy, get vitamin D, get sunshine, exercise. And if you develop something like long-haul COVID, there's protocols for that too. Look them up with Bruce Patterson MD, these are mainstream doctors. We understand the mechanisms by which long-haul COVID is taking place. If you're Epstein-Barr virus positive, you're a special risk of this, but we understand exactly how to handle it. So look it up and do your own research.

Dr. James Lyons-Weiler: And this is why I created IPAK-EDU. I created IPEK-EDU, Patrick, specifically, so that we can educate the public at a level of a college education, so that they can interact with the information that they have to figure out for themselves, right?

We have great courses that are teaching science and logic and reason. We have this critical readings in COVID-19 and public health. We're teaching statistics, we're teaching study design. It's amazing, amazing new university, and people don't care if they get a degree, they just want the education. So we're going to dispense with the formalities and we're going to teach you, you're going to learn, and then you're going to be able to interact in the public square. And you're going to be able to think using the tools of logic, science and reason. So it's a revolution.

Dr. Patrick Gentempo: And I think that's what we need is more people to, rather than be looked down upon from these elitist who want to try to direct society saying that the people can self-empower, which was one of the things that I love what you do with IPAK, and I encourage people to get involved and to educate themselves. One other thing, and I don't know, maybe if in... I'm not trying to stick on this because there's a derivative question. But in the actual vaccine studies themselves, I imagine they tracked how many people die that maybe were in there. And I don't know if that could be representative of mortality rates.

Dr. Patrick Gentempo: But one thing that can be calculated is that we keep hearing, or they show it in the headlines as 95% efficacy or 95% effective is how they describe. But they don't describe what effective means. Most people, again, this is where uneducated people would say, "Oh, the Pfizer vaccine is 95% effective. That means that only 5% of the people who get vaccinated will get the virus" or something to that effect. But that's not what they meant. And maybe you can give just a very lay person a short prime run on what the relative risk is versus the absolute risk.

Dr. James Lyons-Weiler: So I'd love to, Patrick, but they used PCR to do the diagnosis in the vaccinated and the unvaccinated. How do we know how many people who were vaccinated actually got COVID? And how many people who were unvaccinated actually got COVID? How do we know? We don't know how many got infected. So we don't know if they measured hospitalization rates with the vaccine. Okay, that's a measure that's independent of the diagnosis, right? So if you look at the hospitalization rates data, Moderna looked at this, and they put out 95% effective Moderna. But you know, Patrick, they bias the data because if you got COVID after your first dose, they dropped you from the study. So if you got the saline placebo or the vaccine, they dropped you from the study. If you put those number back in their 95% becomes 75%.

Dr. Patrick Gentempo: Oh.

Dr. James Lyons-Weiler: It was never 95%.

Dr. Patrick Gentempo: And what does it mean? It's not 95% prevent you from getting it, 95% prevent you from spreading it. It was just 95% less hospitalization is what they were trying to assert, sir?

Dr. James Lyons-Weiler: Right, which sounds great. 95%, wow. Holy crap. That's a wonderful thing. I have 95... People who are going to misinterpret it as saying 95% less probability that I'm going to be hospitalized. It almost sounds like, "Gee, if I don't get vaccinated, I'm going to have a hundred percent probability of being hospitalized." And that's a misinterpretation. You're going to have a 95% reduction of a 0.01% chance of being hospitalized.

Dr. Patrick Gentempo: And that's the absolute risk I'm talking about?

Dr. James Lyons-Weiler: Yeah. The absolute risk is minuscule. And we have a new paper coming out in the journal, Science, Public Health Policy and the Law that actually shows that the number needed to vaccinate and the number needed to harm, given vaccine adverse event tracking data is like three to one. It's not acceptable.

Dr. Patrick Gentempo: Explain that. So when you look at number needed to treat or number needed to vaccinate, explain what that means. And then explain what you're talking about, number needed for harm.

Dr. James Lyons-Weiler: So if you're looking at the number of people that have some adverse event reported, the risk of adverse event reported from the vaccine, versus not being vaccinated. You can actually calculate in a vaccination program how many people you have to harm in order to have saved one life, or stop one hospitalization, or stop one infection. And so this publication just came out yesterday. It had been previously published and it was retracted specifically because two of the editorial board members from another journal, I won't mention the journal name, resigned because they disagreed with the interpretation of the study.

Dr. James Lyons-Weiler: And so the study was retracted over interpretation, and never in science do we ever retract papers over differences of interpretation. See, what we do in scientific study, we have the abstract, we have the introduction, we have the materials and methods, and then we have the results section. If any of that's wrong because of error, you do an erratum or a corrigendum. If any of that's wrong because of fraud, you retract, if any of that's wrong, because they made a super huge mathematical mistake or some something wrong with their study design, we can argue for retraction.

Dr. James Lyons-Weiler: But the discussion section was always sacred. That was a part where you say, "Okay, I looked at the data, I ran the study. I looked at the data and this is what I think it means." That is a submission to the entire scientific community. Do you agree with me? And if you don't agree with me, come and write, in the same journal, a letter to the editor saying why you disagree with me, right? This idea that you're going to retract because somebody disagrees with your interpretation is ridiculous. So this study was by Volick et al, and I was actually about to read the study, and all my colleagues and friends were telling me, "You've got to read this study. It was just retracted." And the authors wrote to me, and they sent me the paper, and they said, "Would you republish this in

your journal?" And I said... Oh, they said, "It's already been peer-reviewed, so please, we hope you would just publish it as is."

Dr. James Lyons-Weiler: And I said, "No, I'm not going to publish it as is, but I will submit it for peer review," and we sent it to three independent reviewers who kicked the pants off of this thing and beat it up and sent it back to the authors. Then the authors sent the copy back to the reviewer, to me, and I sent it to the reviewers, the reviewers didn't like it enough, so that's how it's done in peer review. It's blinded. The authors don't know who the peer reviewers are if you're objective. And so finally, the reviewers said, "Yes, I agree with the fact that they can make their measurements, they can do their analysis, and they can come to the set of results that they did, but I don't agree causality is implied here." Some of the reviewers did think that the causality was implied. I'm the editor-in-chief. I said, "That's close enough. Fine. Let's publish it," and right now Retraction Watch is reading all of those reviewers comments. They wrote to me for the reviewers comments, and so they're going to have an article, I hope they're going to have an article, talking about, "Oh, look, here, Dr. Lyons-Weiler is returning vaccine safety science to objectivity, and blinded peer review, and unbiasedness."

Dr. James Lyons-Weiler: The funny thing is about that particular outcome, is that the two editorial board members that resigned, they resigned because they claimed that the authors could not claim that the vaccines caused the deaths that were reported in the vaccine adverse events reporting system that they used. But one was an epidemiologist and one was a virologist, and last I knew, neither epidemiologists nor virologists are trained in forensic pathology, so how do they know that the vaccine didn't cause the death? So their opinion is just as valid as the authors', and so it should have been published, and they've made a big mistake by retracting this. So hopefully now we'll return to some more objective publications through journals like mine.

Dr. Patrick Gentempo: Yeah, well, certainly, we need it because I've never seen such retraction activity in my life as I have in the last couple years, and how papers get published. They pass peer review, they go through the whole process, they get published. Next thing you know, they're retracted because it sounds like science has become pure politics, and that's bad for humanity in a big way.

Dr. James Lyons-Weiler: Well, the goal of our journal is actually to identify instances where the policy, or medical practice, or law, actually has a mismatch between what the science actually says. So by design, given that that's our lane, we're going to be publishing things that are keeping people in track in terms of objectivity, and I hope it works. I only have one life to live for this, so I hope it works.

Dr. Patrick Gentempo: And what a life it is. Well, listen, first of all, thanks for coming and explaining all these things. If nothing else, the thing to understand is, what it means to be in the midst of this type of a world and this type of heresy is really craziness, but be a scientist who's trying to constantly push for objectivity and science to be applied, because what was the catchphrase all along? We follow the science, we follow the science, but what were they really following? It was something quite

different than, I think, what science is, and I think people have to be held to account, and that's what you're doing every day, so I certainly appreciate that.

Dr. James Lyons-Weiler: Thank you, Patrick. I've been a philosopher since my early days in graduate school, where I've read all of the philosophy that I could and studied Karl Popper in particular. And the school, [IPAK-edu 01:37:18], is founded on the principle... It's a school of thought called popular rationalism, because while the for-profit corporations that bias the science, and do tobacco science, and things that matter like medicine and glyphosate, well, they don't want empirical objectivity and they would like it if the enlightenment never happened. We travel from state to state meeting with people who chant. When I say on the steps of the capitals, "What do you want," they say, "Science." "When do you want it?" "Now." So that's popular rationalism, and the nice thing about this as a bit of a linguist, if you analyze popular rationalism, what's the opposite of popular rationalism, Patrick?

Dr. Patrick Gentempo: Unpopular irrationalism?

Dr. James Lyons-Weiler: Unpopular irrationality, and who wants to sign up for that, right? So we win. If they're going to play semantic games, I'm down for it. But in all seriousness, people's lives are at stake, people's jobs are at stake. There's a number of tactics that people can do to stand up. If you're threatened, you have to vaccinate or lose your job. Under the 45 CFR 46, Patrick, people cannot coerce you into enrolling into clinical trials. It's illegal. So have your lawyer cite CFR... It's 45 CFR 46, Code of Federal Regulations. Have your lawyer send your employer a letter informing them that they're on notice for trying to enroll them, trying to coerce them in a clinical study, human subjects research trial, and see if they don't back down, because I think they will.

Dr. Patrick Gentempo: Well, people need to be armed, for sure. I was just reviewing some articles earlier today about professional athletes who basically are losing their positions because they're refusing to get vaccinated, and so more and more stands are being taken, it's becoming more and more popular. Eric Clapton just released a song, and we're trying to get him for the series actually right now, so his protest, and I think what we need, and he asks the question in the article I saw, "Where have all the rebels gone," and that's what we need now. We need the rebellion, we need the rebels.

Dr. Patrick Gentempo: And we're not rebelling in the name of irrational craziness, we're literally saying that we need rational thought here, and we need the truth in the end, which is what we're not getting. Things are being manipulated. It's like puppet strings are being pulled, and it can't be tolerated, and anybody who tries to stand against them gets slaughtered. I'm sure you have a lot of colleagues that have university-based positions that don't want to jeopardize their positions, so they can't speak out, and-

Dr. James Lyons-Weiler: I had a stranger show up at my house at 6:30 in the morning, knocking on the door, pleading with me to run a workshop for her colleagues, because her

husband, who is a major surgeon, has decided that he's going to quit before he is vaccinated. So I ran an all-day workshop, all-day webinar, had Pierre Kory and other people on for that, and UPMC still hasn't done anything about a mandatory vaccine. I think they got wind of the fact that way too many people are aware of antibody-dependent enhancement, pathogenic priming, and so on. But also, I think they're also very aware that they cannot coerce people into clinical trials, and they have a lot to lose. So what we need are thousands of cases of people suing their former employers and taking away a chunk of the company, maybe $20 million, and then lawyers will swarm.

Dr. James Lyons-Weiler: This is actionable. You can't coerce. It's the act of receiving the memo. It's not vaccinating, it's not losing your job, it's the act of being coerced. It's like bullying somebody. You can't do it in school. You get kicked out. It's the same thing. You cannot send a memo that says, "Vaccinate or be fired." Now, you might think, "Well, wait a minute. It's an at-will law here. We can fire you for any reason." That doesn't mean you can send a memo that says you have to vaccinate.

Dr. Patrick Gentempo: Exactly, and I guess, does that change now though with the FDA approval of the Pfizer vaccine, because now it's not... Is it still considered experimental?

Dr. James Lyons-Weiler: Anybody that thinks that they're safe because the FDA approved of one of the vaccines doesn't understand 45 CFR 46. You've got to read it, because when you read it, you'll realize that what they're doing is enrolling you in a clinical trial, a human subject study, and this is still a human subject study. Your data will be used to determine long-term safety, as is true with every vaccine, and they can't do that without consent, and we need a judge to rule on that. We don't not sue on the presumption that, well, because the FDA says it, they're going to win the case, or because my employer says, "The FDA says I can do it." Fine, their lawyer can write back a letter to the judge or argue in front of a judge, "The FDA says you can do it. Let's have the argument." That's what a civil court of law is for. Let's settle where the law actually exists, and we need these competitions, we need about 1,000 cases of people willing to sue to take their employer to court, their former employer if need be, for damages for the stress of the threat of coercion. That's exactly what we need.

Dr. Patrick Gentempo: Well, then let's see if we can incite such a thing.

Dr. James Lyons-Weiler: I hope so.

Dr. Patrick Gentempo: Well, as always, again, very much appreciate you being here, taking the time to share with us. I know you've got to be wickedly busy trying to just answer the call of all the stuff you got going on all day every day, but thank you for giving us this current scenario from the view of Dr. James Lyons-Weiler, as far as how your view of the world, which is quite a view, quite a lot of insight and some bombshells that you dropped, so I appreciate you spending the time here and having the courage to do it.

Dr. James Lyons-Weiler: And thank you, too, Patrick, and I want to send a shout out to all of the people that follow Patrick and your community, because the amount of out-love, outpouring of support, the love that has been sent my way for all that we're doing at IPAK, if you want to get into a classroom with me and you really like what we're doing, come on over to IPAK-edu.org and sign up for some courses. These are live courses where, it's not like one of these online courses where you have to sit alone, yet for more time alone. You get to join a cohort of students and you get to develop community, and so I hope that a lot of people realize that the courses that we have are all designed to empower you in this fight with knowledge, with logic, with reason, with science, and so much so that I hope in the future, people will say, "Well, I made this argument, and I made this argument because of what I learned at IPAK-edu."

Dr. James Lyons-Weiler: We're not anti-vaccine. We don't teach anything that would cause you to not vaccinate. What we teach you is the balance of the science, if the science is balanced... There's is great course by Andre Angelantoni called the Vaccine Course, and it basically is a reference resource material list that he goes through, and he says, "If you need the sources on mercury, here it is. Aluminum, here it is. Autism, here it is," and it's a fantastic course. He taught it in Pittsburgh at my invitation in 2017, and now it's online, and it's live, and there's just people that are just piling into this course. So I've got to send out a huge thank-you for all the support that your people have sent me, Patrick, and thank you to you and your team for having me.

Dr. Patrick Gentempo: It's been a pleasure, and I look forward to our ongoing conversations.

Dr. James Lyons-Weiler: Right on. Thank you.

Dr. Patrick Gentempo: That completes part two of my interview with Dr. James Lyons-Weiler. Man, what a wealth of information from a guy who's got extraordinary intelligence and also has a heart for humanity. Thanks for being here.

Patient Testimonial: Rebekah Gold

Dr. Patrick Gentempo: Rebekah, thanks for taking the time to have this conversation. What motivated you to get the vaccine?

Rebekah Gold: I wanted to be safe from COVID. I wanted to be able to just live my life normally. I have older parents who, they're in that high-risk, they're in their 70's, and I wanted to be able to see my parents and not be afraid to give them COVID, because I think they would have probably potentially pretty hard side effects if they were to get COVID, and I didn't want to be responsible for passing it along, so...

Dr. Patrick Gentempo: And when you got the vaccine, and I'm not trying to ask this as a leading question, just really trying to understand, what did you hear about it? Was your feeling like it was going to be completely safe or that you didn't have any concerns, or what was your head space going in?

Rebekah Gold: No, I was not completely... I was hesitant to get it, actually, and I waited a while in getting it. So I have friends who, we were discussing it, and their doctors, they work in... One is a doctor, one works in the medical profession, and one of them, the doctor actually was pretty hesitant, saying, "This is a new vaccine. Vaccines typically take a long time to develop. So the fact that it's new, it's worth considering." And then the other friend was, "Oh, but it's safe. The research is showing that it's fine. The trials are there. Everything's there," and so I waited. I was probably the last one in my family to get it. I was maybe one of among the last people in my friends to get it. I did some research on it. I got on the FDA's website, I was reading about it, got on CDC's website and read about it, and it was very... The information, the fact sheets, are kind of dumbed down. There wasn't a lot of information. There was, "Here are the side effects," which is the typical, "If you're allergic to these things, you don't want to get it. If you're immune-compromised, you probably want to wait."

Rebekah Gold: I'm not any of those, I wasn't any of those things, and then you hear... I knew people who had it, and they were relatively safe. They hadn't seen any side effects other than maybe a sore arm or down for a day, and I thought, okay, it's probably okay, it's probably my turn. I'm taking one for the team. I didn't want to get it, I didn't, but I thought, "You know what? I think I just need to do this."

Dr. Patrick Gentempo: And that's an interesting thing, is that, "I'm going to take one for the team," because I hear people say that a lot, sort of this selfless act, if you will, or "I realize that maybe there's a risk." So you were hesitant, and this is the interesting thing, even though you had done the reading, nothing really seemed like it concerned you, there still was something that was causing hesitancy on your part. Was it just the fact that maybe what the doctor told you, "Hey, this is kind of new and it hasn't had a lot of time to be researched"?

Rebekah Gold: Absolutely, that's what he... It wasn't approved. It was an emergency use, so they hadn't had a lot of time, and how long had it been in trial? So a couple of months, really, if you think about it, when some vaccines take 10 years to develop. This one was really quick. And one of my healthcare friends said, "Well, the..." I think it's mRNA, "Has been studied for years, and that's what they're using, and it's safe, and everybody needs to get this," and so I thought, "Okay, that's probably true," and it seems to be working for people. And so I wasn't going to get it. I was going to wait until it was approved, and I thought, "You know what? I want to just be able to live my life. I don't want to have to... If I have to prove that I'm vaccinated, I like to travel, so if it means that I can travel freely, I'm just going to do it. I'm a healthy person. I don't think I'm going to get really sick if I get COVID, I don't know, but I'm going to do it. I'm going to do it to protect my family, to protect my kids. My kids are little, so they can't get the vaccine.

Dr. Patrick Gentempo: That's an interesting part of this too, is the idea of, you were healthy, and that was one of your assessments, right? "I'm actually very, very low risk for having a bad time with COVID," and now it's pretty much understood that natural immunity is a whole lot better than the vaccine immunity. But with that, I guess, how much of your decision was based on, "I want to protect my parents potentially," and those considerations, and maybe yourself, versus, "I want to be able to travel, I want to be able to go to restaurants, I want to be able to have my normal life without impedance"? I guess the question I'm asking is, was the compelling force bigger on the health side consideration, or the lifestyle you want to be able to live your life?

Rebekah Gold: It's probably more lifestyle. I just wanted to live my life. I wanted to be able to go places and not be... Not that anyone was judging me or anything, but I just didn't want to feel that pressure of, "Oh, you're not vaccinated? Oh, you can't come in this restaurant." In Utah, we haven't felt that really at all, but I didn't want to have to feel that. I worked from home for a year and a half, and so the office was opening back up as well, and it was sort of, "Okay, well, if we're going to be back in the office and it takes a month to be fully vaccinated, then I need to do this now in order to return to the office and feel safe in the office as well."

Rebekah Gold: So there was sort of that pressure was behind it, but it was really more about living my life. My parents were already vaccinated, so there was a part of me that thought... and in the beginning, they were selling it as you're immune to it. There's this 95% effectiveness, so if you're vaccinated, you're probably not going to get it. So I thought, "Okay, my parents are already vaccinated. Does it really matter? Probably not. But I want to be able to live my life," and so yeah.

Dr. Patrick Gentempo: Yeah, so the social pressure is kind of-

Rebekah Gold: A little bit.

Dr. Patrick Gentempo: Certainly drive that too. So what happened? So you had your first... You had both shots, right?

Rebekah Gold: I've had both.

Dr. Patrick Gentempo: So was there any reaction after the first shot?

Rebekah Gold: Yes, so the first shot, mostly it was the sore arm was the first thing, but then I started to bleed. And so I've had really normal... my menstrual cycle is very normal, very predictable, and it always has been.

Dr. Patrick Gentempo: Your whole life?

Rebekah Gold: My whole life, always. It's always been just very predictable, and I think I had just stopped a period and got my vaccine, and it started right up right after, and I thought, "This is weird." It was alarming because I'm so regular, and so I thought, why am I bleeding? And then I thought, "Well, maybe it's just spotting. Who knows what it is."

Rebekah Gold: But after it never went away, I start doing my own little research on, okay, is this a side effect of the vaccine? That's the only thing that's different in my life, is that I just got this vaccine that I didn't want to get in the first place, that I don't really know what the side effects are other than these very basic things. After getting on the internet, where you find all our answers, I was not alone. I found out that there were a lot of women who were-

Dr. Patrick Gentempo: A lot of women reporting this?

Rebekah Gold: A lot of women were reporting it.

Dr. Patrick Gentempo: Wow.

Rebekah Gold: But it wasn't being reported as a side effect, and then come to find out that women's health wasn't really part of the trial, it wasn't a factor in there, and so nobody would say, "Well, yes, this is because of the vaccine," but there were a lot of women who said, "My cycle was really messed up after getting the vaccine," and everyone was saying, the stories I was reading, was it would correct itself after a couple of months. It seemed to get back to normal.

Dr. Patrick Gentempo: How long ago was it for you?

Rebekah Gold: Five months.

Dr. Patrick Gentempo: It's been five months?

Rebekah Gold: Yeah.

Dr. Patrick Gentempo: And has it gotten back to normal?

Rebekah Gold: It has. And so after a couple of months of this persistent bleeding, I finally called my doctor and I said, "I'm bleeding and it won't stop, and I think it's because of the vaccination," and they kind of kind of laughed, actually, out loud. The nurse kind of was like, "Yeah, we've heard that, but there's no evidence to suggest that the vaccine is really doing that, so maybe there's something else. Come in and we'll check it out." So I went and saw my doctor, did a series of tests, did some ultrasounds, everything came back normal, and they basically talked... they're like, "Well, you're in your mid-40s. It's probably perimenopause," so-

Dr. Patrick Gentempo: Really?

Rebekah Gold: Yeah, so-

Dr. Patrick Gentempo: They just wanted to completely disregard the fact that the vaccine could've caused it.

Rebekah Gold: Completely disregarded it.

Dr. Patrick Gentempo: Did you explain to them that there are many other women reporting similar adverse effects?

Rebekah Gold: Yeah, and they had heard that, they had heard of other women, but they kind of blew it off of just like, "Yeah, well, there's no evidence to suggest that the vaccine has that side effect."

Dr. Patrick Gentempo: How'd that make you feel?

Rebekah Gold: It was obnoxious. I didn't like that they just blew it off. I just thought, "You know, there could be something to it. Why aren't you looking into it if there's other women?" And I don't know how many other women in their office were coming in and reporting that, but they knew that that was a thing, that women were reporting it, but they just kind of were like, "Well, we don't know. There's nothing to suggest that that is a side effect," so we're going to look at something else.

Dr. Patrick Gentempo: If I understand correctly, but you're bleeding every day for months.

Rebekah Gold: Every day.

Dr. Patrick Gentempo: Every day.

Rebekah Gold: Every day.

Dr. Patrick Gentempo: It's not like it's cyclic, it's every day for months, and they're just like, "You're-"

Rebekah Gold: They're like, "We don't know."

Dr. Patrick Gentempo: "You're in your mid-40's."

Rebekah Gold: Yeah, "You're in your mid-40s," and I'm thinking-

Dr. Patrick Gentempo: Wow.

Rebekah Gold: "Okay, well, does premenopause... Do you really just all of a sudden start bleeding every day?" And they're like-

Dr. Patrick Gentempo: Right after a vaccine? That's just coincidence, yeah.

Rebekah Gold: Right, and they were just like, "Yeah, it could happen, it could happen," and so I just dealt with it for a long time. Finally, I called them back, and so my doctor gave me some suggestions, he's like, "Okay, well, here's what we do for women who are going into menopause. You can take hormones, you can get on the pill, you can have surgery." I'm like, "Okay, I don't need surgery. I'm a healthy woman, I think. I don't want to start removing organs," so yeah.

Dr. Patrick Gentempo: So solution is just rip out your uterus and-

Rebekah Gold: Just take your uterus out and you'll stop bleeding, and I'm like, "Okay, I probably don't need to do that," so-

Dr. Patrick Gentempo: That's beyond obnoxious, that's... Yeah, and let me ask this. You had the second shot. How long after the first shot did you get the second shot?

Rebekah Gold: It was three weeks. It was whatever the prescribed time-

Dr. Patrick Gentempo: But you already started having the symptoms. Did you have a concern about going back for the second shot?

Rebekah Gold: Yeah, I almost didn't do it. I was like, "Okay, well, let's see," and the thing with the bleeding is it would be... I don't know if this is too much information, but it would be really heavy, and then it would get really light, and then I'd think, "Okay, maybe we're done, maybe this is done," and then all of a sudden it'd come right back, it would be really heavy, and then it'd get really light.

Rebekah Gold: So it was on this weird pattern, and so there was a point in time I thought, "Okay, maybe..." where I'd had a couple of days where it was like, "Okay, maybe we're over this," and it was probably right before my second shot. So here I am, three or four weeks into it, and I'm like, "Okay, I'm going to try this. I'm just going to do it, and we'll see if the pattern returns," and it never stopped. It just kept going, and-

Dr. Patrick Gentempo: And did you notice any other symptoms after the second shot, or was just the ongoing bleeding that was-

Rebekah Gold: No, the second shot, I was sick for a day, which I heard was common, that-

Dr. Patrick Gentempo: What kind of sick?

Rebekah Gold: Really tired, and so it started... I had my shot in the evening the night before, and then the next day, I was still working at home, and so I was sitting at my desk, and it was as the day progressed, I was just like, I felt like a zombie. My bones hurt, everything hurt. It was just heavy and tired, I could not keep my eyes open. And so at some point in the day, I think I called into the office and just said, "I have to step away. I can't keep my eyes open. I don't feel good," and they were very good about that. I think several people had felt that. So that lasted, it was probably 12 hours of that. By the end of the night, that evening, I was feeling better and I felt like I could actually move and get up and be functional, but that was the worst of it.

Dr. Patrick Gentempo: So you went... and then you say it was about five months of constant bleeding or so, right?

Rebekah Gold: Yeah.

Dr. Patrick Gentempo: And the doctors didn't want to give it any... they were now saying, "Well, let's just take your uterus out." I just have no words for-

Rebekah Gold: That was an option.

Dr. Patrick Gentempo: The absurdity of that. So did they say, "Hey, we should probably report this to the vaccine adverse reporting system so people can know about this?" So if other...

Rebekah Gold: They never said that, and in fact, not until recently did I read, and maybe it was on the CDC's website, where if you report a side effect to your doctor, that they are actually supposed to report that. They have some sort of reporting system.

Dr. Patrick Gentempo: They have a reporting system, but-

Rebekah Gold: Yeah, and I don't know how new that is, or-

Dr. Patrick Gentempo: And I've interviewed other people who said, "Well, the doctor told me to report it," and getting on the site to do it. So it seems like a lot of things are going on, and a lot of people are having adverse reactions, but nobody's reporting it so it can be tracked, and that we have data on it to really know what we're dealing with here, so it's sort of like flying blind. You told me a story about a friend of yours who was having health challenges already, but got the vaccine, so tell me.

Rebekah Gold: Yeah, so she was waiting, so this whole time, she said, "I'm just going to wait, it's-"

Dr. Patrick Gentempo: What's her health challenge?

Rebekah Gold: She has multiple sclerosis, so she decided, "I'm going to wait. I've got this issue. I don't know how it's going to impact my health." So she just got it two days ago, she got the vaccine, and she texts me and she... because she knows what my problem is. She asked me, "How is it going for you," and says, "I just got the vaccine, and I'm bleeding," and she's like, "And I'm freaking out. It's not normal," she said. It was almost identical, identical, where she had just ended her period, and she got that vaccine and almost immediately started bleeding again, and she said, "And it just keeps getting heavier and heavier." She keep thinking, "I hope it goes away," but it's not going away.

Rebekah Gold: And so because it's so... It was not even two days. She got it two days ago, she texted me yesterday and said, "Oh, how are you doing? Has it stopped for you?" And so anyway, I told her the path I've been on since then, and it's yet to be seen. I said, "Keep me posted. Let me know how this affects you going forward." I hope for her that it doesn't last five months or that it doesn't have any other side effects for her, but she was hesitant to get it, and I had told these friends my story, I don't know, maybe a month or two ago when we were... It's just a conversation we've all had. I just find it interesting that there's another person in my inner circle.

Dr. Patrick Gentempo: Well, Rebecca, I appreciate you having the willingness to come and sit down in our studio and share your story and your thoughts. I very much appreciate the research you've done on your own and the fact that you're willing to come here and share what your personal experience was.

Rebekah Gold: Thank you.

Outro

Dr. Patrick Gentempo: That concludes episode five of our nine-part docuseries, COVID Revealed. We're moving down the track now, we're still in the free viewing period. Just know that you can get these packages of COVID revealed. You can own it at a steep discount during this free viewing period. I want to thank you, if you've already invested, deeply from our hearts, gratitude for supporting this work. We're very passionate about it. And if you haven't already invested, maybe now's the time to take a look while we're still in the free viewing period. That's where you're going to get the best discounts and the best bonuses, so thanks for being here for episode five. I'll see you in episode six.

Dr. Brian Hooker: I thought the vaccines were the greatest thing since sliced bread. I didn't even know what a vaccine injury was, so it was sort of a big paradigm shift not to trust the CDC. Informed consent was thrown out the window a long time ago, even prior to the COVID vaccination, because the CDC and the FDA are withholding information regarding vaccine adverse events. In the Pfizer clinical trial, the data that they submitted, there were 20 people that died in the vaccinated group and only 14 people that died in the un-vaccinated group. So yes, they touted that it was going to ameliorate symptoms, lower hospitalizations, and prevent deaths, but even their own clinical data shows something different.

Del Bigtree: A lot of what this is about goes beyond the vaccinations. It's about the social control, being able to control people and move your societies, control your nations through a passport that will begin with your vaccine records, but then it will be your social credit score, something that they've been working on in China. Are you a good person? Are you making good decisions based on what the government wants you to do? And all of those things affecting whether you can get a loan, whether you can buy a house. All of this is in the future. Remember, the Constitution doesn't give us rights, it protects our inalienable rights, our God-given rights. It's a protector, not a decider. The Constitution doesn't control the people, it controls the government so that they don't control us.

Dr. Paul Elias Alexander: These vaccines have not assessed safety, and we do not know, even for those who have taken it, what the future would be, and nowhere in entire world did these lockdowns work. In every instance, they failed. They did not reduce transmission, they did not curb death. Sweden looked at the two million Swede kids, 16 years and under. Since beginning of the pandemic, no lockdowns, no masks, no school closures, no instances of death. They have provided no evidence, none, as to why low-risk children should get these vaccines.

Bonus Interview: Barbara Loe Fisher

Dr. Patrick Gentempo: Next up is my interview with Barbara Loe Fisher. I have known Barbara Loe Fisher for decades. She is an amazingly courageous human being, who is the mother of a vaccine injured child and started the National Vaccine Information Center. And the impact that she's had over these years has been extraordinary. As a matter of fact, she was in this game way before a lot of other people were when she was out there saying that we need information and informed consent when it comes to vaccinations. And I have to tell you, the work that she's done has had an impact throughout the entire world. She's knowledgeable, she's articulate, she's passionate. And she's someone that I'm excited to share with you right now. Let's jump in.

Dr. Patrick Gentempo: Well, this is certainly a conversation I've been looking forward to. Because the first conversation I think I had with you was decades ago. And here we are. And I almost want to start Barb this conversation saying, boy, with all the years of experience that you have in the realm, and we'll talk about that in a moment. Could you have possibly have anticipated that you'd live to see this day? And I think the answer you're going to have is yes, because you did talk about this years ago. So, first of all, thank you for being here and taking the time. And can we jump in and just get into your background? How did you get into doing for now decades what you're doing and how was it led to this day?

Barbara Loe Fisher: Well, it was the experience I had with a severe reaction to the fourth DPT shot my son, my firstborn son had in 1980. And at that time, as you know, really very few people knew anything about vaccine reactions. Doctors were not discussing this with the mothers who brought their children in for vaccination. There was no information that vaccines carried significant risks for some people, and that sometimes they didn't work at all. And so, I took my baby and my son in not knowing anything, really. And when I witnessed him, I witnessed his reaction but didn't understand what I was witnessing in that fall of 1980, convulsion, a collapse shock, a state of unconsciousness that I kept writing off. It's just a really long nap, but he wasn't moving in his bed. I mean, if you don't know, you don't understand what you're seeing. And when he regressed physically, mentally and emotionally after that shot and became a totally different child, none of us understood in my family that had happened.

Barbara Loe Fisher: The doctors told me it was just a stage he was going through and not to worry about it. But I knew that something had happened. And I didn't connect it to what I had witnessed that day. It wasn't until I saw DPT Vaccine Roulette, which was a documentary in the spring of 1982 that really was the first time that parents in this country had been warned that the DPT vaccine could cause brain injury and death. And as I watched that program, I knew my son was not as severe and profoundly damaged as those children. But I knew, I knew what had happened to him that day. And my mother, who had gone with me to the doctor's appointment, we called each other and we knew at that point.

Barbara Loe Fisher: And it was then that I called that TV station and I was put in touch with other parents of DPT vaccine injured children in the Washington, DC area. And we got together and we founded in 1982 the organization known today as the National Vaccine Information Center, a nonprofit charity. And ever since the time that we got together, our mission has been to promote vaccine injuries and deaths through public education and to defend the informed consent ethic, that is the ability to make a free and voluntary decision about medical risk taking, which includes vaccine mistaking.

Dr. Patrick Gentempo: So, that was back in the early 1980s, as you described. And through that time, you have been a resource basically for the world to be able to come to nvic.org, learn about vaccines learn about the risk and in essence, do the job that informed consent is supposed to do, where people can make a decision or in this case, your parents can make a decision about their children and know the risks and understand it in an objective manner, which the agenda for vaccines wasn't allowing that to happen. But you also were able to look at the inside of this being on maybe boards or maybe councils or what have you. Were they at the FDA or what agencies were you able to be the layperson to be present for some of these meetings?

Barbara Loe Fisher: Well, after our organization worked in the early '80s with Congress on the National Childhood Vaccine Injury Act of 1986, which a lot of people don't understand what that law was when it was passed. For the first time in history, the government admitted that vaccines can cause injury and death with that law. We were responsible for the safety provisions, the informing, recording and reporting and research safety provisions. We fought very hard to continue to have liability for the industry, pharmaceutical industry when we had medical trade and pharma and government trying to get let them totally off the hook.

Barbara Loe Fisher: When that law was passed, the companies still had liability in civil court for design defect. The doctors still had liability for medical malpractice. But over a series of 20 years, Congress and the federal agencies gutted both the safety provisions and the compensation provisions. And then in 2011, the US Supreme Court majority was Sotomayor and Ginsburg dissenting, let the companies off the hook totally for civil liability for vaccine injuries and deaths, even when you could show the company could have made a vaccine safer. At that point in 2011 to right now is when most of the damage has been done in terms of force vaccination policies.

Barbara Loe Fisher: But what I what happened after that law was passed was I was put on as a consumer representative, the FDA Vaccine Advisory Committee, Institute of Medicine Vaccine Safety Forum, I participated in public engagement projects with the CDC. And it was those years that I spent at the table with what they call vaccine stakeholders. That includes the pharmaceutical industry, the state and territorial healthcare officials, federal government, the American pediatrics, all the people who are involved in the mass vaccination system. It was then that I understood what the end game was. The end game has always been forced vaccination, without the ability to say no. And that's when in the '90s, when I

started talking to chiropractic conferences, which is where I really developed the ability to... I had never really publicly spoken before.

Barbara Loe Fisher: And I was able to with these amazing chiropractors who, I call them the principal chiropractors, who supported informed consent and choice that I was able to articulate what I knew what I was finding out. And I predicted that the day would come when we would not be able to function in society without having every government recommend a vaccine. Now, a lot of people, they liked my speeches, but they rejected this idea that we would at some point be in an Orwellian situation like we find ourselves in today. But you know what, I never thought I would live to see the day. I thought my children and grandchildren would be the ones who would have to grapple with this government overreach and to find myself witnessing what I predicted is surreal and it's very disturbing. But at the same time, I feel so strongly that the spirit of freedom then lives in the hearts and the minds of Americans. That is what is going to save us. That we have always, our country since our founding has been fundamentally centered around the idea of autonomy and individual liberties and minority rights. And I think that even though we're going through this dark time, I believe that in the end, Americans will stand up for their liberty.

Dr. Patrick Gentempo: Are you seeing signs of that now? We're seeing in first of all in America, where there's been a lot of compulsion censorship, which I want to talk to you about in a few moments. And all of these political drives towards getting everybody vaccinated that were only a little bit over 50, maybe 55% of the populace has gotten both bad vaccines. Does that imply resistance in the American spirit on your part, from your view?

Barbara Loe Fisher: I think we've been in a state of shock here in America in the last 20 months. I think Americans have been very slow to really understand what's happening. If you look at Europe, where they went through World War II and they understand and still remember what tyranny looks like, they are the first populations in the last year and a half to stand up in massive numbers in public demonstrations of hundreds of thousands of people in the streets of Paris, London, Berlin, Rome, Athens. They led the way really, and we are now seeing in this country, protests like the teachers union protest in New York City with a march across Brooklyn Bridge, we're seeing CEOs who are resisting the call by the current administration to require all, if they have a company over 100 employees, to require them all to be vaccinated or lose their jobs.

Barbara Loe Fisher: We're seeing healthcare workers standing up and literally leaving their jobs on principle, the principle of informed consent and against forced mandatory vaccination. They know I believe that the next order they're going to be asked to obey is to deny treatment to the unvaccinated. This is a very serious situation. And it has everything to do with the right to autonomy, which is the first human right, the right to protection of bodily integrity. If we give that up, we're lost.

Barbara Loe Fisher: So, what have we seen with Europe leading the way, we're now seeing Americans from all walks of life, from every socioeconomic class, from every

faith-based community, from every political party, this is not about political parties. It is about fundamental human rights. And I think Americans are starting to understand it. And I think we will see more resistance as time goes on. I want to say that one of the things that is very important for people to have understand so that they can have hope is that we have this year in the legislative session of 2021, we have because we've been organized for about 11 years at the state level, National Vaccine Information Center, through our NVIC advocacy portal, we have been able to stop mandates in the states. Not one state in this country this year voted to mandate the COVID-19 vaccine. This gets lost in the rhetoric and in the media coverage that is emphasizing that these mandates are going to happen.

Barbara Loe Fisher: So, I'd like to leave people with that kind of hope and understanding that if they get involved at every level of government at local, at county, city, state, they can make a difference by developing personal relationships with their elected officials. And if they don't like what the elected officials are doing, they can vote them out in the next election. We need to take back our government and we need to work the system rather than standing outside of it. And so, I believe more people are understanding them.

Dr. Patrick Gentempo: It's a really important point that you just made. And because I think when we're looking at the activism, it's not just a debate around the science of this COVID vaccine and was it properly safety tested, et cetera, et cetera, all those things matter. But we're really looking at a bigger civil liberties issue as far as our individual rights, et cetera. And that's where the protest comes. Are we properly informed? Do we have called medical liberty? Do we have economic liberty? Should we be able to go to work if we decided that through informed consent, we don't want this vaccine. So, what are the most effective ways that people can activate that they can be effective in their activism?

Barbara Loe Fisher: Well, again, I put the emphasis on developing personal relationships with your elected officials. I also advise, well, sheriffs are elected officials as well, shouldn't underestimate the sheriffs in this country. We need to talk with the members of the armed services, our military personnel and our police to remind them about the value of protecting human rights and civil liberties. So, if they are ever asked to act in an authoritarian way that crushes civil liberties, they will make the right choice. If you look at the greatest tragedies in history, it's about people following waters instead of taking individual responsibility for the actions that they take.

Barbara Loe Fisher: And I might also add that I am a supporter of working the system, but I'm also a supporter of nonviolent civil disobedience. And I put the emphasis on nonviolent because when you engage in violence to try to change something, it only emboldens and also makes it easier for those who want to take away our autonomy to do it. So, if you look at the great social movements in history, the civil rights movement, what Gandhi did, the most effective means was, for example, when you sat in at a restaurant or sat on the front of the bus and refuse to move, we can never devolve into violence. It's not a solution. The

solution is intelligent action and responsible action within the framework of our government.

Barbara Loe Fisher: Our founders left us with an amazing government that had three tiers, local, state and federal. Right now, federal is out of control. The executive branch has gone to too much power in the 21st century. It's inappropriate. And the states can balance that out. But we need to work the system and not think that somebody else is going to do it for us, because that's the way we lose our liberty.

Dr. Patrick Gentempo: Have you been tracking at all your state by state their edicts, or lack thereof, around COVID, around quarantine, around massing, et cetera, have been quite varied. Yet, if there was validity to the restrictive orientation on masking and separation, et cetera, you would see radically different outcomes in those states and we're not seeing it. So, how do you think this will play out?

Barbara Loe Fisher: Here's the thing, Jacobson versus Massachusetts, the US Supreme Court decision 1905 that affirmed the constitutional authority of the state and legislatures to mandate vaccines, not the federal government, the state legislatures. Okay, this is one of the reasons that we're seeing the people getting involved and holding back the mandates in the states, the laws that would be passed by state legislatures. It's why we're seeing the federal government frustrated with the states not cooperating and trying to go around the fact they can't mandate vaccines and asking the CEOs of corporations and private employers and of course, the executive branch, the federal government can tell the executive branch that they can't work there unless they get vaccinated.

Barbara Loe Fisher: But at a local level worse, that's where we're seeing some of the mandates, the governors through their executive powers in the states. We've seen a number of governors mandate the vaccine. We've seen a number of city officials mandate the vaccine. Remember, these are elected officials. If you don't like what they did in your state, then you need to make a change in the next election. The people have the power to change things. And I think a lot of people feel powerless right now because we've been slapped around pretty good the last 20 months. We have been kept in constant fear, chaos, policies that change that on a daily basis. People are confused and they're afraid and need to not be afraid. That is the way people become paralyzed. And that's when they can be exploited and abused by people in positions of authority who are engaging in overreach.

Barbara Loe Fisher: So, I feel both disturbed by what I'm seeing, but I also know that this issue that we've been working for 40 years is now the number one topic in the entire world. The vaccine system will never recover from this because they engage in overreach. Every vaccine that comes out from now on will be highly scrutinized by the public all over the world in a way what they've done has finally clarified what the issue is and has drawn the lines in this war, what I call a culture war. And people now understand what it's about. And as you said, it's about liberty.

Dr. Patrick Gentempo: Well, it's interesting, the thought of them overplaying their hand at this point, maybe it's an arrogance that these dumb people are going to just fall in line. I think maybe they've underestimated. But you said something that I think is very profound when it comes to Jacobson and just to understand, Jacobson, it was a 1905 case that is the defining case on a state's rights to force people to be vaccinated or what compulsion they might have be able to get people vaccinated.

Dr. Patrick Gentempo: But this is really interesting, because even though it's a Supreme Court case, it upheld the state's right to do it. There's no federal mandate or federal right or precedent that they can do it from a federal level. And I guess this is where what people need to understand. And as you cited, the federal government doesn't have control of there's some states that aligned with it and maybe even a majority that do not, so they just can't get their agenda done.

Barbara Loe Fisher: That's right. Now, we have to remember, the federal government has authority over people crossing the borders of the United States and the territories of the United States. They also have, importantly, control over interstate commerce over the crossing of state borders, there are already people who are urging the current administration to pull the trigger on interstate commerce, which means you cannot cross state, you potentially could not cross state borders without being vaccinated. This is coming into play by a law. There's a bill that has been introduced in Congress, I believe it's called the Safe Travel Act, which would bar people from flying from one airport to another or getting on an Amtrak train and going from one state to another unless they've been vaccinated. So, we need to take these things seriously. Because those who are determined that there shall be no exceptions to vaccination and that your life can be destroyed if you dissent are not going to give up. And we have to be equally as a firm about defending human rights and the human right to informed consent to medical mistaking.

Dr. Patrick Gentempo: Based on what you're seeing, what is your level of optimism or pessimism that the rights and liberty will prevail?

Barbara Loe Fisher: I think the answer to that question is still unknown. I think that, I'm a glass half full type of person. And I believe that in this country, as I said before, the spirit of freedom and civil liberties, minority rights is something that has been so fundamentally a cultural value in our society, that I believe Americans will stand up and fight for that right. I'm hoping it will be done in the right way. And I said, I believe in self-discipline. I believe in a disciplined and responsible approach to social reform. Because in really what we're talking about is social reform. And this mass vaccination system has become far too powerful. The people that operate it have had been given way too much power. And we need to take back, the power that we have, we're 333 million people. And we can certainly change this if we act and don't just be apathetic and to answer and think somebody else is going to do it for us.

Dr. Patrick Gentempo: Now, you had prior previously mentioned in activism, getting to know your legislators, maybe in a state and federal level. Also, you said, donors may what it means to have relationships with the police or sheriff department, et cetera, that it's good to have these people in a conversation prior to things escalating to where they might go. Right now, there's so much censorship in social media, I'm sure you've been the victim of it, where people are trying to express themselves in a public manner and we're seeing censorship that I've never seen before in my lifetime. So, what other advice do you have for people in addition to what we described already?

Barbara Loe Fisher: Well, I was thinking as you were talking about the fact that one of the ugliest and most dangerous aspects of what has happened in the last 20 months has been so many people engaging in demonization and dehumanization of people who dissent from government policy and who are standing up for informed consent rights, this is very dangerous.

Barbara Loe Fisher: People are being pitted against each other. Families have been broken apart. Neighbors no longer speak to each other. Friends had been lost. It's a very dangerous situation. Because if you look back in history, that's always the way tyranny has begun. And that is by identifying and ostracizing certain groups of people in society. So, I wanted to say that first. But censorship, one of the ways that NVIC was able to get beyond the fact that parents weren't being told anything was when the internet formed in the early 1990s. And we were one of the first websites on the internet. Our website, nvic.org, was created around the time that the CDC created their website. So, we are the oldest and largest of the organizations on the internet that have been disseminating information about diseases and vaccines. We've got right in there on social media and immediately got hundreds of thousands of followers.

Barbara Loe Fisher: We have held five public conferences on vaccination over the years starting in 1997. In 2020, we held online the fifth international public conference of vaccination because we had to cancel the hotel because of the social distancing restrictions. As soon as that conference which featured over 50 credential speakers was held online, we were attacked by a political operative in the United Kingdom. And what he did was he said, "These people are basically characterized as enemies of humanity," because we were having a discussion about vaccine science policy and law.

Barbara Loe Fisher: And he said, "They should be taken off of social media." I was number one on the hit list at that time when he put out the anti-vaccine playbook, the Center for Countering Digital Hate out of UK. And then what happened was I opened up that conference. It was a pay per view conference. We had to create a whole new website in order to hold the conference and protect it from sabotage. But after he attacked us, I opened up the conference in 2021 to everybody for free.

Barbara Loe Fisher: As soon as I did that in March, NVIC was deplatformed from Facebook. In April, we were deplatformed from Instagram. In May, we were deplatformed from Twitter. NVIC is now the most censored of all the organizations disseminating

information. We're off of three of the four major social media platforms. So, we have gone to alternative platforms, but we don't have at this point, the reach we used to have. But I have faith that these alternative platforms are going to grow larger and they are committed to freedom of speech. This is the way, we have to respond to this authority, what I call the move toward authoritarianism in our country. We can do it, by people who understand what's happening, creating new ways to communicate, creating platforms that are safe and open.

Dr. Patrick Gentempo: What's interesting is that it wasn't something, at least the way you described, it wasn't something you did on Facebook that caused Facebook really to deplatform you. It's because you held a conference. And now, they're saying, I guess they use an excuse, you're somehow violating community standards. But it really wasn't about your posting. That wasn't changing. It's just the fact that you held a conference. So, you're kind of targeted as an enemy. And now, they're all going to act against you.

Barbara Loe Fisher: Yeah, what happened was the Center for Countering Digital Hate and other groups basically went to Congress. I mean, Congress got involved and told the social media platforms. Well, not all of Congress, but certain people in Congress, told the social media platforms, "You have to take anyone that's engaging in disseminating misinformation officers to media." Well, we were targeted. And yet, our pedigree is 40 years long. We worked with Congress in 1986 on the biggest piece of legislation that's ever been passed in this country on vaccination that was supposed to make the vaccine system safer. And I have sat on government advisory committees and presented the institute of medicine. I mean, there's no other organization that has the pedigree that NVIC does. So, obviously, we were supposed to be taken off a first and we were.

Dr. Patrick Gentempo: Yeah, and this is the crazy thing, they call it misinformation or disinformation. But usually, you're posting things and sharing things amongst like you said, the people in your... Are well-credentialed experts who have a right to speak to the topic and talk about their research or their views what have you, and somehow that turns into misinformation.

Barbara Loe Fisher: We reference everything. We have three websites, nvic.org, nvicadvocacy.org, which is our political action advocacy, and then we have the vaccinereaction.org, which is a weekly journal newspaper that we publish breaking news about vaccines and related topics. We are so careful about referencing, using the medical literature, using the mainstream media articles. We try very hard to have very reputable sources that we reference.

Barbara Loe Fisher: And I think it's because we have done it that way, that we're considered a threat, because we've documented everything. We use government documents, the CDC. We're not afraid of linking to the government websites and to the medical literature, because we know that people need to look at all the information and feel comfortable with it in order to make an informed decision. NVIC does not tell people what to do. We do not make vaccine use recommendations. That's not our role. Our role is to provide information that

people can use to make their own informed decisions. That's about what informed consent is about.

Dr. Patrick Gentempo: Well, so what's startling to me is this UK group, the Center for Countering Digital Hate. Have you ever investigated them? Or is it a guy in his pajamas in his kitchen who puts up a website? I mean, what do you know about that group?

Barbara Loe Fisher: It's basically associated with the Labour Party in Great Britain, and is a political operative, and is a very shadowy organization. It has an office in the United States, I think, in the DC area. British law does not require organizations like that to divulge who their funders are. Not a lot is known about them. But they've done a lot of damage, not just to NVIC, but to a lot of other organizations as well.

Dr. Patrick Gentempo: Yeah, it's interesting how these things come out of nowhere, they've got no pedigree. I mean, they haven't been around for 40 years doing work or whatever. They just suddenly spat out, have a name. You can't really find out much of anything about them, except that they're political operatives. And next thing you know, why our Congress or people in our legislature are giving them the time of day. And the question is, why would they except that they're helping to, I guess, give cover for narrative that they're trying to create.

Barbara Loe Fisher: And Silicon Valley is very much involved in this. The big corporations that operate the social media platforms have basically gone along. And then, these fact checkers that have cropped up in the last decade that serve as arbiters of truth online, they are very connected to this political operative, to certain government agencies, in colleges and universities. When I started speaking to the chiropractic community and I understood that there was this whole community that was committed to a holistic approach to health.

Barbara Loe Fisher: And when I was able to meet Dr. Joseph Mercola, who has been a supporter of the National Vaccine Information Center since 2008 and is also a holistic, he takes a holistic approach to health, this battle that we're in right now is not just about vaccination. It's about whether or not in this country, we're going to have the right to make choices about the kind of healthcare, preventive healthcare, particularly that we want for ourselves and our children, or whether the government is going to make those choices for us. And so, when you take a step back, you see that this is about so much more than vaccination on so many levels, and that's why I call it a culture war. And I say that we both agree, it's about civil liberties. It's about freedom of choice.

Dr. Patrick Gentempo: One of the things that might be a bright spot as far as what we're describing here is the fact that these alternative platforms like rumble.com or bitchute, where they're allowing people to post and without editorializing, and that was a whole other thing is saying that these people have no accountability, say, these tech platforms like Facebook or Twitter or Instagram, what have you, they have no liability for what gets posted. And their reason for enjoying that liabilities they said, we don't editorialize. Well, now, they're editorializing, which means

they share the same liability that a newspaper would have should they publish anything that's inaccurate, defamatory, et cetera. But now, we do have these other platforms that are growing.

Dr. Patrick Gentempo: And I think unwittingly, they're taking what were these obscure platforms in social media and they're turning them into pretty popular platforms that are growing by the day in leaps and bounds. So, do you feel like they'll get to an equal footing again, where the other platforms will start to have a big enough audience, enough people will become aware of them that we can get this information out freely again?

Barbara Loe Fisher: Look at America, it's always about building a better mousetrap, building a better option for people. And I think that more and more people are going to these alternative sites because they know they can get the unvarnished truth. It's not censored. One of the most exciting things that I've seen happen in the last two years has been the emerging of scientists and physicians from mainstream medical thought and from the scientific community coming forward and risking their careers to speak the truth as they see it.

Barbara Loe Fisher: I think one of the scandals that is going to be uncovered as this whole thing develops has been these one size fits all protocols that have been applied in hospitals, the attempt by government and not the attempt, the actual, I mean, they did it. The government at the outset prevented the repurposing of licensed drugs and supplements, et cetera, to be able to use to help people in the early stages of COVID-19 survived the SARS-CoV-2 infection. This to me is medical malpractice and really on a criminal level, that there has been an active opposition to trying to help people get through.

Barbara Loe Fisher: So many people who go into these hospitals are automatically vented and they don't come out alive. There's a high mortality rate. It's a one size fits all protocol. And people begging to have alternatives once they get into the hospital and they're denied and they cannot meet with their families, it's terrifying. And I think that this scandal is going to be eventually fully revealed as we get further along in this, I don't know when it's going to end, this oppression that we're seeing surrounding this pandemic. But again, I'm encouraged by the side of physicians because it's very hard as you know, to go against your colleagues when a policy is set and you go against the grain, you basically can be destroyed. And yet, they're coming forward. And that's exciting.

Dr. Patrick Gentempo: Yeah, I think there's a growing chorus of people that are coming from the mainstream of medicine, who fortunately, they have a conscience and they're willing to speak up against what they know is wrong, and, of course, a great parallel to their livelihoods in their careers as we're seeing. And to me, every one of those probably represents numerous others that basically can't afford or feel like they can't afford to speak out, even though they know what's going on is wrong.

Dr. Patrick Gentempo: And I think, it was incumbent upon all of us, I mean, this is a moment in time, it's a moment in history, it's an unprecedented moment. And I don't know what people see when they look in the mirror when they go up in the morning typically, and I don't know if they say, "I'm an activist. I'm someone who can make a difference. I'm someone who shows up at rallies or contacts my legislator." They probably have never done this before, but it's required here we are. It's this epoch and time. Here we are right now when it's happening. And whatever you thought your self-image is, maybe you have to shift this now and say, "I need to get involved. The stakes are too high for me to remain silent." What final thoughts or words do you have for our viewers?

Barbara Loe Fisher: Well, speaking to your point, I say people can be heroes in their own communities. They can choose to do the right thing. They can choose freedom over fear. And I think that we all have these choices to make. And those choices define our lives. And so, I urge everyone to take this seriously, to stand up for liberty. Do it for your children, your grandchildren, for generations to come. And I often say, if the state can take track down and force individuals against their will to be injected with biologicals of known and unknown toxicity today, then there will be no limit on which individual freedoms the state can take away in the name of the greater good tomorrow. This is a defining moment. And we either are going to pass this test and protect our liberty or we're going to fail and live as slaves.

Dr. Patrick Gentempo: I think those are literally the two alternatives. So, I appreciate as always. You'd be a clarion voice in these matters. And thank God you're doing what you're doing. Because your voice is more important now than I think it ever has been since you started doing this work back in the 1980s. So, thank you first for doing all you're doing and thank you also for taking the time to be with us here today.

Barbara Loe Fisher: Thank you so much. It's so great to see you and to have this opportunity to communicate with your audience.

Dr. Patrick Gentempo: That concludes my interview with Barbara Loe Fisher. I don't know where the world would be without people like her who are willing to step up, be a voice and do it for the long haul. She hasn't been around this for just a year or two. She's been in this game for a long time. And she has impacted a lot of lives for the better. So, thanks for taking this time and letting me share this interview with you.

Episode Six

Dr. Brian Hooker: I thought vaccines were the greatest thing since sliced bread. I didn't even know what a vaccine injury was, so it was sort of a big paradigm shift not to trust the CDC. Informed consent was thrown out the window a long time ago. Even prior to the COVID vaccination, because the CDC and the FDA are withholding information regarding vaccine adverse events. In the Pfizer clinical trial, the data that they submitted, there were 20 people that died in the vaccinated group, and only 14 people that died in the unvaccinated group. So yes, they touted that it was going to ameliorate symptoms, lower hospitalizations and prevent deaths, but even their own clinical data shows something different.

Del Bigtree: A lot of what this is about, goes beyond the vaccination. It's about this social control, being able to control people and move your societies, control your nations through a passport that, we'll begin with your vaccine records, but then it'll be your social credit score, something that they've been working on in China. Are you a good person? Are you making good decisions based on what the government wants you to do? And all of those things affecting whether you can get a loan, whether you can buy a house. All of this is in the future. Remember, the constitution doesn't give us rights, it protects our inalienable daily rights, our God-given rights. It's a protector, not a decider. The constitution doesn't control the people, it controls the government so that they don't control us.

Dr. Paul Elias Alexander: These vaccines have not assessed safely. And we do not know, even for those who have taken it, what the future would be. In nowhere in the entire world, did these lockdowns work. In every instance they failed, they did not reduce transmission, they did not curb death. Sweden looked at two million Swede kids, 16 years and under, since beginning of the pandemic. No lockdowns, no masks, no school closures, no instances of death. They have provided no evidence, none, as to why low risk children should get these vaccines.

Dr. Patrick Gentempo: Welcome to episode six of COVID Revealed, thank you for being here. I know we've covered a lot of ground, but we're not nearly done. We have in episode six, some very powerful information. And then we also have episode seven, eight, and nine to go, so thanks for being here. I know it's a lot of content, it's a long journey, but that is what is required if you really want to understand COVID. That's why we put this whole thing together for you.

Dr. Patrick Gentempo: I also want to remind you that while we're in this free viewing period, that you can own COVID Revealed at a significant discount, and we also have some very attractive and generous bonuses that go along with it. Just know that doing this

work requires a lot of effort and a lot of investment, and you owning the series encourages us to keep going, to keep developing, to keep producing this type of content. And secondly, know that you have our deep gratitude for raising your hand and saying, "Yes, I want to support this, I want to own this, and I want to share it with other people." So, thank you for that. Thank you for being here. Let's go ahead and get started with episode six.

Dr. Brian Hooker

Dr. Patrick Gentempo: Next up is part one of my two part interview with Dr. Brian Hooker. Not only is Dr. Brian Hooker someone who's brilliant, has the right academic background to be able to comment on what's going on here with COVID, but he's also a hero of mine because he helped to expose some of the bad things going on, the deceptive things going on at the CDC. If you watched the movie Vaxxed, you would know more about him. He's going to tell his story, but also he's going to comment with great expertise on what's going on right now with COVID. So, enjoy part one of my two part interview, again, with Dr. Brian Hooker.

Dr. Patrick Gentempo: Dr. Brian Hooker, thank you so much for taking the time to come here and have this conversation.

Dr. Brian Hooker: You are very welcome. It's a pleasure to be here, Dr. Gentempo.

Dr. Patrick Gentempo: So, here's what's interesting in your background, because you and I had had some interactions, conversations, et cetera, for years now prior to COVID ever happening. And yeah, I always claim that I have a handful of heroes in my life, you're one of them for the dogged persistence you had in making this whistleblower come out at the CDC, and exposing the fact that they were lying to us about MMR vaccine and autism. So, let's get into your background a little bit, and understand where you're coming from before we get into talking about COVID specifically. So, start with your educational background.

Dr. Brian Hooker: Sure. I received my PhD in biochemical engineering at Washington State University in 1990. And I've been in the biotech industry and in biotech research off and on for the last 30 years now. My background has included genetic engineering of plants, also genetic engineering of microbes and fungi, and environmental cleanup, waste cleanup, bioremediation, and then most recently epidemiology.

Dr. Patrick Gentempo: Yeah. And you were working at times for the government, yes?

Dr. Brian Hooker: That is correct. I worked for the Department of Energy laboratory for about 15 years, and that's where I worked on environmental restoration primarily. And I also had my own biotech company for two years, a company called PhytoGeniX, and we made blood factors in genetically modified plants.

Dr. Patrick Gentempo: So this background in genetics, because I think it's kind of germane here, since this seems to be gene therapy more than it's a vaccine, and we'll get into that a little bit. But you have some real work experience and academic experience when it comes to molecular biology, and understanding what's going on here.

Dr. Brian Hooker: That is correct. I've worked in molecular biology, I've done the types of designs that you hear on the news when you hear things like mRNA vaccines. And I've

never developed obviously an mRNA vaccine, but I've developed vectors that are very, very similar to that.

Dr. Patrick Gentempo: What's a vector?

Dr. Brian Hooker: A vector is just something that you use in order to convey a genetic from one organism to the next organism. Say the vector that is the COVID-19 vaccine, the Pfizer vaccine and the Moderna vaccine, that is a vector. And instead of the virus actually producing the spike protein, they're taking a piece of its messenger RNA and making in the human a production factory. So that piece of genetic material that's going from the virus to the human, we would term as the vector.

Dr. Patrick Gentempo: Right. So specifically then, that's this technology, it's a vector technology getting us to genetically do something, or to send a message that gets us to respond to it. So, you're saying that some of your background and work experience specifically dealt with these types of vectors?

Dr. Brian Hooker: That is correct, that is correct. It was a different context, but very, very similar technology.

Dr. Patrick Gentempo: So let's go to the personal side now. Also, and what kind of steered you into all this is that you had a child that was vaccine injured. And so, can you tell briefly that story?

Dr. Brian Hooker: Yes, that is correct. My son Steven was injured by his 15 month vaccines. He was born in 1998, and he received those vaccines in May of 1999. He ended up spiking a very, very high fever afterwards, and then very, very quickly showed neurological conditions where he was regressing. Before that time he had about 10 words, he lost all of his speech. He lost all of his eye contact, and he started to have very, very severe GI problems. And by the time he was 18 months old, then he was diagnosed with autism.

Dr. Patrick Gentempo: And to this day still requires care?

Dr. Brian Hooker: That is correct. My son is 23 years old now, he's nonverbal. Still requires care, still working on GI issues after all this time. It seems like a constant with these kids that are vaccine injured and end up with a diagnosis of autism, is that their system is so dysregulated, that once you get into a place where their GI tract is regulated, it's like walking a tight rope. And so, they require constant medical attention, constant therapeutic attention.

Dr. Patrick Gentempo: So now, when he had this incident when he was younger, when he was an infant basically, you had your background in medical science, and started to question it, saying you saw a direct cause and effect link here. What did your pediatrician say, or anybody else? Were they trying to discourage you from saying that this was a vaccine injury, as compared to a natural occurring thing?

Dr. Brian Hooker: Our pediatrician wouldn't even return our calls. When we would bring up the information and show, "Hey, this was a vaccine injury," the pediatrician just chose to ignore us. We asked them to submit a report to the vaccine, adverse events reporting system, or VAERS, and they said no, they would not do that. They never said that they disagreed that it was a vaccine injury, but they refused to use the VAERS reporting system. And it ended up my mom, who's a former public health nurse, issued and put all the VAERS paperwork into place, so she did the VAERS reporting for us.

Dr. Patrick Gentempo: Now, VAERS is an important part of this conversation today, because as they try to assess, or assert maybe is the better word, the safety of these mRNA vaccines, they cite VAERS as far as what the injury rates are, and death rates, et cetera. But I think your personal experience is an example of what's known, is that VAERS is woefully underreported. And I think there's been some research and data around that, correct?

Dr. Brian Hooker: That is correct. There was research concerning the underreporting in VAERS. There was a seminal study that was actually commissioned by the Department of Health and Human Services, it came out in 2011, it's called the Lazarus Report. And they actually looked at what it would take to automate VAERS, and show the actual rate vaccine injury in the United States. Which when they automated a small portion of the various system using a health maintenance organization in the New England area, they found that the rate of vaccine injury was about one in 39. So for every 39 needle sticks, there was one vaccine injury. And from that, they estimated that VAERS was probably capturing 1% of all the vaccine injuries that were occurring in the United States.

Dr. Patrick Gentempo: Wow. So now you look and say, "Okay, something's really wrong here," and you start digging in. And a big part of what you were doing was through Freedom of Information or FOIA, you were asking the CDC for information. Because the CDC came out and said there's no relationship between MMR vaccine and autism, yet you witnessed this yourself, as far as seeing your child after 15 month vaccine schedule, regressed into autism. What did you ask for and what did you end up getting?

Dr. Brian Hooker: Well, I was very concerned that the CDC looked at two different things: they looked at the MMR vaccine and autism, and then they looked at thimerosal, the mercury containing preservative that was in many vaccines in the late 1990s, early two thousands, and thimerosal's relationship to autism as well. And using just those two components, those two components alone, they decreed vaccines don't cause autism. So just to start, I knew something was desperately wrong, because they didn't study the problem. They didn't study the entire problem of the entire vaccination schedule, and what would be a causative factor in autism. So, I started to submit Freedom of Information Act requests for conversations that they had among themselves regarding the autism epidemic, regarding the research that they were doing. They had partners in Denmark that they had a very, very close, almost incestuous relationship with, I FOIA'd all those particular correspondences. And I saw very, very clearly that they had

manipulated data, they manipulated data in the United States, they had manipulated data in Denmark, in order to absolve specifically at that time, thimerosal in the autism epidemic.

Dr. Brian Hooker: And then later on, I started working on the MMR vaccine as well, and saw something very, very similar. The CDC published a paper in 2004, that was by Frank DeStefano and co-authors. And if you look at the paper, it actually shows a relationship between the timing of the MMR vaccine and autism in boys. But yet, they came up with a very, very suspect, dubious excuse for that happening. They said that it was tied to early special education requirements, in that these children were getting their autism diagnosis before they received the MMR vaccine. And that didn't hold water, if that was true, you would see that in boys, you would see that in girls, you would see that in all demographics, and that didn't hold true. And so that really raised my awareness at that time, that they were hiding the relationship between autism and the MMR vaccine. So I started to FOIA all the documents associated with that particular study.

Dr. Patrick Gentempo: How many total documents did you end up getting?

Dr. Brian Hooker: I am still, I'm pretty OCD, when I start something it's very, very hard for me to finish, so every month I still FOIA the CDC to this day, just to look for documents. Obviously the documents that I'm obtaining now are more around the COVID pandemic, and the COVID vaccine variants, but overall I've probably received a quarter of a million pages of documents.

Dr. Patrick Gentempo: Wow, that's quite a bit of reading. So, kind of fast forward, incidentally, I think just to highlight something that's important here, there's a pattern of behavior here with the CDC. Especially around vaccines when it comes to them really not being forthright, and then in some cases downright committing fraud when it comes to letting people know, or expressing publicly what they find when it comes to the vaccine, vaccine programs, vaccine injury, et cetera. And that's what blew up with this whole thing, and there's been documentaries made about it, you and I have had interviews on this before. Where William Thompson, who was at the CDC, I guess had an issue of conscience where he reached out and said, "You might want to look in certain areas," he started guiding you.

Dr. Brian Hooker: That is correct.

Dr. Patrick Gentempo: And then you had recorded... This is why I want people to know, this isn't speculation, you've got phone recordings of your conversations with him, where he's basically admitting that he was directed and others were directed, to literally bury, or manipulate, or change the data and lie about the truth of what was going on relative to autism. Is that an accurate summary?

Dr. Brian Hooker: Very accurate. We had conversations over a period of eight to nine months, talked on the phone over 40 times, and exchanged hundreds of emails over that

particular period of time. And he showed me how the science was suppressed, specifically the relationship between the MMR timing and autism in African Americans, and more specifically African American males, and how when that information came to light, not only was it suppressed, but they were told that all the information that would show that, very scientifically solid, statistically significant effect, all that information had to be destroyed. So, they were destroying federal records at the same time.

Dr. Patrick Gentempo: Wow. And even to this day, it hasn't seen the light of day as far as congressional hearings, and actions taken, that they're destroying federal records, they're lying to the public. And they're entrusted to try to protect us, and yet they're lying to us and giving out false information and false impressions. So, that is the history of the CDC in part, there's probably much more. But I just want to make it a point that you have that personal experience with the CDC, the personal experience of saying you've got a child who was injured, who's now an adult who you're still caring for. That there was no accountability, you were never compensated by the vaccine compensation fund, where they're supposed to help you with your situation. And the whole thing gets buried, and literally the scientists are directed to lie and destroy records, et cetera. That this agency, especially when it comes to vaccines, has this very well documented history.

Dr. Brian Hooker: That is such an accurate summary in terms of my feeling regarding the CDC. The CDC, when I started my quest in finding out the truth about vaccines and autism, vaccines and other childhood ailments, I had different notions about the CDC. I grew up learning to trust a medical establishment, and that included the CDC. Like I said before, my mom was a public health nurse, she was in charge of all the vaccinations that were distributed in one of the largest counties in Southern California. And so, I didn't even know, I thought vaccines were the greatest thing since sliced bread. I didn't even know what a vaccine injury was at that particular time.

Dr. Brian Hooker: And so, it was sort of a big paradigm shift not to trust the CDC. But the truth and the CDC are very, very far away from each other. The CDC is not concerned about the truth, the CDC is concerned about public perception, and swaying public behavior to do exactly what the CDC wants them to do. And part of that is massive vaccination uptake, regardless of the health outcomes, regardless of the health effects, they want people to be vaccinated. And so, they will adapt their policy, and they will adapt science, which is another word for committing fraud, in order to get the people of the United States to behave in the way that the CDC wants them to.

Dr. Patrick Gentempo: And maybe we'll dig in in a little bit, about the mode of forces behind that. But let me ask a couple of questions to get your impressions on some things relative to this. The first thing I wonder is, there are good scientists there, and when I say good, I guess I better define what I mean by good. But people who are well credentialed and maybe even well intentioned who are there, who in some way, shape or form are party to what's going on. For example, I think with William Thompson, who finally had his issue of conscience and felt the need to reach

out to you surreptitiously, and then got outed. But there were other scientists that he was working with that were part of the study, who were directed to destroy records, et cetera. How do they continue to go to work every day and not speak out saying, "Hey, there's something corrupt here, and I'm now a part of this corruption"?

Dr. Patrick Gentempo: And so, I'm going to ask what I think it is, but I'd love for you to speak to it also. Because it seems to me just from my own observations, that the CDC has, rather than having the philosophy, the bioethical philosophy of informed consent, their philosophy is the ends justifies the means. Does that make sense? So in other words, meaning, "We know this is wrong, but we believe that if we were to let the truth be known, it would create vaccine hesitancy. And in creating that hesitancy, it's actually going to probably hurt more people than if we just lie. And the people who get hurt, and they're not properly informed as far as what the risks are, it's just..." They're looking at a greater good type of an argument. Do you think that's what's going through their heads? Because that's relevant to what's going on right now, too.

Dr. Brian Hooker: I think that's exactly what's going through their heads. There is a culture, and if I dare say a cult of vaccinology in the CDC. And so, when you look at their cult-like behavior, if anything doesn't fall in line with that particular message, or that particular mantra, then it's quickly jettisoned. And there are good scientists at the CDC, there have been good scientists at the CDC. If you look at the mid-level epidemiologists, there tends to be a revolving door, because I believe a lot of people get disillusioned with being shut down when vaccine adverse events are found, and different signals are found and then buried.

Dr. Brian Hooker: But I think that especially among the top officials, the ends always justify the means. And they're literally petrified of infectious disease, and what would happen if people would stop vaccinating. So, it's ingrained within their psyches. And again, it's for the greater good, the ends justify the means. If we can save 51 people we'll sacrifice 50 people to do it. It's an odds game. And indeed, I would say it's probably much worse. I think that if you look at the risk benefit analysis of the current COVID vaccines, they're sacrificing many, many more people than they're actually saving.

Dr. Patrick Gentempo: So, some people might look at this as well, maybe it's virtuous to do these types of things, but when you start to consider that I as a sovereign human, or for my children, which we're going to have that conversation about these vaccines in children, that I can be lied to as compared to make my own decision. In other words, I could be given false information for the so-called greater good, which is incidentally, as soon as you get into the greater good, the ends justifies the means, that's about I think as evil a philosophy as can exist. Because those are the underpinnings of communism, and the various forms of stateism, fascism, communism, socialism, they all direct that individuals can be sacrificed for what's perceived a greater good. And who gets to decide what the greater good is? That's a whole philosophical conversation that we won't go down the rabbit hole.

Dr. Patrick Gentempo: But I think what's important to say is that we, and it's really a part of our regulatory stance around this, that patients who are subject to medical procedures, that it's a requirement that they have informed consent to know what the risks of the procedures are, the potential benefits of the procedure, and they get to make a decision. And they're not making that possible when it comes to vaccines, and especially right now, this COVID vaccine

Dr. Brian Hooker: Informed consent was thrown out the window a long time ago. Even prior to the COVID vaccination, because the CDC and the FDA are withholding information regarding vaccine adverse events. And they're making medical decisions on behalf of families, and instead of patients and parents. And when the CDC and the FDA and the Department of Health and Human Services make decisions overall, they have an acceptable level of risk. They have an acceptable level of collateral damage. However, at the point of care, when you're looking at bodily autonomy, and you're looking at autonomy over your family, that's a whole different story. And so, we have this sort of paradigm clash that's going on right now, and the public is being lied to, they're being told that they're given informed consent. They're being told things like there has been no deaths that have been linked to the COVID-19 vaccines at all, even though VAERS is exploding with over 14, almost 15,000 deaths reported in the VAERS system. And they're being told these things, and they're being manipulated, but informed consent no longer exists.

Dr. Patrick Gentempo: So, now we're in this circumstance where we can't get the truth, we can't make a decision, and they want to make it compulsory. And I understand, it's interesting the complexity of this when you drill down a little bit is kind of interesting. Because we're dealing with a situation where we'd say, our constitution guarantees unalienable rights to our life, liberty, pursuit of happiness, that we should have discretion over being able to make these decisions. But this also asserts that we're not allowed to violate the rights of others as a part of that.

Dr. Patrick Gentempo: Yet they would say, "Well, if you're a risk under an emergency situation," as they claim that we have with COVID, "Then you're violating the rights of others by not taking the vaccine," and that's kind of the premise they're they're running to. But let me ask you this question: do we have a real emergency here? And I'm not trying to say this as a leading question. People definitely are getting sick, people are dying, what the attribution are to all that is I think a part of the conversation. But do you perceive this as a killer pandemic that we're in?

Dr. Brian Hooker: From the very get go, I did not perceive it as a killer pandemic. I do believe that poor public health policy on the behalf of the United States government, other governments, other world governments and the World Health Organization, has created a cataclysmic scenario that is getting worse, and worse, and worse. But when the pandemic first started, when you looked at the survivability of the alpha variant of COVID-19 and the beta variant of COVID-19, no, this was not the pandemic that it was hyped up to be. And the opportunity for vaccination that powers that be, world powers that be jumped onto, I believe it was all

smoke and mirrors, and there was much ado about not a whole lot. And if you look at the comparison of the COVID-19 numbers versus the influenza numbers last year, there's a serious disconnect. Why was there so much COVID-19, where there were literally a handful of flu cases and the amount of influenza decreased by millions and millions, orders and orders of magnitude?

Dr. Brian Hooker: And then you look at the survivability of COVID for the majority of the age groups. When you're talking children and teens, the chances of dying from COVID are something like one in 100,000. So when you look at that, yes, it's difficult when somebody has that particular illness, it's unpleasant, they get sick. But no, it was not the cataclysmic pandemic that it was touted as being very, very early on.

Dr. Patrick Gentempo: One of the things you brought up is looking at flu. So if you're looking at the data, and I know you've look at this data as much as anybody, we look at through the COVID, especially I guess 2020, probably especially. But if we look through the data, it seemed like flu cases just dropped and flu death just dropped, and suddenly COVID rises. So do you feel by looking at... Well, first of all, is there any explanation as to why flu would suddenly disappear in this year? I try to always think of what's the argument on the other side and see if it has any validity. Is it possible to say, "Well, because we quarantined, and separated, and did all the stuff and masked, that's what caused flu to drop"? Is that a reasonable argument, or not really?

Dr. Brian Hooker: The quarantine and masking really didn't do anything regarding COVID, and so you wouldn't expect it to do anything regarding influenza. I've heard phony baloney excuses about, "Oh, well, people were much more vigilant. They were covering their cough, they were hand washing," but you have to understand last year they recorded just above 3,000 cases.

Dr. Patrick Gentempo: I'm sorry, it went from how many, 30 plus million to 3,000?

Dr. Brian Hooker: To 3,000 cases of influenza reported by the CDC in the United States.

Dr. Patrick Gentempo: That's a 10,000 fold decrease if my math is right?

Dr. Brian Hooker: Yes, that's a 10,000 fold decrease, and so there's some misdiagnosis that's going on there. And then if you look at the flimsy basis of diagnosing COVID-19 in general, which is a whole nother question, a whole nother topic that we consider. But if you look at the flimsy basis for diagnosing COVID-19, and then the overlap of symptoms between influenza and COVID-19, I think a lot of people were misdiagnosed. And there was a real hype, and a real drive to diagnose COVID based on PCR tests, plus symptoms. And when the symptoms roughly matched COVID, if there's any doubt, then the tie goes to COVID-19.

Dr. Patrick Gentempo: And then of course, there's the financial incentives especially that hospitals have, for a COVID diagnosis and what they get reimbursed, versus a flu diagnosis, I would imagine.

Dr. Brian Hooker: Absolutely. There is federal money in diagnosing COVID-19, there isn't federal money in diagnosing influenza. And so, there was a real furor to diagnose, and then also to get on the bandwagon to create this new technology, this technology that was going to save us, this vaccination that was going to save us. And so, inflated numbers of COVID-19 supported that narrative.

Dr. Patrick Gentempo: Now we have, and where did the fear and the chill come from? Because in the beginning, and a lot of people don't remember even back a year, year and a half, two years ago, it was, "We've got this unknown thing coming. We see what's happening in Italy, the hospitals are overrun," et cetera, "People dying left and right, so this catastrophic wave was coming to the US and we have to flatten the curve."

Dr. Patrick Gentempo: But in the beginning, I don't think people remember they said, "Just a couple of weeks. Everybody just stay home for a couple of weeks, and you can come back out. We should be okay." Of course, that couple weeks turned into years, at this point. But in Italy, was what we were hearing validated? I had seen personal communications from what they call those frontline doctors working there, talking about how horrible it was, et cetera. Did they have a wave of, suddenly, a large amount of people, especially elderly people, I think it was, that got sick and that were dying, and that it was overwhelming their systems?

Dr. Brian Hooker: There was an uptick in death rates. There was an uptick in hospitalizations. But I think really more what we saw was images of people being quarantined, images of people being shut down. I'm not as familiar with the European numbers and the Italian numbers. But it's my impression that it was the same type of thing that was going on there. There were not capacity issues in hospitals. There were not capacity issues in ICUs. Yes, COVID-19 is virulent. It does pass through, but the original transmissibility of COVID-19, before it mutated into things like the Delta and the mu variant, was about the same as influenza. So, you would expect that it would go through the population at the same rate.

Dr. Patrick Gentempo: Again looking at the numbers... I'm not as familiar there either. So, I'm going by... I'm hearing stories. The reason I even cite that is because it was looking at that that caused this reaction on our part, saying, "This might be coming here." And if there are harbingers out there, then I think if we're going to pay attention to them, we should be paying attention to Israel right now also, which we'll talk about in a few moments.

Dr. Brian Hooker: Oh, yeah. Absolutely.

Dr. Patrick Gentempo: But just to say that our public health policy seems to respond to what's going on in other places and figuring out, "What do we do here?" And if we said we're

doing that based on Italy, we should be doing it based on Israel also. Now, we're in this thing and the idea is, "Okay, we got to flatten in the curve." Et cetera. But when we're looking at maybe more macro data... I know that sometimes the macro data doesn't tell the whole story or might even be misleading. But when we look at the year over year all-cause mortality as we continue to talk about, "How deadly really is COVID?" Has it really changed much in the United States or the world for that matter?

Dr. Brian Hooker: There's been a slight uptick in mortality. If you look at an overall all-cause mortality, there were some claims. You have to be very, very careful. There were some claims that were made that mortality went down in 2020. It did not. But in terms of all-cause mortality, then you see the lack of influenza mortality and the gain of COVID-19 mortality. And you also see that people who died with COVID-19, not necessarily of COVID-19, were counted as COVID-19 deaths. So, if you look at all-cause mortality, there was an uptick. But it was more of what you would expect an annual uptick to be.

Dr. Patrick Gentempo: It wasn't dramatic, saying-

Dr. Brian Hooker: No.

Dr. Patrick Gentempo: If you were not aware of anything, Let's say they just gave you data. They didn't ascribe years to it and saying, "Okay, here's all-cause mortality." Point to the year where there was a killer pandemic, you wouldn't spot 2020 and say, "Oh, that must have been that year."

Dr. Brian Hooker: No, you would not. From a all-cause, all mortality in the United States or worldwide, I do not believe that you would be able to identify the years of the pandemic.

Dr. Patrick Gentempo: How many people per year typically die of influenza?

Dr. Brian Hooker: When you look at the numbers, the actual numbers of influenza, that's another thing that is really, really difficult to drill down into. If I know the actual numbers of influenza versus what the CDC claimed, the CDC will inflate those numbers as well. Why? Because they want people to take the flu shot. They want to scare people. But the actual numbers of flu deaths in the United States is anywhere between 3000 and 7000 a year.

Dr. Patrick Gentempo: I think they conflate flu and pneumonia, though. Don't they?

Dr. Brian Hooker: That is correct. It conflates flu and pneumonia. I looked at historic data, that's not necessarily publicly available in the CDC, more in a database called the NHANES database and the National Center for Health Statistics database. Before they conflated pneumonia and influenza, they used to tabulate influenza alone. It was surprisingly low. It was maybe 3000 to 7,000.

Dr. Patrick Gentempo: And then when you conflate it with pneumonia, what does it become?

Dr. Brian Hooker: When you conflate it with pneumonia, it becomes much, much higher. A lot of people in the United States will die of pneumonia every year. Pneumonia is a syndrome. It's not caused by a single infectious agent. You can have viral pneumonia. You can have bacterial pneumonia. You can even have fungal pneumonia. And when that happens, then you're looking at deaths into the hundreds of thousands.

Dr. Patrick Gentempo: In 2020, the reported pneumonia related deaths, did they also plummet?

Dr. Brian Hooker: Yes. The pneumonia related deaths also plummeted, not as dramatically as the influenza cases. In fact, the influenza deaths in 2020 were essentially nil because there were only 3000 cases. But the pneumonia deaths... So, you did see a give and take between pneumonia and COVID-19.

Dr. Patrick Gentempo: That's what I'm getting to, saying that you see people talking about 600 deaths, "What more evidence do you need to say that we need to have this vaccine, and look at all the people are dying." But the reality is that pneumonia was up here. Right?

Dr. Brian Hooker: Correct.

Dr. Patrick Gentempo: And then now, pneumonia comes down. Now, I suspect there's more deaths attributed to COVID than there was loss in pneumonia. But you start to do the math, and you say, "This isn't nearly as severe as one might think, if you look." That's why we look at the all-cause, saying, "Well, are more people really, really dying? Suddenly, do we have an extra 600,000 people that died?" And the answer is no.

Dr. Brian Hooker: No, they did not. I'm not saying that people didn't die of COVID-19.

Dr. Patrick Gentempo: I know some personally. So, I'm not saying that either.

Dr. Brian Hooker: When you look at the virus, and you look at the design behind the virus, it was designed to do significant damage. You have a spike protein that does a significant amount of physiological damage, and people can die from COVID-19. I'm not saying that that's not true. But if you look at the give and take between pneumonia, influenza, other causes of death, and COVID-19, there is a disconnect. There is a disconnect there. Is there a net uptick of death in the United States? Yes. Is it dramatic enough to justify the response? No, absolutely not.

Dr. Patrick Gentempo: And the response, of course, is manyfold between our personal liberties, our businesses that were caused to shut down and are never coming back, and so many other things. And then of course, now, we're looking at these vaccine mandates. That's a whole category to dig into. But now that we're talking about

the COVID scenario... And then we introduce the vaccine. Now, first of all, we're calling this a vaccine. I'm hearing people say, "Well, it is different from other vaccines, but it's still a vaccine." Other people saying, "It doesn't meet the FDA's definition of a vaccine. Or they had to change their definition of what a vaccine is in order to put this in, and that the standards they have for testing and for safety vary from what might be a gene therapy, which this indisputably is, as compared to a vaccine, which there's an argument around that. What do you understand, in your own reading and research, about defining this as a vaccine and what the implications are.

Dr. Brian Hooker: If you go back to the genesis of gene therapy, which was in the 1990s, you were taking a genetic message, and you were delivering that genetic message directly to human cells in order to produce a protein product. Genes are DNA. They begat messenger RNA. Messenger RNA begets protein, using the cellular machinery called transcription and translation. You would deliver in gene therapy, either a piece of DNA or a piece of messenger RNA. And then that would encode a protein that the body would actually make. We called it gene therapy in the 1990s. We called it gene therapy in the 2000s, 2000-teens. And now, all of a sudden, we're call calling the same thing a vaccination. A vaccination by FDA's old definition is something that is injected into the body to elicit an immune response. The messenger RNA that is in the Pfizer and the Moderna COVID-19 vaccines does not elicit an immune response. You are not injecting that per se, and then having an immune response based on what you're injecting. Now, there's a difference there. And the reason why it's called a vaccine instead of a gene therapy, is the FDA has different standards for genetic therapy than it does for vaccination.

Dr. Patrick Gentempo: Can I ask one question before you go to this?

Dr. Brian Hooker: Yes.

Dr. Patrick Gentempo: But aren't we getting an immune response by the body injecting it?

Dr. Brian Hooker: You are getting an immune response to the messenger R itself because the messenger RNA is unique to the virus. However, that immune response is not helpful in preventing COVID-19. You would not design a vaccine just based on the messenger RNA's immune response.

Dr. Patrick Gentempo: Now, this is important, too, because I think the criteria for vaccine, at least through intent, is preventing you from getting the disease and preventing you from spreading disease, probably even more importantly or as importantly. Right?

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: With the submission of these mRNA so-called vaccines, these gene therapies, are they asserting that they... Through the research that they submitted to get

these things emergency use authorized, and now for Pfizer, approved, are they asserting that it prevents one from getting the disease or prevents the spread of the disease? Or are they just saying it blunts the severity?

Dr. Brian Hooker: When you look at the way the FDA clinical trials were designed, they were not designed to see if the vaccine would prevent transmission of the virus through vaccinated individuals. They were designed to see if it would prevent individuals from getting the virus itself. And it did marginally well on that. Where it did the best in clinical trials was preventing the severity of the disease and preventing hospitalizations, which is what is being touted now.

Dr. Patrick Gentempo: And that was the whole thing because we're seeing and breakthrough infections at an extraordinary rate. We're going to get into that a little bit more in a moment, but a question I also have that's somewhat related to this and getting their emergency use authorization was really not demonstrable that... Really, they didn't have enough time to look at, I think, a lot of safety recommendations and transmissibility, and "Would you get it?" But what we kept seeing in the headlines is, "This is a safe and effective vaccine. As a matter of fact, it's 95% effective." I want to have that conversation in a moment, but really what was proposed, as far as its core virtue, had nothing to do with whether you get infected and symptomatic disease, and whether you can transmit. It was just about saying, "Hey, we're going to lower your probability of hospitalization or death." Is that accurate, that part of it, at least?

Dr. Brian Hooker: It is accurate. That was the messaging. I do want to point out that, especially with the Pfizer vaccine, more people died in the vaccinated group in their clinical trial than in the unvaccinated group overall. If you look at all-cause mortality in the Pfizer clinical trial, the data that they submitted in their clinical trial, there were 20 people that died in the vaccinated group, and only 14 people that died in the unvaccinated group. Yes, they touted that it was going to ameliorate symptoms, lower hospitalizations, and prevent deaths, but even their own clinical data show something different.

Dr. Patrick Gentempo: Wow. I didn't realize that. And I guess, did they explain it away saying, "Well, their deaths were happenstance, had nothing to do with COVID or the vaccine." Is that how they tried to explain it?

Dr. Brian Hooker: Correct. They explained it away, that the net benefit was that there were two people who died of COVID in the unvaccinated group, and one person who died of COVID in the vaccinated group. So overall, if you look at COVID mortality over that entire clinical trial, they gave 40,000 injections, and they prevented one death.

Dr. Patrick Gentempo: I think this is maybe one of the most important things to understand that is a statistical slight of hand, saying it's 95% effective. Let's talk about relative risk reduction versus absolute risk reduction. Literally, when I talk to people about this, when people come and, especially, they know my disposition, they want to debate. The first thing I ask them is, "Do you understand the difference between

relative risk reduction and absolute risk reduction?" When they say, no, I said, "It's going to be really hard for us to have a conversation" Because you really need to understand this to have a view of reality. Again, if somebody thinks this vaccine's a great idea, et cetera, you may conclude that, but first understand the basis for which you're concluding it because if something's shown to be 95% effective, why would you not want it? I'm like, "Let's talk about effectiveness." Can you explain the difference between relative risk reduction and absolute risk reduction?

Dr. Brian Hooker: The relative risk reduction is a comparison of the overall number of vaccinated people who got COVID-19, who contracted the virus, divided by the number of individual who were unvaccinated who got COVID-19. You take that number. You subtract it from one, and then you multiply it by a certain number of percent. And that gives you the overall relative risk reduction.

Dr. Patrick Gentempo: But that doesn't, for me as an individual outside of that... Because that's in the study, within the parameters of the study. That's where they're getting these numbers from to do the math. But when you look at me outside the study, if anybody said, "There was a relative risk reduction of 95%." That doesn't mean that it is 95% effective for me or reduces my risk of getting the infection. Or I think more frankly, in the way that they did it in the study, they weren't looking at, "Do you get it or not?" As much as, "How bad were your symptoms? "I think it was they're saying, "There's a 95% chance that it will reduce your symptoms, if you happen to get it." Am I reading it accurately?

Dr. Brian Hooker: That is correct. They were diagnosing symptomatic COVID. They weren't just using the PCR test in order to diagnose COVID. They were looking at coronavirus-19 with symptoms. If you look at absolute risk reduction, that's the actual number of cases that were prevented based on the denominator of how many people were actually in the study. That's the actual real benefit that you would get, "What's my chance of getting COVID-19 if I get the vaccine?" And your absolute risk reduction went from 95% down to under 1%. Say if your odds of getting COVID-19 at the very beginning were 100%. Then if you got the vaccine, your odds would go down to 99% probability that you would get COVID-19. The absolute risk reduction reflects, "What's the actual benefit that an individual is getting? What is the risk reduction that they are getting on an individual level if they get that vaccine?"

Dr. Patrick Gentempo: Basically, what that means to me... And tell me if I'm oversimplifying. But based on the data from the study, And the study is done by the manufacturer of the, We can get into conflicts of interest. This rabbit hole can go down many floors. But the idea that number one, the people who stand to make billions and billions of dollars from the approval of the product are the ones who are also doing the study and submitting the data, and that there's a history of pharmaceutical companies falsifying data and committing fraud, and being fined for it. We'll put all that aside for a moment and just say, "Let's say that we can trust them." I think that's not a safe assumption, but let's say we can trust them. I understand that for people, even myself... I say myself because I don't have

this strong biostatistical background where I can get in there and understand this, and check the math of... I don't know what you know, but let's just put it this way. I understand abstractly, the concepts of these things.

Dr. Patrick Gentempo: The study that was submitted by the pharmaceutical companies making the vaccine, the mRNA vaccines, basically... They were slightly different, but almost the same. They said that the absolute risk reduction was roughly 1% or maybe under 1%, I think for one of them, maybe a little over for the other, but roughly let's call it 1%. What that means to me is that if I get the vaccine, the chances that it's going to help reduce my risk of severe COVID symptoms is really only about 1%, not 95%.

Dr. Brian Hooker: That is correct. From a lay perspective, you couldn't have done better explaining it. It's the individual's risk reduction, that individual that gets vaccine versus the risk of an individual who didn't get the vaccine. The real risk reduction, if Brian Hooker got the vaccine, and Patrick Gentempo didn't get the vaccine, the risk reduction that I have is about 1%.

Dr. Patrick Gentempo: That completes part one of my two part interview with Dr. Brian Hooker. You definitely want to see part two. But as you can see, Dr. Hooker is an amazing, gifted individual who has been a champion for the truth when it comes to vaccines. Stay tuned and make sure you check into part two of this interview.

Del Bigtree

Dr. Patrick Gentempo: Next up is part two of my two part interview with Del Bigtree. If you saw part one, you know you're in for a big treat, some powerful information, and some great inspiration. Nobody delivers it like Del. So, let's jump right in. Speaking of Fauci, a lot of people have been investigating him and finding conflicts of interest, at a minimum, and then also him basically trying to shut down and effectively shutting down early treatment protocols that show promise for COVID. If people started to recognize that, "Hey, there's drugs that have been around for a long time that are proven safe, like ivermectin, hydroxychloroquine." And they think, "Wow, this is an effective treatment. If I happen to get COVID, maybe I'm not going to go for this experimental vaccine." What's your view on Fauci? What have you found in your own investigations relative to him, his motives, and how he handles things?

Del Bigtree: I think in the investigations that we've done, that nothing short of a trial for crimes against humanity would suffice. I believe that he and other leaders inside of our health departments have done things that will go down in history amongst some of the worst humans to ever have walked on this planet earth. This is very much like... We've all heard about Tuskegee, which was the experiment of syphilis on African Americans. We infected people with syphilis. Then we did not cure it when we had a cure. And those that spread it to others while we watched... This was the CDC, by the way, the early CDC. This is what they did. They denied treatment to those people and watched them die. That is what Tony Fauci is doing with the United States of America. We have so many great studies now that show, really beyond any shadow of a doubt, that hydroxychloroquine, especially if it's used early, with early diagnosis, is incredibly effective at keeping people from being hospitalized and keeping them from dying.

Del Bigtree: The same thing later on. Ivermectin came quite a bit later, the discovery that ivermectin was such an effective tool. I was just from reporting on the studies of ivermectin. There's over, I think, 70 or 80 studies across the world. Some of them with tens of thousands of people in them, looking at ivermectin in this usage and coming to the conclusion, across all those averaging out, that there's about an 84% reduction in hospitalizations and death, if given ivermectin. Ivermectin can be given later than hydroxychloroquine. Ivermectin shows success as a preventative, as an early treatment, and as a late treatment. There's an incredible story out of Rhode Island, where there was a guy on a ventilator about to die. He'd been on the ventilator. His family was demanding he be given ivermectin. The hospital was refusing. They went to court and fought in court to force the hospital to give this man, on his deathbed, on a ventilator, not communicating, in a coma, ivermectin. The court said yes. They gave him ivermectin, and he walked of the hospital 24 hours later.

Del Bigtree: Those are anecdotal stories, but there are studies that show exactly that. And so when Tony Fauci and the CDC come out against ivermectin, run commercials...

We all saw it through our news. CDC is writing the copy that is read by news anchors across every single agency because they all said the same thing in the same week, "People taking horse deworming pills or horse deworming medicine are putting their lives at risk. Ivermectin is for animals, and it does not work on COVID-19." And we all heard that. And the truth is, yes, it has been used as a horsey worming pill. But I think in 2015, it won the Nobel prize in medicine for its use in human beings and its ability to stop parasitic disease. And so for the news agencies and Rachel Maddows, and the Sanjay Guptas to refer to this as a horse deworming veterinary medicine is... And talk about misleading or misrepresenting facts, which I get accused of all the time. That is off the charts.

Del Bigtree: But, "What is the motivation behind this?" I think is what you're really asking. What people need to know is certainly early on, you could not get an emergency use authorization. The rules and laws around emergency use authorization, since it's going to be experimental and could end up being deadly for countless amounts of people, the only way you can take that risk is there can be no other treatment, no other effective treatment available, and approved. When Donald Trump came out and said, "I really like hydroxychloroquine. I'm taking it myself." My understanding is he even took it along with monoclonal antibodies when he did finally get sick. We saw him up and walking within two or three days. When he said that, and Tony Fauci came out against hydroxychloroquine, that would have forced... Had hydroxychloroquine been accepted, that would've forced the vaccines to go through their entire safety trial and prove to be safe in that closed study environment before it could be given to the masses. But by denying hydroxychloroquine and not allowing an approval, and essentially banning it from used by doctors and hospitals across the country, they made it available for this experimental vaccine, that had never been injected to humans, to be given to everybody.

Del Bigtree: The irony of this, that they came out against products like hydroxychloroquine that had been... 70 years of use in people, some of it daily or weekly use for, we know, malaria in the African countries, in Indian countries, but also for lupus and other autoimmune disease, people taking it all the time, never having heart issues. And yet, as soon as it was used in the middle of this supposed pandemic where, "All hands on deck. We got to try anything that works." The one thing that every doctor using it was reporting was successful, they took that out of their hands. And so that to me, is Tuskegee all over again. When someone wants to throw in my face, "700,000 people have died." I say 700,000 people were murdered by medical malpractice in the United States of America. Now, there may have been a few of those cases, no matter what you did, they would die. But the majority of those cases did not have to die. This virus does not have that high a death rate. It's around 0.26%. But that 0.2%, obviously, they needed help. And what is the protocol? To this date, really, for the most part, it's like nothing I've ever seen. And again, when you say, "Is it willful, or is it just ignorance?" It's part of the problem with the way our medical establishment works.

Del Bigtree: But doctors all across this nation in a time where, here in 2021... And having worked on The Doctors for six years and won an Emmy award, I will tell you

everyone knows the secret to curing all illness, whether you're in mainstream medicine or alternative medicine, is early treatment. The earlier you discover something, the earlier you begin treatment, the more likely you are going to have success against it. Yet in this moment, with this illness, the first time I've seen in decades, the idea is the opposite. When you go into a hospital and say, "I'm having trouble breathing" And they test your blood oxygen levels, they say, "Well, you are testing positive for COVID. Your oxygen levels are low, but they're not critical. Just go home, take an aspirin, and call us if you really start having trouble breathing, like you feel like you're going to die. Then come back." We are literally, as a treatment, giving them nothing and sending them home and saying, "Wait, till it gets worse." I dare anyone to challenge me on that. That is what hospitals, and that's what... Nurses and doctors are repeating that. Where are their hearts? Where's their brains? Where's their soul when they do that? And what happens when that patient comes back, and now they're struggling, and their oxygen levels are dropping below 80%? What happens?

Del Bigtree: Now, we put you in a coma, give you propofol, which is what killed Michael Jackson, and then we intubate you, and ram hose down your throat. And now, as we know from studies all around the world, you have a nine out of 10 chance of dying. Nine of you are going to die under these circumstances. Meanwhile, God forbid, we actually, when you came in, say, "You know what? Start taking hydroxychloroquine and zinc, and let's see how that works for you. Since it's perfectly safe anyway, at least take it, whether I believe in it or not." Hell, there's thousands of doctors around the world that are saying it's working for them, including Vladimir Zelenko, who I've interviewed in New York, who's treated over 2000 patients and had just overwhelming success. 85% in that critical older group that had other comorbidities, not even going into hospitals. This is a crime against humanity and the conflicts of interest inside of Fauci... And by the way, he did this before. He did the same thing during AIDs. He pushed AZT, which made so many people sick, probably was one of the leading causes of death for AIDS patients. And he got away with it. Here he is doing it again.

Del Bigtree: There's one difference, though. We now have Rand Paul in the Senate. We have Rand Paul going after him. I believe, in 2022, if we see a change in the Congress and Senate, I believe we got to... And this is one of the things we should focus on. We really want politicians that are going to take Fauci to task and really do an investigation to what happened here, "What was an effective treatment? Why weren't their proper studies done immediately to prove whether or not hydroxychloroquine worked?" And by the way, using the exact levels that the successful doctors were using. You know that they did do a study that was supported by NIH, where they took hydroxychloroquine, but they gave lethal doses to the people in the trial? Again, when you talk about, "Is it accidental?" It's not accidental. They're going out of their way. We had doctors all around the world, Didier Raoult in France, as I said, Vladimir's Zelenko. You've got all of the frontline doctors that have been stepping out, Simone Gold, using 400 milligrams to 600 milligrams per day of hydroxychloroquine along with zinc and saying, "We're having amazing success."

Del Bigtree: Didier Raoult, in France, really started this with tests in China as this thing was starting. And did Tony Fauci reach out to them and say, "Okay, give me exactly the protocol you're using because we want to save lives. And we're going to do a real robust, double blind trial on that." No, when they finally got around to it, months after saying he didn't trust it and came out against it, months later, he finally gets involved with a trial. And instead of giving the 400 to 600 milligrams that they're giving every day to the patients, they give 2400 milligrams every day of hydroxychloroquine, which is known in all of medicine as being potentially lethal, to make their point and destroy the confidence in that product. These are things that need to get into courtrooms. These people need to be carted off to jail.

Dr. Patrick Gentempo: Really, it's almost unimaginable that that level of evil could exist, that people could really, volitionally want to get an agenda done so much that everything else is considered collateral damage. And maybe they think they're virtuous because they think that, "Well, the ends justifies the means. If in the end, we're going to save more lives through the vaccine, and we can't create hesitancy... " I don't know what's right. Who could read their minds? But it's disturbing to say the least.

Dr. Patrick Gentempo: Medicine is predicated, in part, on informed consent, right? Especially legally, as far as saying that you have to have the consent of the patient to know what the risks and implications are of a particular procedure before you perform it. And it seems like they've almost gone 180 on that, saying, "We're going to try to hide as much as we can from people to compel them and compel them to get this vaccine." But we're still seeing hesitancy amongst certain populations. Have you reviewed any of the data on that, as far as how many healthcare workers are saying no? As a matter of fact, they're quitting and walking off the job rather than get the vaccine, because they're seeing firsthand the injuries. There was one study I saw that said that the highest hesitant population are PhDs; the educated, not the uneducated. So what have you seen around that?

Del Bigtree: Well, again, you would have to want to collect that data. Who's going to collect that data? That should be the health systems in the United States of America, the health systems in Germany. The health systems, I imagine they have that data, but they're not sharing it with the public. We only get little glimpses, right? I can only extrapolate from what we're seeing, from what we get in anecdotal stories. We know this: that currently, right now, as of today, only 53% of America is fully vaccinated with two shots. They're looking actually today at the FDA, as we're speaking, they're supposed to be looking at the potential for a booster shot.

Del Bigtree: This is a crazy story. You had two top FDA officials just walk out over this booster discussion, saying, "There's no science that shows this is going to work, yet the Biden Administration wants to put it." But if they go with a booster shot, that will mean you're not fully vaccinated until you get three vaccines. That's what's happening in Israel. That's what they're experiencing in Israel. Now they all have their vaccine passport, which is really a lot of what this is about.

Del Bigtree: It goes beyond the vaccinations. It's about this social control, being able to control people and move your societies, control your nations through a passport that will begin with your vaccine records, but then it'll be your social credit score, something that they've been working on in China. Are you a good person? Are you making good decisions based on what the government wants you to do? And all of those things affecting whether you can get a loan, whether you can buy a house. All of this is in the future. This control, this merger of Silicone Valley, the big tech companies that are moving towards singularity, the takeover of the computer god that they're building, that is a huge part of this.

Del Bigtree: But they need the human body to be totally committed. That's where vaccines come in. If they don't have our bodies and they don't have us in fear and making us use passports or digital or taking tattoos, maybe the reading will be in something that's injected into us. All of this technology being worked on as we speak, this is where everything's going. So when we look at what's bringing us there and where the vaccine hesitancy is, they need to stop this hesitancy. But we are seeing doctors and nurses speaking out, walking out at levels that we have never seen before. And I remember there was a moment where head of FDA, head of CDC, were there and they were asked by the Congress, "What is the vaccination rate inside of the agency that's driving this whole conversation?" And they said, "Well, we don't have any exact numbers, but somewhere around 50%." 50% inside of the agencies that are doing the science, promoting this product to the entire world, and they have refused so far to force those employees to be vaccinated at those agencies.

Del Bigtree: So I think that that gives you a glimpse into what we're talking about. When we talk to doctors and nurses, the problem is they don't know how many there are that are not wanting to vaccinate until maybe they bring a lawsuit like was done in Texas. I think it was Houston, Texas was a lawsuit against the hospital there. And then all of a sudden the people that are against this step up. But our impression is that somewhere around 30% of doctors and nurses are about to walk out of hospitals, which is creating a crisis. I just talked about this in my show this week. Joe Biden is saying the unvaccinated are overwhelming the hospitals. That is an out and blatant lie. The hospitals, number one, are being overrun in great deal by those that are vaccinated, just as we see in Israel. Israel, who's just a few months ahead of us, Pfizer made a deal with them to turn that entire nation into the largest test group ever. They're in a crisis point now. They're the most vaccinated nation in the world, yet they have the second highest rate of new infections going on. It's so bad that members of the EU are banning travel from Israel into their nation.

Del Bigtree: So if that's our future, if that's where we're going when we get fully vaccinated, and they are saying...The prime minister just recently said the most vulnerable person right now in Israel is the person that's had two vaccines, that you need to get your third. And the health minister said, "Four doses is in our imminent future." This is the course that Israel is on, and Biden is trying to set us on this course. So many doctors and nurses are pushing back. But when we look at those numbers, we've got to recognize that's what our doctors and nurses are

seeing in their own hospitals. That's what they're terrified of. When I interviewed this hospitalist that is a whistleblower, she's not going to get the vaccine. She's going to lose her job this week, and she said, "I'm terrified of this vaccine because of what I have seen it do to people."

Del Bigtree: And so this hesitancy is growing. Very quickly, the stats that we know. When I started with Vaxxed, when that came out in 2016, we were told that vaccine resistance was somewhere between three to five percent people that were not vaccinating. They would say that about 10% of people were denying vaccines or skipping some of the childhood vaccines. Right as this pandemic was starting, we had reached 40% of parents were skipping or delaying the CDC vaccine schedule on their child. That was a huge growth right there. And now, as I've said, 47% of this nation has not received the full dosing schedule of this vaccine. And if they push a booster shot, I think you can assume that half of those that got it, that 53%, they probably will not get the third shot, which means for you and I, and those of us that have been fighting for informed consent and really get blamed for inciting this vaccine hesitancy, what I call it, vaccine risk awareness, our movement is growing with every next step of pressure.

Del Bigtree: We were on the verge of having the Biden administration forcing a third booster shot, and then by the accident, making 75% of America then anti-vaxxers. And so this is really important for those of us that are out there enrolling people into the education of vaccines to recognize that we have to hold our arms open to those people that got coerced by the propaganda and the mainstream media to get these vaccines. They are going to be fleeing that vaccine program from their injuries, but also from their dismay over the fact that they were told this vaccine was going to give them immunity, that it was going to get their mask off, and now they're having to put it on. They're being told they got to get a third vaccine or a fourth vaccine. We need to really enroll them into now understand the science. And as you and I talk to health professionals, especially in that alternate health or functional medicine world, we've got to figure out how to cure these people of this spike protein attack they have injected into themselves, or I think we are going to see one of the greatest human die-offs in history.

Dr. Patrick Gentempo: Yeah, and I was having that conversation with Dr. Bush, actually, this last couple days, as far as what protocols can there be for the people who've been vaccinated, if there's a way to deal with what's happened in their body and try to alleviate that to some degree. And it's no small thing, as you mentioned. Really, the top two officials who are in charge of vaccine program at the FDA walking off and saying... Now it's political as far as what the edicts should be, because at this point, these vaccine scientists who are running the program who are invested in it with their careers, in a sense, saying, "We just can no law longer in good conscience follow along," and they leave. That's big, big news. I mean, that's not like a small thing. It's huge news. And I hope that you might be right about your prognostication here, saying that when they go for a third one, I think a lot of people are going to feel betrayed.

Dr. Patrick Gentempo: And then we have the issue that is a corollary issue to this, which is natural immunity, and how they're trying to force people who've had COVID... And the first study I saw, which was in nature basically said if you've had COVID, you pretty much have lifetime immunity naturally. And probably for the variance also, not even just the particular one that you were exposed to, and that literally there's a higher risk for a person who's had COVID to get vaccinated than one who hasn't, and yet they're ignoring that completely. Have you seen people speaking out about this from the scientific community?

Del Bigtree: Well, certainly there's many doctors across the nation speaking out about this. John Ioannidis and these that are doing demographics and showing in Stanford, UCLA, Harvard, Oxford, the Great Barrington Declaration, the group of doctors, I think it's over 50,000 or so, around the world that spoke out against the lockdowns. They're all aware of the importance of natural immunity. In fact, it's really becoming clear to anybody that has a brain that natural immunity is going to be our only way forward, because the vaccine has failed so badly. As I said, in Israel, essentially after six months, they're now under the impression that you might as well not had the vaccine. You're just going to have to keep getting vaccinated, it is failing so badly, and that's just the Delta variant. If we pressure this virus more, more and more variants down the road are going to become harder and harder to handle with the vaccine.

Del Bigtree: I think it's really important for people to understand... And I'm sure you probably already had specialists on this show talk about it, but I want to make it clear, because this has to be covered. When you get vaccinated, you are only being vaccinated against one spike protein, the famous spike protein that we've heard about. There are 29 spike proteins that bejewel the entire virus itself. So when you get a natural infection, your immune system makes antibodies to all 29 of those spike proteins. The entire array, every part of that virus, is now recognized by our bodies. It doesn't take a rocket scientist to understand why that would be a better immunity. If you only have the one spike protein, it just needs to grow a pair of wings or just change itself just a tiny little bit, and now what was recognized by the immune system, it's not recognized any longer and the whole virus gets in. Meanwhile, that spike protein can die. It can disappear. It can do whatever it wants. Our immune system is seeing all the other 28 proteins, so it will kill that virus anyway.

Del Bigtree: And so natural immunity has always been more robust. It has always been longer lasting, and in most circumstances, it tends to always be lifelong immunity. There's a couple exceptions to that, where it's just long term, 10, 15 years, but we've never... Let me make this clear. We have never made a vaccine that works as well as natural immunity. And here in the middle of no science whatsoever, bailing out of safety trials, Fauci was making statements like, "This vaccine works better than natural immunity," when there was no science behind it, no history of understanding that would've made that true. And certainly in these tiny little trials that you truncated, you did not get that information. And now he's having to eat those words.

Del Bigtree: I just played a video on my show this week where Sanjay Gupta really lays into Fauci and says, "There's studies now out of Israel that show that natural immunity is more robust and effective than the vaccine immunity, yet there are people being told that had the illness that they should get the vaccine anyway. What do you say to that?" And Fauci basically says, "Well, I mean, that's a really great question. I don't have a firm answer for you," and then he words salads around and doesn't really say a whole lot for another five minutes. But here's the truth. Natural immunity, as far as we know... Here's all we do know, is that all the studies show that it still lasts right now. Remember, this virus is only... We've only been dealing with this particular virus for about eight or nine months, so we know that it lasts for nine months, and all of the signs say it's going to have lifelong immunity for the fact that it's the whole virus and it's your B and T-cell. All parts of your innate immune system are now able to fight this virus, so no matter what variant it is, the naturally immune will fight it. That's what Geert Vanden Bossche has been so clear about. It's the only way we're going to neutralize this virus around the world, is we got to get natural immunity.

Del Bigtree: And here's what's really scary. There's a study that I just... Again, you're bringing this up on my show this week. We've been wondering what happens to your natural immunity, that robust immunity, if you get the vaccine afterwards. The head of the CDC and Tony Fauci, Walensky and Fauci, been telling us, "Oh, it'll make that immunity even stronger." There is zero science behind that statement. This is what we're all so tired of. This is why it's more like a religion than a science. You can't make a statement like that unless you can prove it. Zero science. How would it be that an immune system that sees all 29 proteins then being injected with a one protein, how would that help this immunity? And now there's a study that came out, and by accident, I think they're making the point that we were worried about, that the vaccine is erasing your lifelong immunity that you achieved by being sick. It was a study where they looked at healthcare workers, those that had had the virus and then got vaccinated, and those that hadn't had the virus and been vaccinated. And their point was trying to show that it didn't matter pre-infection or not, once you had the vaccine, it was just as effective either way. It lasted for about six months before it started losing antibodies.

Del Bigtree: So they were trying to show that it's just as good whether you've had the virus or not, but what they didn't know they were showing us, because we can cross-reference the studies that showed you're about to have lifelong immunity. You've already got nine months of immunity going. All those that had that immunity got vaccinated, their immunity disappeared after about six or seven months. And so that shows us, I believe that the vaccine is destroying that robust, natural immunity that you had. That is going to be a real problem, because where we would have been out of this pandemic by now had we left it alone, so many of us would have caught this cold, we would have taken that 0.2% risk, and we would have a world that is now immune. We now have a vaccine program that I believe is erasing the immunity that was there and leaving it on the backs of all of those that are anti-vaxxers that are continuing to

get through the illness and stand their ground. Geert Vanden Bossche, he's gone as far as to say just recently in a tweet, "We all need to start making love and having babies, because we may not have enough babies and people on this planet right now with natural immunity to stop this thing." That's from one of the world's leading scientists, and he's not kidding. He is putting out very alarming thoughts. I think he is very worried that we could be moving towards a species extinction with this vaccine. And remember, he has a legacy of being one of the great vaccinators of all times.

Dr. Patrick Gentempo: What's interesting and disturbing, to your point, is if someone who's studied principles of vaccinology or molecular biology, if they were to speculate, someone who had natural immunity, if you vaccinated them, what might happen? You would anticipate probably bad things, not good things. But if you wanted to test it, you go test it and find out what the science and what the data would show, if you bothered to test it. But you would start out almost with a premise saying the principles that we understand would say that's a bad idea, yet, to your point, it's being completely ignored. And I think inadvertently it is being shown that you're erasing immunity, and at best, you're just erasing immunity. You might actually be making yourself really vulnerable to some pretty horrible outcomes.

Dr. Patrick Gentempo: Maybe a final question that I think is going to be asked and is being asked right now more than ever before because of the edicts that Biden came out and said, "We're going to try to force people. If they want to make a living, they're going to have to get a vaccine." If the vaccine is effective, if it really does what it claims to do, which we didn't even get into relative risk and absolute risk and so on, but we'll leave that for you. I think we've covered that enough, and I could talk to you for another three hours. But if it is effective, why should the person that has been vaccinated be concerned about the unvaccinated person showing up to work?

Del Bigtree: I think we're beyond that conversation now, to be frank. I think that they are now willingly and readily admitting it is not effective. And so we could have that conversation about all the other vaccines they've made these statements about, but let me tell you this is what just happened, and I think this makes the whole point. What happens when you take the whole world and you make them take a product that was supposed to help achieve herd immunity and it does not do that? We went back. Did you know that the CDC definition for vaccination was the injection of a vaccination... In 2012, the statement was something like the injection of a vaccination that blocks the disease you're vaccinated for. And then they changed it in 2015 to a vaccination is the injection of a virus or a bacteria that creates immunity towards the disease, the specific disease you were vaccinated for.

Del Bigtree: Two weeks ago, they just changed the definition again, and now the new definition of a vaccine is the injection of a vaccination that helps to protect against the disease. That's it. Protection is not immunity. That is not blocking it. So that's what you do. When you make a product that fails to achieve the

definition of what we all thought a vaccine is, which is I'm going to protect my neighbor by getting injected with this. I will mount the immune response that will then make sure I can never catch it, and therefore I can never transmit it. What happens when the vaccine doesn't do that, but you still want to push it on the world because there's other agendas going on? You change the definition of a vaccine. That's where we're at. So there's no point in ever again having this conversation. If your vaccine works for you, why do I need to get at it? Because we know your vaccine doesn't work for you, which the question then is for us that didn't get it, why do I need to get it if it's not working for you?

Del Bigtree: I saw... I want to remember. There's a meme that really cracked me up. It said, "The protected want to protect themselves by making the unprotected take the protection that didn't work to protect them." That's how stupid this whole thing is getting, and that's where we're at. There's no need for the other conversation any longer. It doesn't keep your own mask off. It doesn't keep them from infecting each other, vaccinated to vaccinated. Rochelle Walensky has said that on CNN. So where are we at? How do you force a product? And this is really where it comes down to legally. And this is a conversation I've had a lot out with the head of my legal team, Aaron Siri. We have been the most successful at suing the government agencies. We've won against the FDA, NIH, CDC, Health and Human Services. We have cases right now. We have cases in courtrooms against universities trying to force the vaccine. But one thing that Aaron's always made clear to me when it comes down to vaccinations in court... Here's the understanding so that people understand where we're at and what we're going to have to prove and what's going to have to happen in courtrooms.

Del Bigtree: We know that we have a right to body autonomy. That is a part of our constitutional rights. And remember, the Constitution doesn't give us rights, it protects our inalienable rights, our God-given rights. It's a protector, not a decider. The only thing it decides is that it controls the government. The Constitution doesn't control the people, it controls the government so that they don't control us. I think we really need to start reminding ourselves of those facts, because I think we're very confused on this subject. And so when you have a constitutional and God-given right to control what goes into your body and decides your future health, it's amazing to think anyone would be okay with giving up that right. But what they say and what our Supreme Court has decided, that under an emergency a situation where you let's say have a virus like Ebola, or in the case where we're really dealing with this, the case that we all have to get around, Jacobson v. Massachusetts, it was smallpox.

Del Bigtree: In an emergency situation like that, the government does have the right to override your constitutional rights for the greater good of the whole, because we could all die if we don't step in here. But the courts have been very clear. There's several things that have to be assured if you're going to take away those rights. Number one, and this is the most critical one, by taking away those rights, whatever law you pass, it must remedy the crisis. It must fix the problem. Number one, you cannot do something to somebody that does not stop the emergency immediately. Okay? And that's critical, because that's what we're

dealing with here. This vaccine does not stop infections. It does not stop you from transmitting it. Therefore, it can achieve herd immunity and it cannot end this pandemic. It will not end this pandemic. And so technically, it's illegal for Joe Biden to even attempt to force this product on anybody. They cannot mandate it. You cannot take away my constitutional rights, because it doesn't even meet the first obligation.

Del Bigtree: But the second one, because we have court cases on DTaP vaccines based on all these issues, the second one would be if it does then stop the crisis, then you've got to make sure that it does it in the least restrictive means, meaning it's the least restrictive way to your constitutional rights that we can. You can't think of any way to have a lesser effect on your constitutional rights; this is all we can do. And then lastly, it has to work for every citizen exactly the same. It can't single out specific entities or citizens differently than the others.

Del Bigtree: So those are the three principles that we will be taking to the Supreme Court when we deal with this vaccine issue. Is it unfair towards some? Is it unfair to the immune suppressed to force them to have to take this vaccination? All of those things are discussions that we want to have, and this is why... I'll make the plug right now. We are a nonprofit, and when people donate to the Informed Consent Action Network and icandecide.org... This is what I want to make clear. There's a lot of lawyers right now stepping up for the first time. They were nowhere when all of these parents had autistic children or vaccine injured children. These lawyers wouldn't go anywhere near it because the payout was so difficult and the court systems were so difficult, but you can be assured they're all coming up now with employer mandates. They want to sue those employers. They want to bring lawsuits. They see class action lawsuits. They see lots of money to be made.

Del Bigtree: But I want to be clear. Even in the best of intentions, most of those lawyers know nothing about the science that they are talking about, and they are not going to be good in courtrooms on this issue. And so we're going to have a real problem if one of these well-intentioned, untalented lawyers gets a case that maybe they lose, but they appeal it and go to the Supreme Court. We need to undo Jacobson, which ruled that Jacobson had to pay the $5 fine back in 1905. He resisted: "I don't want the smallpox vaccine." He resisted. The court said, "You have to pay the $5 fine." I actually debated Alan Dershowitz on this. You can see that on The HighWire. Fascinating to debate one of the great trial attorneys of our time. And I think I won the debate, but you can decide for yourself when you watch it.

Del Bigtree: But this is what's critical. I want Aaron Siri... If you go online and just look up the Plotkin depositions, you can watch him stand toe to toe in a deposition of the leading scientist on vaccines in the world, and that was a case that happened a year and a half ago. We need him. We need Aaron Siri and his team to get the case that goes all the way to the Supreme Court that will protect this nation. And obviously when we get there, one of our favorite teammates to bring in is Bobby Kennedy and Children's Health Defense. We'll bring that together. But

Aaron Siri really is the one that understands the science, understands this. And I need to be able to say to him, "Aaron, I want you to take every good case that you see, whether it's an employer or a university or something that we think has the merit to win an undue Jacobson to set our nation free on this vaccine issue." I need to be able to say we can take all those cases and we fund all those cases, and that means you fund those cases. So if you are out there and you can help us by funding the Informed Consent Action Network and icandecide.org, you allow me to send the best lawyer in the nation into all of these cases so that we can make sure that the best lawyer gets to the Supreme Court to protect all of us.

Dr. Patrick Gentempo: Well, I can't tell you the importance of undoing Jacobson, and I quite frankly am always startled that it has stood this long. And like you said, it's a 1905 case and it's completely misinterpreted. So we personally will be contributing and raising funds for this effort. I can't tell you how important it is, and I would encourage everybody. And can I say that... Almost a trite phrase... That no donation is too small, that everything counts. And it's really a matter of widespread support, even if it's little increments, as compared to saying we just want to rely on a few people.

Dr. Patrick Gentempo: So as always, I have admired and continue to admire the work that you're doing. It's absolutely critical. And I admired it before COVID, but now it's become essential, I think, to perhaps the survival of a lot of people in this world. And as you cited, there's economic liberties at play here, the social aspects of it, and of course, the medical autonomy. All these things come to play. It's a very, very big picture. And you're one of a handful of people that maybe have the breadth of grasp on it to see it completely as compared to in a narrow specialty, and the big picture matters here. So I'll just say, number one, so much, thank you for not only the work you're doing, but taking your time today to share with this audience. And I wish you God speed on your efforts. And certainly we're here not only cheering, but supporting, so thank you, Del.

Del Bigtree: Thank you so much. And I just want to close the final statement just to say that we don't have time now to continue to ask ourselves is this really happening? To be depressed about what we see around us and the conversations about all the stupid people. Why do they take it? That is all being pushed on you by the media. I want you to focus on all the people that now stand with you, nearly 50% of this nation. It will grow with the push of this booster shot. We need to start talking. We need to start talking to everyone we know. We believe we're a minority because we are being silent. If we get vocal, more and more people will come to us and will recognize that we can change this, and we must change this. This is the future that is in our hands. And for all of those people out there that are right now going to be forced to make that decision: "I need to feed my family and I'm going to have to get this vaccine in order to feed my family," I just want to say to you, I want you to ask yourself a very important question. How will you feed your family if you're dead? Who will feed your family if you're dead? Because that is on the table with this vaccine.

Del Bigtree: And instead, perhaps what you should bring into your mindset now is most of you hate your jobs anyway, and there was something you always dreamed you wanted to do or you would do if the time was right. Why don't you take this as a cosmic moment? When your employer says you are no longer allowed through these doors until you get the vaccine, that is the cosmos saying, "Now is your time to chase your dream." We are building that bright future, that Eden. That promised land is just on the other side of this very dark storm and is going to be built with our love and our passion. Don't be depressed. Recognize that this is your moment to be filled by God in what you want to be in and who you want to be. Make that happen. We can build new hospitals with all the nurses and doctors that are being disenfranchised. Let's bring the new sciences and the new medicines. That is what will survive this. And these Neanderthals of medicine will be in prison. They will be dead, and they are dying now as we speak. Let's build the light. We must be filled with the light to create the light. This is not a dark time, this is the time where we give birth to our future. Please take this opportunity and find the blessing in it.

Dr. Patrick Gentempo: That completes part two of my two part interview with Del Bigtree. Del is a big, powerful, courageous, and passionate voice in this COVID world, and helping to inspire people to get to the truth and to point out the lies and deceptions that are going on right now. I was really thrilled when Del said yes to our interview invite, and now we got to share him with you. I hope you enjoyed that as much as I did. Thanks for being here.

Dr. Paul Elias Alexander

Dr. Patrick Gentempo: Next up is my interview with Dr. Paul Elias Alexander. And when we were sending out invitations for people to be interviewed for this series, man, I was really hoping he would say yes, and he did. He has special expertise in evidence-based medicine and epidemiology, and all things that are germane to this COVID issue. And he was hired by the Trump administration when COVID hit to come into National Institutes of Health and help them sort out what to do in this COVID pandemic. And I have to tell you, his understanding, his expertise, and his inside information are critical, poignant, important, and something that you need to know and understand. So I am excited to be able to share with you this interview. Let's jump right in.

Dr. Patrick Gentempo: Dr. Alexander, I've been reading a lot of your writings lately, and I'm really excited to have this interview, so thank you for taking the time.

Dr. Paul Elias Alexander: Thank you very much for having me, and it's indeed an honor and a privilege. Thank you.

Dr. Patrick Gentempo: So let's start with your background, because I think if anybody's got a right to be speaking about what's going on right now with COVID and our public health policies, it's you. So can we maybe start back in your academic background, what you studied, and your career?

Dr. Paul Elias Alexander: So things germane to this discussion, because we are talking about science and evidence, et cetera, and policy, I will focus on my graduate training. So I did a graduate training with masters at University of Toronto in clinical epidemiology, and subsequent to that I did a small certificate course at Johns Hopkins in Baltimore in 2001 under Dr. Donald Henderson, who led the eradication of smallpox. And he started that Civil Biodefense Department at Johns Hopkins back in 2001 because there was a lot of activity and chatter across the world on issues around people, bad actors considering like nuclear suitcase, nuclear devices, potential bioterrorism, biological warfare.

Dr. Paul Elias Alexander: So Johns Hopkins took the lead under Donald Henderson to devise a bioweapons training program. So I attended that and we did a tabletop exercise using Baltimore as the city where what would be the epidemiological and public health response if a biological weapon, let's say, weaponized smallpox or anthrax or Q fever or tularemia, et cetera, was dispersed in a city like Baltimore or New York or Toronto, et cetera, how would you cope and what would you do?

Dr. Paul Elias Alexander: I maintained contact with Dr. Henderson because I was very interested in biological warfare to marry my skillset, and I was just interested and fascinated how you can take a pathogen and powderize it, and do certain things to it, and put it on a warhead, and are there other ways you can use it more fully from the point of view that as somebody that lived in the world and I had

some scientific background, what would happen if my city came under attack and what would we do to deal with it? And so you want to have this knowledge so that you could know not necessarily how to use this, but how to defend yourself.

Dr. Paul Elias Alexander: Dr. Henderson agreed to supervise a doctoral thesis for me at Johns Hopkins, but at the same time, I went over to Oxford, and so I put that on hold and I did a graduate degree in evidence-based medicine with the global leaders there like Dr. Carl Hennigan, Dr. Paul Glasziou, Dr. Emanuel and these people really were in cutting edge of evidence-based medicine, and still thinking about biological warfare at Johns Hopkins. I also applied to McMaster in Canada to read for a doctorate in evidence-based medicine, and I decided to do it at McMaster because of funding. I got a full scholarship. I got a scholarship at McMaster, and at that point I was... Well, I am a Canadian citizen, although I have legal status in the United States, so I got funding. So I made a decision to do the PhD with Dr. Gordon Guyatt at McMaster.

Dr. Paul Elias Alexander: He's the founder of evidence-based medicine. So that term evidence-based medicine that shift in the medical community and research community 30, 35 years ago to engage, to lift the quality of research and medical practice. Clinical medicine was founded by him and Dr. Dave Sackett. Dr. Sackett has passed, but Dr. Guyatt supervised my PhD for four years and I did then a post doc with him. I remain close personal friends to him. I support his research groups in the sense that post leaving academia I still do research projects with them in writing. We have a couple of papers just coming out around the 4th. I have nothing bad to say about McMaster. Dr. Guyatt remains someone dear in my heart. I'm very, very intimate in the evidence-based medicine world.

Dr. Paul Elias Alexander: In terms of work, let's say what's important to here is I worked for the Infectious Disease Society of America in Virginia, headquartered in Virginia from 2017 to 2019 2020, where my role was as a training the guideline panelists who developed clinical practice guidelines, that guide clinicians on how to treat patients. So my role was in training them in guideline development, the application of grade methodology, which is the methods the Dr. Guyatt indeed had advised where you would rate the quality of the evidence that you're putting into the science so that we know that your decision making clinically or from a scientific point of view is well informed by the highest quality most trustworthy evidence.

Dr. Paul Elias Alexander: I did that then around mid of 2020, so I'm only focusing on COVID, around mid of 2019 WHO PAHO asked me if I were interested in helping them develop a training program in evidence-based medicine for low and middle income countries globally, and I think it had a lot to do with my training at McMaster. I was known on the international scene in terms of my research matters and EBM skills. So I took that consultancy and I was doing that. Around January, when we first started to get these reports coming out of China Wuhan, and then some indications of something happening in Lombardi, Italy, and the

whole world became very concerned and everyone was pretty scared, myself, too.

Dr. Paul Elias Alexander: We didn't know what the hell was going on, and WHO Pan American Health asked me if I could pivot my role at that point in early February to be their COVID pandemic advisor because at that point they were kind of flatfooted in the sense that they didn't have anything arranged, no units set up focused on COVID yet, and they wanted to get an understanding of the science and what was happening in terms of any available treatment, what is the data there, so that they could start messaging the world. So I actually functioned in the beginning of this emergency in January, February, and March as probably one of the principal evidence advisers to WHO PAH, whilst doing that was very interesting.

Dr. Paul Elias Alexander: I got this call from the United States persons involved. I mean, some things I can discuss, some things I can't. Basically, the call was that in the White House, they've seen some of the things you've said, some things you've written, some science and stuff and find very interesting, and it made all its way into the White House, across the desk of the Oval Office. So I said, "Well, I find that very interesting," and I was asked on the phone, "Would you like to... The question is, we would like to know if you would join the administration and provide technical support in your field," which I found attractive. I was explained that the decision makers, so I was assuming I was going all the way to the top, was seeking people who could help push back on the narrative then. The task force was already in place.

Dr. Paul Elias Alexander: As you saw, we would see them every day on the news, but I think it was more an issue of trust, and the fact that I wasn't just somebody who was following along on what was being written. I was questioning the science, telling you my point of view and stuff, and I think they wanted that in the background, and so I took that opportunity. I said, "Sure," and I went to DC. I mean, it was very interesting how I got there because the borders were closed, but anyway, I went there and my office was in health and human services, which is just down the street, actually across the street from the Capitol building and was down the street, literally, from the white house, and I sat right next to the Washington Mall. So my job was in HHS, and to provide technical input and advice to the EA secretary of health and human services, generally the whole situation.

Dr. Paul Elias Alexander: The good news about that, which I found very interesting was that in that building houses sub offices of the Food and Drug Administration, FDA, all of the major agencies, United States are there. So that whilst they had main offices in different parts of America, they would come to my building. I'm talking about Dr. Redfield, Dr. Han, the FDA commissioner Dr. Redfield, head of CDC. Everyone would have to come to the building at some point to meet with secretary Asa because his office was in my building. Also, Operation Warp Speed, the vaccine was headquartered in my building so that there was a heavy military presence, and the military paid a very strong work, particularly logistically from the day one with Operation Warp Speed. So you felt safe there. There were a lot of

soldiers around you all the time, a lot of security, and a lot of the activity that took place happened in that building.

Dr. Paul Elias Alexander: So I had the opportunity to meet these people and have some discussions and stuff. The reality about it is that we all have our own views on how things have unfolded and what has happened. I mean, we have a new administration now going to be eight months, nine months, and I left in September, but since leaving, I think my fortunes have clearly been better in the sense that I provide technical support of various research groups globally on COVID; particularly the vaccine and particularly the issues around some adverse events that we've seen turn up and some deaths. So we are also very involved in early outpatient treatment. The group that I'm involved with are the actual pioneers of early outpatient treatment. So we are actually arguing against the narrative, the narrative in the beginning, which was a very misleading, false statement that there were no treatments available that was actually catastrophically...

Dr. Paul Elias Alexander: That was like a lie, and for all of those players at the CDC, at the NIH, and the FDA that alluded to this, they mislead the American people, and we would argue now that if you look at these 750,000 deaths in America, if you were to ascribe COVID as the cause, we would say, if we modeled that about 660,000 of them, 85 to 90% would be alive today had earlier patient treatment been used, and that I think is one of the greatest tragedies of this, the denial of the role of early treatment. This virus emerged as one of the most treatable in history, and we knew what to do quickly one month in who was at risk. We knew very early on that COVID was amenable to restratification.

Dr. Paul Elias Alexander: Historically, we would properly secure vulnerable in a society, whilst allowing the low risk healthy, the vast majority society to live unfettered lives, live as with at least disruption as possible. You allow the low risk in your society to develop population natural immunity, and that low risk population protects the vulnerable. What we did opposite to that is we locked the healthy down, which was catastrophic, and we failed to protect the vulnerable because we allowed staff. Staff has remained still today in our old-age homes, assisted living, long term facilities to be the cause of the deaths of our elderly. It was like a killing fields in the nursing homes in Canada, and the United States, and Britain, and I don't blame staff. I blame the administration of how these homes are run.

Dr. Paul Elias Alexander: These staff are very good people and they're very poor. Poor in the sense that they do treat the four different nursing home positions during the day. They move around to make up a proper salary. These are very, very good needed people in society, but unfortunately, they were bringing the infection in and they were causing our... The institution remains the foci of the deaths still today. COVID, the foci of deaths were in our congregated institutions. So you can't have a discussion unless you recognize that, and also why so many deaths there? Well, because the staff. In fact, I mean, I have two in-laws who are in different nursing homes, and one still is in the nursing home, a care facility, and every single time we get an email or a phone call from the facility saying,

"Unfortunately, a staff member is just infected, brought in the thing. So we have to shut the place down."

Dr. Paul Elias Alexander: "We're going to close it off to everyone, no visits," and our elderly it is so perverse. It is so wrong what we did, our poor elderly, our parents and our grandparents in these homes. We suffered them. We punished them. I mean, they would not be showered for months. Their food would be placed at the door and they would be in these six feet by six feet little rooms, they're private rooms, but it was hell because they couldn't see your family. The staff didn't even interact with them when they were under lockdown. So the last few months of their lives, because many of them died, was horrible, and then if they were infected, because we would not use the early treatment that was available for them, that made the situation even more catastrophic because you let them stay in these homes for 10 days, 12 days, 14 days declining, moving along the COVID sequela.

Dr. Paul Elias Alexander: If you don't intervene in that two week window, early enough, a high risk person will begin to die, and by the time you take them from the nursing home and you touch that emergency room door two weeks in, their risk of death is already 40% increased, 28 day mortality.

Dr. Patrick Gentempo: Wow.

Dr. Paul Elias Alexander: So that elderly person is put in a room, isolated. Nobody goes to see them. You certainly, your family can't see them. Couldn't see them in your home. No, can't see them there. They're scared. They're anxious. They're petrified because everybody's in this space suit gone around them, nobody's coming into their room, and a vast majority of them quickly degenerate, and particularly in the beginning you have to... The profession didn't really know. They were panicking, et cetera, and they would quickly resort to intubation, and then mechanical ventilation, and that was another major catastrophe, and I mean, we have to call it out as it is, and history going to have to look back at each thing wrong that was done here. We killed many of our elder with the ventilator.

Dr. Patrick Gentempo: Here's what's interesting because you're talking about the elderly now, and I know that you're focusing also a great deal on children right now. It's kind of two ends of the spectrum, but here's what I find a bit fascinating. Number one, your background is in epidemiology, right? Evidence-based medicine because everybody... What we keep hearing is people talk about it. We have to follow the science. We have to follow the science, but then they seem to completely deny the science and go off in another direction, and you're kind of in this unique position where you've worked with the WHO to consult on this. You've worked with the health and human services in the United States, recruited by the White House, basically, to do so, and you aren't... How can I put it? You weren't an outlier in the world of medical prognostication, evidence-based medicine, and also just understanding infectious disease and epidemiology.

Dr. Patrick Gentempo: You were like right in the heart of what would be considered the traditional views of this, and then you start to see this whole reaction, which is opposite from what you just described of what it should have been basically saying, "You don't quarantine healthy people and low risk people." That's how you get to try to create your herd of people who create natural immunity, and then you work with the people who are more at risk in maybe a different way. So at the time when you were consulting with these agencies, were you bringing this up and saying, "What are you guys doing? This is completely wrong," and of course there's a chorus of other, very well credentialed people who are saying it was wrong, but you were in it interacting with a lot of the people who were making policy decision. What was their response to you?

Dr. Paul Elias Alexander: That's a very good question, and I would have to say as bluntly as I can, and I know, I hope you understand it. There are things that I would say specifically that I would, there are things that I can't discuss because of confidentiality and just you can't discuss them. So this quickly moved from being a public health response to a political response very early on. I realized that this almost became a clown car every day on the podium with the White House Task Force because it was clear that they were misleading POTUS, and misleading him in the sense that they were not following the science. I would just share from this point of view because even though my office was in DHHS, I was also privy to a lot of the discussions. Let me say it this way, present thought.

Dr. Paul Elias Alexander: Now, I'm not talking about your political views, and I'm not even discussing mine. I took that position because when I was asked and I looked at, first of all, I was a scientist. I was heavily involved with WHO PAHO. I was giving them all of the guidance on COVID. So I was on top. At that time, you could say I was probably the most informed person on COVID because I had to be supporting WHO and PAHO every day, every day, 24/7, and I learned a lot because I could have conversations with people and listen to what other people were saying globally and realize this was junk. This was garbage. This is true because I actually knew the data and the science, and when I got tapped, I want to get to Dr. Scott Atlas. He's an important part of answering your question, and the Israel study Gazit et al. on natural immunity, but I want to say this to, answer that question fully.

Dr. Paul Elias Alexander: It became clear to me they were not following the science, and the reality about it is the President was fighting his own Task Force daily behind the scene. His push was to open the society and open schools. Why? Because the Task Force was bringing this very onerous, dark message to the public and keeping things closed, keeping things shut down, keeping schools closed. When we were looking at the evidence and the data to show, we looked at quickly, and remember, we already knew one month in that we knew who the risk group was, the elderly over 80, two or three underlying medical conditions. We also found out that obesity emergency principle, super loaded risk factor behind age. In fact, obesity is such a potent respect in COVID; maybe 80% of the deaths are in people who are severely overweight, morbidly obese, and this is because we also found some good resource by MAGRO, M-A-G-R-O.

Dr. Paul Elias Alexander: They showed that the H2 receptor that the virus needs to gain entering to the host cell is expressed principally in brain cells, brain tissue, and second in the host tissue fat cells, and that that helped explain to us molecularly why those of us who wanted to understand this, why heavy people, overweight people would be more at risk, and so it began to put a picture together as to, "Well, you can't have this carte blanche approach. You can't lock the society down," and we quickly began to analyze all of the evidence on lockdowns. All of the evidence on school closures, all of the evidence on mask mandates, et cetera. What I found, what a team I worked with found, was in nowhere in entire world, none, no location, no setting ever that these lockdowns work. In every instance they failed. They did not reduce transmission. They did not curb death.

Dr. Paul Elias Alexander: We looked at all of the evidence on school closures. In every situation, school closures failed. In fact, it was catastrophically harmful to children. We saw children who are harming themselves, self harming, three, 400% not because of the virus because of the school closure and the lockdowns. We had children across America committing suicide. We were getting reports that were scaring POTUS, and you could see his pivot daily changing, getting more urgent, begging certain states, begging Task Force to open society and open school. I applaud him for that because I knew because, as I said, some of these meetings I was in. Some I was not, but I was privy to the discussions because you have teleconferences, whatever.

Dr. Paul Elias Alexander: I knew the battle, and the thing about it is we had parents tuning up, reports of parents in America, presenting to emergency rooms with their child, six-year-old, eight-year-old child limp in their arms, and the mother is the emergency doctor, "I think I may have killed my child." And this was stunning us because they beat the child. Why? And they explained husband and wife laid off because of the business closure locked down for a year, fighting each other, physically abusing each other, and they start to abuse the child. We knew the school closures were causing many American children to be sexually abused. Why? Sexual abuse rears its head first in the school setting. The flag is in the school setting. The school now is the first place that detects problems to a young child's life, and by closing schools, a lot of these went unreported and under the radar.

Dr. Paul Elias Alexander: So I'm trying to say it this way; when they spoke about following the science, we just need to look today the recent study by Gazit et al., G-A-Z-I-T out of Israel. They looked about maybe one million Israelis who were vaccinated. This study was published two weeks ago, and this study should have ended the debate on the issue of natural immunity versus vaccine immunity. That natural immunity is way superior than vaccinated. Any vaccine immunity could confer upon you, particularly these very narrow spike specific immature immune library immunity. What did they find? And the fascinating thing is even today, 19, 20 months in, Dr. Fauci, Dr. Wilinski at the CDC, Dr. Francis Collins, NIH, they talk about following the science, but it's either they can't read the science. They

don't understand the science. They can't understand data or they're just blinded.

Dr. Paul Elias Alexander: Blinded means they're politically blinded and they're biased because the study by Gazit et al. really demonstrates how far behind the science the CDC and the NIH is, maybe a year constantly, but the experts, maybe their political biases just cloud their vision so much, they just don't want to see it. But this study was profound. They looked at three groups in this Gazit study, and the reason why it shifted from early 2020 talking about COVID, and now September, October, 2021 is because this study is emblematic of the failure of the CDC and the NIH, and the FDA, and these people to really follow the science.

Dr. Paul Elias Alexander: They make that statement, but they're misleading the public because they don't even understand the science. I'll explain it to you quickly in a few sentences. This one study by Gazit really should have closed the door to any debate, any confusion about natural immunity versus vaccine immunity. They looked at these three groups, double vaccinated Israelis, persons who were not vaccinated, but they were recovered; they cleared the virus and they're not recovered, so they have natural immunity, and a third group was persons who were recovered and they got one shot, and what they found was the double vaccinated persons was something like 13 times at more risk of becoming infected with the Delta variant.

Dr. Paul Elias Alexander: They found that the double vaccinated were 27 times more at risk of symptomatology, many times CBS symptoms from Delta, and they also found eight or nine times increased risk for hospitalization, double vaccinated, over non-vaccinated COVID-covered persons, and what that tells you is what we've been arguing over a year now, and you can see in the Israeli data and the UK data coming out of Public Health England, and the data out of Iceland, out of Gibraltar, out of the United States in the Barnstable outbreak in Massachusetts, the vaccine has failed for the Delta variant. It doesn't work. It's done. The vaccine does not hit the Delta. You have no immunity to this variant. What is in the vaccine is the initial Wuhan strain from February, 2020. How could it work?

Dr. Paul Elias Alexander: And that's what the public does not understand. Even when you are pushed now for vaccine, and even when these people talk about vaccinating your children, these so-called scientists in these agencies know that they want a vaccine with something that will not work. And we are seeing in Israel today that 90% of the population vaccinated, almost 90% are being hospitalized, and the vast majority of them have severe symptoms, and most persons, 70% of the persons who died with the Delta today in England, I saw a report this morning, the data were double vaccinated, 70%. So the reality about it is they're not following the evidence.

Dr. Paul Elias Alexander: That's evidence-based medicine. We are looking at the data. What does the data say? And you set policy. So now I'll pivot to Dr. Atlas because it's pivotal in my discussion. So Dr. Atlas came to the White House around August of 2020. So he came late. I was already there at the DHHS months before him, so May,

June, July three months before him. The Task Force was already in place. His job was similar to mine, in the sense that I brought a policy perspective to the evidence. He's an expert, more on expert than myself. I'm an epidemiologist as a purist, evidence-based medicine, but he is as an epidemiologist and a clinician, but he had an expertise that no one in White House, none of the Task Force members had, and he was very good at it, and his expertise helped put the data to the story that we were arguing.

Dr. Paul Elias Alexander: We were arguing, "Stop the lockdowns. Focus on the high risk vulnerable people. Protect them. Double down. Triple down protection of our vulnerable. Do that whilst allowing the rest of society, children, the low risk people who are healthy and who can face the pathogen, let them deal with it. Of course, you can't do any anything unless the elderly are properly secured. If you cannot secure the elderly, everything else will fail because we don't want to put the elderly at risk; whilst doing all of this, you make sure that your hospitals are well prepared. You know, they are ramped up of their PPE and all that issues, but we also had early treatment. So the argument was, "Whilst you're securing the elderly, make sure the elderly gets their early treatment.

Dr. Paul Elias Alexander: So if Granny's in a nursing home and she gets infected, she's 85, she has a medical condition, so she's high risk; do not let her sit there and wait because the normal dictum in medical practice, clinical medicine, your doctor, wherever, if you go, they would say, "Oh, okay. Go back home. Wait it out. You know, if you develop breathing problems then come back, give us a call," but by that time, it's often too late. So our argument was if these antivirals work, we could get into that two-week window and treat early, then you are going to significantly... We had the data. You're going to significantly reduce the person's risk of hospitalization or death.

Dr. Paul Elias Alexander: So Granny wouldn't have to go to the hospital where her chance of death dramatically increases. She could recover at home, and then recovered she now is naturally immune, and she has a long life ability. It's one and done for her, and whilst doing that, too, we could public service to the nation, same CDC and NIH and FDA, and these public health people in the Task Force could use their positions of influence, and they have failed. Even as I speak here, no one has ever done this. Come to the nation periodically. Remind the nation of the importance of vitamin D supplementation. We found out that the vast majority of persons who died, high risk persons, were deficient in vitamin D. Your immune system does not work in this particular... Well, in fact, in all illnesses, but with this one, without vitamin D being in your... Your T-cell immunity doesn't function properly.

Dr. Paul Elias Alexander: You are also public service people about the need to improve your health, your wellbeing; exercise, eat properly. Tell people, "Hey, drop 15, 20 pounds." That one message would have saved many lives, particularly in our African American community and minority communities because a lot of... Look. I'm having this discussion. I'm speaking to you bluntly and rawly. On my mother's side, a lot of my family are colored, are black. I come from the Islands.

Right? So it's my people, and I could tell you a vast majority of them die in America and all over the world because they were overweight, and they didn't have vitamin D properly. You see people think that, "Oh, I spend a lot of time in the sun," even affluent people. "I play a lot of golf," but we have the evidence to show.

Dr. Paul Elias Alexander: You could be in the sun 20 hours a day, doesn't make a difference. You need vitamin D supplementation, and those simple public service messages would've helped a lot of our poor people to make some adjustments, and probably save lives, and we've never had that. We have public health systems that don't function as public health system. They don't give people what they need, the proper in information to make informed adaptive public health decisions. So there are a lot of wrongs.

Dr. Patrick Gentempo: So let me ask this. The advisor that you said came in to-

Dr. Paul Elias Alexander: Dr. Atlas.

Dr. Patrick Gentempo: Yeah. So when he was saying all this, what was the response?

Dr. Paul Elias Alexander: Well, the reality is Dr. Atlas had a very difficult time at the White House with the Task Force, and that played out publicly. You can find that in the media, if you want. I think recently Dr. Fauci and Dr. Burkes had an interview with Sanjay Gupta on CNN, maybe about two months ago, and they were trying to say that it was Dr. Atlas's advice to the President that was wrong sided and not theirs, but that is garbage. I can tell you. The President's decision to lockdown and to close schools was based on Fauci and Burke's advice, dedicated, deliberate advice. It was their policies that the President enacted, and all of the failures, it was from their policies. It wasn't Dr. Atlas. Dr. Atlas's policies were never enacted because had his policies been enacted, we'd have had the society open and never closed. We'd have had schools open. So he lost those battles.

Dr. Patrick Gentempo: Yeah.

Dr. Paul Elias Alexander: But he tried. He tried to inform them and he tried to inform the President best he could, and the reality about it is I heard Dr. Fauci and Dr. Burke's say to Gupta that when the POTUS had left, President Trump was leaving office and the new President Biden was coming in that there were about 400,000, 450,000 deaths, and that we must blame President Trump for these deaths and Atlas because Atlas gave him screwed up advice. But I think they were so nonsensical and illogical because it was their policies that the President enacted. If you were going to blame anybody, you have to blame yourself. It was your policies. If you want to say that way, it was your policies. It was the lockdowns and the school closures, etc., that caused a vast amount of the deaths in the United States. It was the collateral damage across the world, not from the virus.

Dr. Patrick Gentempo: I think what you're saying is the lockdowns, I think, as you're saying, was bad policy, because especially if you started looking. When I was tracking the month by month amount of Covid cases, it was 85% down the slope before they even introduced the vaccine. But then suddenly you start to see that it sort of sustained and then spiked with Delta. Of course, we've had people in this series who have argued that they put evolutionary pressure on the virus, which is what caused Delta in the first place.

Dr. Paul Elias Alexander: Right.

Dr. Patrick Gentempo: Your points are extremely well taken. I want to take a few moments, though, and turn our attention to children, because right now they're aiming at children for this vaccine. First of all, I guess my questions are kind of quick, is there any evidence that this vaccine is safe and effective for children? And, number two, what is the risk that children actually have if they were to get Covid?

Dr. Paul Elias Alexander: Well, you ask a very important question, and you know we could talk for days now. History is going to write 500 years from now, people are going to sit back wherever talking about us, maybe this interview. I'm going to say it this way. Children bring statistical zero, almost no risk to the table. Let's define children here. CDC has children sometimes zero to 18 years old, or they say children are zero to 19 or zero to 21. Let's go with the CDC. Let's say children are zero to 21. I find that laughable that they say a 20 year old is a pediatric. I know a pediatric to be like four years old. But anyway, let's go with the CDC. What does the data show? The data shows that from zero to 14 years old, CDC data, the risk of survival in America's is almost 99.999%. If you extrapolate it to 0 to 19, it's 99.997%. If you went 20 to 49, it's about 99.98%, and if you went from 50 to 69, it's like 99.5%.

Dr. Patrick Gentempo: That's the current.

Dr. Paul Elias Alexander: That has always been the data.

Dr. Patrick Gentempo: The risk of death is under 1% all the way up to 70?

Dr. Paul Elias Alexander: Yes, sir. Yes.

Dr. Patrick Gentempo: Wow.

Dr. Paul Elias Alexander: Yes.

Dr. Patrick Gentempo: And on children, on the definition you're saying children, because you're calling somebody 21 years old children, but if we're looking at a pediatric population, and I think they're trying to say, "Okay, we're going under 16 now on this vaccine, under 12," those are some of the levels, but their risk of death is I think you said statistically-

Dr. Paul Elias Alexander: Almost zero.

Dr. Patrick Gentempo: Almost zero, like nil. Okay.

Dr. Paul Elias Alexander: Yes.

Dr. Patrick Gentempo: Now, do we understand the safety of this vaccine for them?

Dr. Paul Elias Alexander: Well, no. Well, no. And, and he has the thing quickly look Dr. Martin Makary, who is a senior epidemiologist from Johns Hopkins, he lobbied the CDC to give us some information quickly. We want to find out if these deaths in the children that you logged, there are 350 odd deaths since the beginning of this pandemic in February 2020. They collected information, 19 months. CDC has said there are 350 children who died with a diagnosis of Covid to date. Okay. Makary and his team said, "Look, give us the data. We want to examine to see if it was causal or incidental to Covid. Maybe someone had an infection, but they didn't die of Covid." CDC has not brandished the information. So Makary and they went ahead. They looked up all of the 48,000 American children up to 2021 who were infected, who were said they were infected. We're not even talking about the flawed and the generally corruptness of the PCR test. I think it's just junk. That's a separate discussion. But they were "diagnosis infected" in the CDC database. Of those, 350 died.

Dr. Paul Elias Alexander: Makary and his team looked. They found not one child that was not ill, that didn't have an underlying medical condition. In other words, no child had died who was a healthy child, and any child's death is a tragic, devastating thing, but we are trying to understand this properly, because they are using that to drive this vaccination of our children. They're using the increased Delta infections to drive the vaccination.

Dr. Patrick Gentempo: Can I ask this? What about the argument that, well, but children could be putting other people at risk? Can a child spread the disease?

Dr. Paul Elias Alexander: No. Like how we studied the lockdowns initially. We looked at children specifically, and we looked at all of the science, and when we looked at all of the science, we have found that children do not readily get infected, they do not spread to other children, they do not spread to adults. It is adults who spread to children. Gallo et al produced a very good study published that showed that no child spreads to child. The evidence that they have shows that any spread comes from adult to child. Children don't take it home. Children drive seasonal influenza home. Covid has spared our children. Children do not take Covid home. Children don't get severely ill from Covid, and children don't die readily. The truth of the matter is, the data has been so stable for 15 months now. It is global data, country by country. Sweden looked at, Ludvigson looked at two million Swede kids, 16 years and under since the beginning of the pandemic. No lockdowns, no masks, no school closures. All of them went to school continuously, all kids, no instances of death.

Dr. Patrick Gentempo: Out of two million?

Dr. Paul Elias Alexander: Two million kids.

Dr. Patrick Gentempo: This is a radical data point.

Dr. Paul Elias Alexander: All the kids.

Dr. Patrick Gentempo: Two million kids are tracked, never masked, never shut down, all went to school, continued normal life-

Dr. Paul Elias Alexander: Yes.

Dr. Patrick Gentempo: And zero deaths in two million.

Dr. Paul Elias Alexander: None.

Dr. Patrick Gentempo: Wow.

Dr. Paul Elias Alexander: This is all of the kids. We have a good study coming out of our publishing clinical infectious disease, if I could recall it. I think the author was Danis, and they looked at a child in the French Alps, they lived in that area. That child attended three different schools, and that child was positive and symptomatic and interacted with about 120 teachers and students across these three schools. I don't know why this child moves on to the schools. Maybe logistic reasons or whatever, but they looked at all of the secondary transmission. They found not one instance of spread. None. Armed with all, and we have compiled about 60 different studies that looked at children and the risk of spread-

Dr. Patrick Gentempo: Sixty?

Dr. Paul Elias Alexander: Yeah.

Dr. Patrick Gentempo: There's that many studies that exist on children and the spread of Covid?

Dr. Paul Elias Alexander: Yes. All forms of report studies, comparative studies also, but germane to your question is this, I wrote this op ed recently, and I said, "Look, just based on biological and molecular evidence, we need to consider our children already vaccinated and immune." People said, "Well, what do you mean already could be vax." I said, "Okay, so there's this research done by Patel et al, published in JAMA recently, and what Patel did was they looked at the nostrils of children and the nasopharyngeal passage, and they looked at the ACE2 receptor. Again, that's the receptor that the virus binds to, that binds the virus to get into our cell and infect. They found the children expressed that least readily in their nostrils. In other words, it is an age-graduated expression. The older the person, adults have the expression in their nostrils.

Dr. Paul Elias Alexander: That began to explain to us molecularly why children weren't infected in the first place. I also then found a good piece of research just published by Lusk, and his team showed that, if I remember correctly, is that in the upper respiratory tract of children in the mucosa, that's their... You have a separate immune system besides your adaptive immune system called your mucosal immune system, and that really is your first line of defense, and it lines your respiratory tract and your digestive tract, your nose, etc. That liquidity, there's an immune system in there and it responds. They found that it's already pre-activated and sensitized. That innate immune system is like an antiviral immune system sensitized to SARS COV2 already. So children had this ability to react very nimbly to the virus. That was part two of the puzzle for me.

Dr. Paul Elias Alexander: Then when I looked a little further, I found some groundbreaking research just published by Jann and his team. They had actually, I don't know, for children. I don't know why, but they collected blood. They had some blood from children before they started in February 2020. They decided to go back to the blood and look at the blood of these children. They found B cell immunity in the blood that was reactive to SAR COV2, etc. So it showed them that children already have cross protection and cross-reactivity due to prior exposure to common colds. No kids get treated for a cold. That was part three.

Dr. Paul Elias Alexander: Then what sealed it to me to make that hypothesis that we must consider children already vaccinated and immune is there is some good research, too, by Weisberg and Faber, and if I could recall, in that research they showed that the T cell immunity in children. Children have a T-cell immune response at a young age that is very naive and untrained, so untrained that it allows them to proactively react to any new viruses coming their way in a very sophisticated and rapid manner. I looked at these four pieces of biological and molecular evidence, and I said, "Well, look. Based on all of the epidemiological studies we have from Sweden, from France, across the world, that actually shows that children don't spread it, don't get infected, now I actually have a molecular explanation that I can make an argument, and I could follow the hypothesis, consider children already vaccinated. What does that mean? Children are not candidates for these vaccines, because if we look at the adverse events reported in the VAERS database right now in adults, in terms of the adverse effects and deaths, we have 15,000, 16,000 deaths in the VAERS right now in the adults that are one to two to five days temporarily linked to the vaccine, but we also have myocarditis, etc., emerging in teenage boys, etc.

Dr. Paul Elias Alexander: So we know that the vaccine, there's a problem, and the argument is if children have this natural protection in their nose, this lack of ACE2, why would you in the deltoid, into the arm? Because if there's limited ACE2, which is principally where the virus lands, the virus lands right there in the tip of your nose and your mouth, and it hangs on there for a few days as well. The children's innate immune system vanquishes it. Then why, why would you introduce a shot into the arm where we have evidence now from the Japanese bio-distribution study, Pfizer study, etc., that shows the content of the vaccine is actually entering the bloodstream. That the spike is entering the bloodstream

and damaging the vasculature, the endothelial layer of the vasculature. We might see deaths occurring in children that they have been spared, the thousands of deaths in adults that we have seen to date may now emerge in children.

Dr. Paul Elias Alexander: Not me. I argue, well, because that same ACE2 is a fascinating... You see, I think what has happened here is there is this cognitive block, like a cognitive dissonance in these public health officials in government and the scientists that they don't want to hear. They don't even want to think at a deeper level. If it smacks them in the face, they're not even considering it. But here is the argument. If the ACE2 receptor is being used by this virus to infect you and the ACE2 receptor in an adult is dispersed throughout your body. It plays a very important role in blood pressure control. That's a function of the ACE2 receptor, a fluid balance. The ACE2 receptor plays a role in moving salt across your membranes, how you retain salt and you excrete salt. It's a very important molecule.

Dr. Paul Elias Alexander: Now, if children don't have it in their nostrils, but they have it throughout them, they must have it in the rest of their body. But if the virus is not getting there because it can't get past the level of their nostril, because they have limited there, I don't know how it was designed that way, but that has spared children. Why then would you go and introduce the vaccine into the arm that will get into the bloodstream and could now attack the ACE2 and dock with the ACE2 and interface with the ACE2? Why, when children bring no risk to the table? Children bring no risk to the table, so no one, not Dr. Fauci, not Dr. Rochelle Walensky, Head of CDC, not Dr. Francis Collins, the Head of the NIH, not one of them. Every time they argue about, oh, it's time now to vaccinate the children, they have not prosecuted the case as to why. They have provided no evidence. None. Zero. As to why low risk children should get these vaccines.

Dr. Paul Elias Alexander: I think it's absolutely reckless what Francis Collins states, absolutely dangerous what Rochelle Walensky states, and I think it borders on reprehensible. It is not even child abuse, it's worse than that if Fauci keeps pushing these vaccines, because he has no basis for them in children. In fact, you might think this is.... I mean, I worked in President Trump's administration and I'll go on record and say I admired a lot of the things he did for minorities. That's why I took the post. I saw the good he did with job opportunities, economic empowerment zones, and all of that. It helps me take that position. But I have come out against these vaccines, and I will stand here and say, at the least President Trump needs to come forward to the nation and at least tell everyone so that the present administration could get their guidance now from him. Children should not be vaccinated. But I am actually today based on the adverse events that have accumulated, I am actually against these vaccines entirely.

Dr. Patrick Gentempo: I'm not an epidemiologist, but it seems pretty clear that if there's known adverse event effects of the vaccine, and there are, and also the fact that this

being gene therapy, we can't know what long term effects might be. I mean, the safety testing is completely inadequate. Do you agree with that statement?

Dr. Paul Elias Alexander: Exactly. The safety testing was not done.

Dr. Patrick Gentempo: It was not done. And you would need many years to do it properly, so that's not in place. The children have basically almost zero risk of death and they don't spread it. If all that is known, I understand now why you're using the terms that you're using, not only has the case not been made for the vaccine, the case is made against it for children.

Dr. Paul Elias Alexander: Yes.

Dr. Patrick Gentempo: And yet, they're still proceeding.

Dr. Paul Elias Alexander: Correct.

Dr. Patrick Gentempo: Being a parent myself, the thing that I find very disturbing is that informed consent, meaning, hey, if I'm going to put my child into a medical procedure, I need to know the relative risks versus the benefits, and they're not providing informed consent; as a matter of fact, they're trying to create mandates and trying to hide the fact that this is a dangerous procedure and unnecessary procedure. Is that a reasonable summary of what you just said?

Dr. Paul Elias Alexander: Absolutely. Absolutely. It is almost like they brought... Again, look, in January 2020, based on these thing that I knew and what I was seeing and the discussions, and they were talking about beginning to get the reelection campaign going, I thought that everything that President Trump had done, everything that was on the table, and I could have seen over the second term, if everything fell into place, he actually had a very good shot at being seriously considered as probably one of the greatest, save Abraham Lincoln, Presidents America has ever had. Honestly, I did. I was well treated in my time there, very well respected, even as an immigrant person, especially in my trips to the White House and stuff. I would have to say this, though, that the task force, the vaccine developers, his medical advisors, misled him tremendously, and he's not a scientist.

Dr. Paul Elias Alexander: I think in his zeal to fix this, I don't think he really understood what they were doing with this vaccine and the limitations of the vaccine. I don't think he understood the data, that in their prior efforts to bring this vaccine they tried a decade ago in multiple studies and all of the studies, all of them, the animals died. They had devastating lung inflammation and liver toxicity, etc. I don't think he understood that with these vaccines once into the natural environment, not even the actual virus, but a common cold coronavirus killed the animals. That is what we fear. We fear this coming winter, that persons who are vaccinated could have a difficult time with regular common colds, because those are corona viruses. And now we have this issue of antibody dependent

enhancement that the FDA told the vaccine developers to go back and run the ADE studies, but the FDA didn't demand it or mandate it, so the vaccine developers didn't do it.

Dr. Patrick Gentempo: While you're there, I just want to pause. I want to ask you your opinion, and this is an opinion now, but you had a special view into the White House and the administration while you were there and the advisors around the President at the time. Basically, it seems that what you're asserting is that they were giving the President bad information. Do you think that they thought it was good information? Or do you think they, and I know this is just an opinion and I don't even know if you can comment on it, but do you think that there's some purpose behind it, that they literally willingly or knowingly misled the President when he was trying to make decisions on how to deal with the Covid pandemic?

Dr. Paul Elias Alexander: Well, let me answer this way. Most of my time was in HHS, Health and Human Services, but, as I said, because of the people that I reported to, I was privy to a lot of the discussions which I cannot discuss. But I'll share it this way. You looking on at the video, at the television every day, you could see the task force was kind in the story. Listen, a lot of those people are good people, God-fearing people. Some of them were the top of the game scientifically, but as a team and as providing President Trump the type of advice needed, particularly what they did with the lockdowns. They caused many deaths. Their lockdown decisions caused many deaths in the United States, and the rest of the world followed America. Remember this discussion is not about America really. It's about America, but the rest of the world, because everybody only locked down and did what they did with these vaccines because of what America did.

Dr. Paul Elias Alexander: These people in this task force, I think between the lockdowns and school closures, between the vaccines, I'll say it this way, the persons who made the decisions and took the information to the President on the vaccines and shaped his final decision, him being the CEO, I think his decision making was based on him trusting them, him wanting to believe what they're telling him was based on they are scientists and they are the experts and they're informing him, and he's the CEO and he's not going to make a decision. I think he must have felt that they were giving him the best trustworthy evidence. But I do not think that based on what I know just from sitting down here today, and based on what the lay public knows, this is what is out there, that you could look past science with this vaccine. That you could look at the fact that we need 10 to 12 to 15 years. I don't know how they could have sold it to him.

Dr. Paul Elias Alexander: This is what challenges me sometimes that you could take a 15 year process and boil it down to three months and tell me that you're going to get the same results and you could assess safety. You cannot assess safety. You cannot circumvent time. That should have been a red flag for President Trump. These vaccines have not assessed safety, and we do not know, even for those who have taken it, what the future would be. If you asked me, okay, I took the vaccine, say, "Paul, I took the vaccine. What will things be like to me in three years?" I have to tell you, I don't know. And right now I could tell you that every

four months the antibody is gone. There's no more. So you are going to have to boost.

Dr. Paul Elias Alexander: We don't even know. Put it this way, you are asking people now to take three shots, almost four shots now they talk about Israel, in less than a year. Normally, if you look at your life, your own personal life, when you took a shot from measles it's for the rest of your life. You don't need boosting every year. Your immune system is not made to work... It's one and done, you're immune. Now you're going to be boosting four times in a year. We don't know how your immune system is going to cope with this, because we didn't study it. They stopped the study too early, way too early. They didn't use that as a variable to examine what would happen if you boost people and study it. So nothing that we are doing we know. Nothing. This is really about trusting people who from my point of view they were flat wrong, flat wrong in everything to do with the lockdowns, school closures, the mask mandates, the social distancing. If they were flat wrong in everything, why would they be right with the vaccines? I argue they're flat wrong with the vaccines, too.

Dr. Paul Elias Alexander: I believe nothing, zero, that the pharmaceutical companies have put out to us. Just the way they published the report, that there was a 95% relative risk reduction when they knew that that relative risk reduction is just the relative difference between two numbers. And it shows two relative to one is a 50% relative risk reduction, but the absolute risk reduction is one. And that is what people needed to know. They didn't need to know the 95% relative risk, because that gives me no information. So they did that to deceive the public. They needed to know the 0.7% absolute risk reduction, because that really tells me that it's not really worth it because this have toxic side effect. But when you balance the benefits versus that harm, you could only agree that I have to avoid the vaccine, but they didn't do you that. They gave you this 95% and they started to run it in the media.

Dr. Paul Elias Alexander: It's like when the FDA had a meeting and said that the vaccine is approved. The Pfizer is approved. Only to find out soon after, you just have to read the report, the existing vaccine that you take still today is still under emergency use. It was never approved. They approved something that you don't even get. So you realize that everyone, including in the FDA, they're playing a game with the American people. They're not being honest. They're fudging things between the CDC and the NIH and the FDA. And this is a tragedy, because this is the United States of America and these are the premier agencies. These people should be the regulator, like the FDA has to be the one to safeguard the public. And right now I think people are beginning to have buyer's remorse because they're hearing reports in their own family and friends that, well, Susie took the vaccine and Susie got dramatically unwell. I heard Jim took the vaccine and Jim died. I might be fine, but I don't know what's going to happen to me in the future.

Dr. Paul Elias Alexander: The long and short of it is President Trump was greatly misled with these vaccines based on how they behave today. The question on whether they

did it deliberately, I think history is going to have to answer that to us. If persons did things deliberately, I would hope that we have a system in place that anyone who did things nefarious, that they knew, it's not a matter of not knowing, that you knew would harm people and could potentially put people alt risk, they have to be held accountable at the highest levels of legal process, everything you need to do so people will never do that again. But today as we know it, these vaccines have failed. I don't care how you try to say it. They have failed. If you are telling me that you are boosting people a third shot in less than one year, the vaccine has failed. That tells you the vaccine has failed.

Dr. Patrick Gentempo: Well, I think you couldn't say it in any clearer terms, and it's supported. This isn't rhetoric. I think you're supporting it based on the best available evidence, so let me just say, before we started this you said something to me, I think, that was quite profound, how passionate you are about this. You said this is the hill I'm willing to die on.

Dr. Patrick Gentempo: Yes.

Dr. Patrick Gentempo: Because obviously you speaking out this way could have significantly adverse effects on your career, because you're bucking the system.

Dr. Patrick Gentempo: Yes.

Dr. Patrick Gentempo: But this is so egregious, as you said, I'm taking my stand and this is, indeed, the hill I'm willing to die on.

Dr. Paul Elias Alexander: Yes.

Dr. Patrick Gentempo: I thank you for taking the stand, and I am also someone who just wants to point out the fact that you're doing this at great personal risk, but that you can't be dissuaded from this because the truth matters. It significantly matters right now, and people don't know the truth. So thank you for everything that you're doing.

Dr. Paul Elias Alexander: Thank you. Thank you for having me.

Dr. Patrick Gentempo: That completes my interview with Dr. Paul Elias Alexander. I am glad that I can share that information in that interview with you. He was an inspiring figure with great expertise, something that we need to know and understand for context to understand this whole Covid thing, so I'm glad you were here. Thanks for sharing this time with me.

Outro

Dr. Patrick Gentempo: Well, that's it for Episode 6 of Covid Revealed. Man, you are a real trooper coming in, getting through this information, learning. I hope you're taking notes, and I hope you're sharing what you're learning, because that's really important. It's good for you to know the information, but it's especially good for you to share it with other people so that they can learn from it too. Know that we're still in the free viewing peer. You can own this series. We do have steep discounts and attractive bonuses. There are things that you should check out if you haven't already, and know that we are very grateful for you being here. If you own Covid Revealed, thank you for that. Thank you for supporting this work. I'll see you in Episode 7.

Dr. Peter McCullough: 50% of the deaths occur within 48 hours, 80% occur within a week, 86% of the time there's no other explanation. The definition that I would hold in my head as a failed vaccine commercially would be doesn't have 50% protection in the community and can't last a year. I think everybody should understand that as the vaccines are grossly failing, we are hard pressed to find a bonafide case of natural immunity failure. As a safety minded clinical investigator, I am greatly alarmed that our agencies have given no comprehensive safety report to Americans. People can be fully vaccinated and be hospitalized and die. That's the conclusion that I think one can safely draw from the CDC data.

Dr. Brian Hooker: Can't take an imperfect vaccine and compare it to perfect or near perfect natural immunity and make a valid comparison. When you have breakthrough infections, then you have a virus that's continually mutating in the backdrop of vaccinated individuals. Then the breakthrough infections as the virus mutates are going to become worse and worse and worse. CDC is the master at data cherry picking. If they didn't like the results of a particular clinic within an HMO that they were studying, they would just throw out that clinic. All vaccine manufacturing companies have committed felony fraud in the past, so you have to put that in the context of who you're working with.

Dr. Joe Mercola: I was promoted as the number one spreader of misinformation on a flawed study because in an article I wrote on it we showed there's three dozen people in conventional media. They figured if they can take the small guys out like us, then that's their next step is to go for the big guys, the people who really do have the reach. Some of the few news agencies who do point my misinformation, every time I've heard it, it's always me quoting a study that disputes what the narrative is. It's not like I'm doing some random editorial and just rambling. We're discussing a study that disputes what they say.

Bonus Interview: Kate Dalley

Dr. Patrick Gentempo: Next up we have Kate Dalley, who is the host of The Kate Dalley Show. Now why is she here? Because she's got some pretty strong insights and opinions after her husband, who had COVID, was put into the ICU and wanted to get involved in his care plan, wanting to see him get earlier intervention with certain medicines and other things that the doctors were reluctant to do. It's called patient advocacy. Well, let me tell you, it's a good thing she was there for her husband because the outcome might have been different and not very good had she not been there, and I believe you can learn from her experience. Let's jump into that interview with Kate Dalley.

Dr. Patrick Gentempo: I can tell Kate by our conversations ahead of time that this is going to be somewhat entertaining, but also very serious at the same time.

Kate Dalley: Yes.

Dr. Patrick Gentempo: Tell us about you. What got you into discussing this whole topic of COVID?

Kate Dalley: I've been a talk show host for about a decade. I, of course, from the first story back in the end of January, actually, beginning of February, I was covering COVID-19, yeah, before it was named. And so I've done an extensive amount of research. My show is basically three hours a day of research that I've found and bringing that to the show. When COVID-19 came along, I was doing double duty up till three or four morning, studying, looking at reports, looking at data, everything you can imagine to try to figure out what was going on because when they shut down the nation at 15 deaths, I thought, "Something's wrong here. Something's very wrong. So we need to get down to the bottom of this." And so from the beginning, we had virtually the same stance that something was very wrong, that it was being propagandized from the beginning, I thought, and the proof wasn't there. And so basically my show, 10 years of this, probably 25,000 hours of study now, all I do is read data and reports and information to sift through it and look for the truth.

Dr. Patrick Gentempo: So what was the truth that you were finding? You started reporting on it, you're staying up late at night, what was the stuff that you were discovering and reporting on?

Kate Dalley: For the most part, I was finding that the hospital rooms were more empty than they were full. I couldn't figure out why the hospitals were not being honest with that data. I thought, "Here we are walking around, this is not a plague." And certainly we have an immune system on the inside of our body, last time I checked, before the year 2020, and no one was talking about it, and I thought, "That's really strange." In fact, in your communities, you probably didn't know a lot of people that died in the year 2020. If you really thought about it, knowing one person doesn't mean really anything. Because I know one person with cancer, it doesn't mean everyone has cancer. So knowing one person in a

plague, 20 to 30 of your closest friends or family would be dying, not one person that you know.

Kate Dalley: So a lot of the information coming in, it just wasn't jiving. There was something about it that was awfully wrong. And so, I was looking at the director of the CDC, the director of the CDC came out and said, "We stopped counting flu, and all of our surveillance now was on COVID." And I thought that was very weird. That was in February. I had screenshots of Italy from the European flu data center that said they stopped counting COVID... or they stopped counting the flu at its peak at February 9th." And I thought, "That's weird." So I was following along every day, bringing these things to the air. I thought something was very off with the style in which all of the media was on board for the same exact narrative story. I thought that was strange too, no independent thought. I thought it was a big fear-driven campaign, to tell you the truth.

Dr. Patrick Gentempo: There were projections when there weren't that many deaths, et cetera. They were saying, "But we anticipate or we project some enormous number of deaths, and that's why we have to take these drastic measures." Was that adding up when you were at that point in your investigation?

Kate Dalley: Well, I had followed Zika, I had followed Ebola, and they had about a two and a half month shelf life in the media where they would take the data and they would say five million people will die, and it didn't happen. And so with this one, it was different because they were able to lock down a nation, they were able to do many, many things. But I knew that the mask didn't work. I knew that that was ridiculous because-

Dr. Patrick Gentempo: How'd you know that?

Kate Dalley: We have an immune system. I had interviewed the best doctors, and so I knew that they use those in surgery for a specific reason that we are not to be masked up day in day out. I knew that. And so I also knew that, of course, they're not going to stop any kind of transmission of anything. If we're in a plague, people will voluntarily do what they need to do to save themselves and their friends and family. You saw a lot of resistance with this because people were figuring it out early on that, "Hey, if I just take off my mask, I'm I'm all right." Well, I never wore a mask the entire time, why am I not dead? So by all accounts, myself, my family members, my friends that did not wear a mask should have been dead.

Kate Dalley: But you cannot transmit something to somebody that you don't have. I can't make 10 people sick around me. Case in point on that, when I had the flu several years ago, none of my family got it, my husband didn't get it, and that's because their immune system kicked in, and when their immune system kicks in, they're fine. And so weakened immune system okay, but in 2020, we did not all become vulnerable. We did not all become the vulnerable class of people. We all still had an immune system.

Dr. Patrick Gentempo: The counter argument being, well, this is some super kind of bug. It's much more lethal, much more transmissible, but when you dig into that maybe-

Kate Dalley: Where's the proof?

Dr. Patrick Gentempo: ... not so. Yeah.

Kate Dalley: Yeah, look around, where's the proof? Like I said, if 20 or 30 people were dying around you, I mean, dropping dead... People aren't dropping dead at home, where are they dying? In the hospitals. Yeah. The proof was never there that it was a killer contagious bug, and that's a really important point for the hospitals because the hospitals are using that reason to keep family members out of the hospital so that they cannot advocate for their loved one, which is I just think that's evil. I don't think that's right, and patients have rights.

Dr. Patrick Gentempo: Do you have a personal experience around the hospital?

Kate Dalley: I do.

Dr. Patrick Gentempo: Go ahead.

Kate Dalley: I do. My husband had pneumonia. I actually thought he was getting a little better by the third or fourth day, by the seventh day, his breathing, it got pretty bad. It was at 79, which is as well you know, that's a pretty low number. I had a friend come over and she said, "Yeah, you need to get in go get some oxygen." So I thought, "Well, we'll get some oxygen and we'll be fine. Day at the hospital and come home." Certainly, we knew things to do for pneumonia. We get in, and the first thing that really hit me and really bothered me was three things actually. Number one, we were told right away that the next step would be a vent.

Dr. Patrick Gentempo: Next step?

Kate Dalley: Yeah, the next step would be a vent. He was put on high-flow oxygen, and the next step would be a vent. I thought, "We haven't even been here an hour. What in the world is going on?" Also, we were told that it was COVID pneumonia. They took an x-ray and gave it a quick glance and said, "COVID pneumonia," and I said, "That's COVID pneumonia." So I took a photo of the x-rays of my husband and I looked up pictures of x-rays from other years. Certainly they're on the net, and you can find them, and I thought, "Wow, that looks an awful lot like just regular good old pneumonia. That's interesting." I asked him to explain that to me, and the answer was, "You have an agenda."

Dr. Patrick Gentempo: You have an agenda?

Kate Dalley: Yeah, I just want my husband to come out of that.

Dr. Patrick Gentempo: I'd say other than your husband get better?

Kate Dalley: Right. And so then it was, "You'll be here five to seven or seven to 10 days."

Dr. Patrick Gentempo: Based on-

Kate Dalley: "Why? Based on what?" "Protocol. Protocol." "Okay, what do you mean?" That was disturbing. Right away, I am texting the doctors that I know, the ones that know what to do. I texted the frontline doctors that I've interviewed on my show, and I knew that they would know what to do here. We were being directed into the ICU, and I thought, "Well, my gosh, I mean, why not a regular room? Why the ICU?" And they said that's their protocol. I kept hearing that word, protocol.

Dr. Patrick Gentempo: And instantly right now they still are contending that he's got COVID?

Kate Dalley: COVID pneumonia.

Dr. Patrick Gentempo: Was he tested for COVID?

Kate Dalley: They tested him for COVID, he came back positive.

Dr. Patrick Gentempo: Okay.

Kate Dalley: I said, "Well, the test is dialed up to 40 magnifications." Which if you take a letter A, a small letter A, and you were to magnify it 40 times, you would see black ink. That could be any letter. Basically, I feel like it's a very fraudulent test. Even Dr. Fauci said that it was a fraudulent test anything dialed over 25. So I knew that it would probably come back positive, and, of course, flu and pneumonia have absolutely disappeared. Haven't they? And so everything has come back COVID pneumonia.

Kate Dalley: There's two tracks in the hospital. If it was negative, we would go to a regular room and we would get oxygen, right? And then we would TLC it and go home with some chicken soup. If it was COVID pneumonia, that put us on a whole different track. That track was ICU, gowns, hazmat suits, triple masking, I mean, the gloves, I mean, everything. Even though we were fine five minutes before that in the room, but the second they said COVID, then it was this whole different track. We went up to the ICU. In some states, you can be with your loved one, in some states, you cannot. So all hospitals are different. I got to be there, and I immediately asked for vitamin C, 10,000 units of vitamin C, which, my gosh, treating cancer 50,000, so 10,000 was not something that was unheard of. I asked for that, I asked for zinc, I asked for vitamin D, and the answer was, "No, that's not our-

Dr. Patrick Gentempo: Protocol.

Kate Dalley: ... protocol." And I said, "Well, you're going to do it," with a nice smile like this. They said, "No, we don't do that." And I said, "No, you will, you will do that, and you'll do that right now." My plan was, and I let this be known, we were going to leave on hospice if they did not listen to me. Because my husband's not a prisoner, and they're not a warden, and I don't have to stay somewhere. I wanted them to do what I wanted because I knew it wouldn't do any harm. His blood work came back, his inflammatory markers were sky high and his oxygen's at 79. So it doesn't it doesn't look good for him right now. I knew those things would help fight the inflammation.

Kate Dalley: So finally they decided to do it, and they reduced the amount to 500. And I said, "Well, that's like a children's chewable, that's not going to work for my husband. So no, we need to do that amount." This is actually the frontline doctor's protocols right on their website, anyone can get it. And so, they finally kicked that in and within about 30 hours, he was doing great. He was sitting in the chair, walking to the bathroom, watching Netflix, eating Thai food. A doctor came in, because there's many, many doctors now. We have centralized medicine. I don't know if people realize that when the NIH gives protocols, the hospitals have to stay to protocols, and this is centralized from the top down medicine. So he comes in and says, "Well, my gosh, he's doing better than anyone on the floor." I thought, "Is anyone going to learn from this? Can anyone look at us and look at the situation my husband was in with comorbidities of being diabetic and everything else-

Dr. Patrick Gentempo: So he's diabetic?

Kate Dalley: Yeah, diabetic and he had had an eye stroke about three months prior to this, so he wasn't in great shape coming into this. If anybody is going to be the poster child for, oh my gosh, look what can happen in a span of 25 to 30 hours by giving things that are simple for pneumonia... I mean, if you treat it like regular pneumonia because respiratory is respiratory is respiratory, pneumonia is pneumonia is pneumonia. They can call it whatever they want, but the treatment should be the same. I was telling a friend I kind of liken it to this, when you go to the hospital for COVID, what happens is... If you had an infection on your finger and you went into the hospital and the new protocol was to chop off the arm and then just watch you bleed out and hope that you could save yourself, and then blame the infection in your finger for killing you, that's what's going on.

Dr. Patrick Gentempo: It's the equivalency, yeah. So he walked out of the hospital?

Kate Dalley: No, not yet. Before this, in that span of 24 hours, they had talked about remdesivir when we first came into the hospital, and I said, "Absolutely not." Well, I got this look, and the look was not very nice. I said, "Absolutely not." They asked if we were vaccinated, I said, "No," and the look was... And so, when they said remdesivir, I had already known was a drug that was not going to be okay. It had failed the Ebola study. When they did the Ebola study, it was a 54% mortality rate. That's extremely high. I don't think people are getting told that in

the hospital. I don't think they're getting informed consent on that. They're being told it's safe and effective. This was the medication that Fauci chose. There was a cocktail of three medications, a steroid, remdesivir, and an antibiotic, and all are hard on the kidneys. And so when they said remdesivir, I said, "Absolutely no."

Kate Dalley: They put him on a dex steroid, and I said, "No, I want him on budesonide steroid." Because Dr. Richard Bartlett a year before, I'd already known about this, because he was treating his patients with budesonide, and I knew that it was a game changer. He said they were walking out, he was having so much success. So I knew what to ask for, the doctors were right there on text telling me, "You need to do these things, budesonide, and keep it simple to the intravenous high-load vitamins," which by the way, they've been using for years. They've been using these for years. There's studies for decades on vitamin C. I knew that I needed budesonide right away. And so within that first 24 hours, I was able to get budesonide, and they were able to administer that and cut down on the dex. The dex, as we know, can cause some kidney problems too and has some side effects, and so I didn't want him on that.

Kate Dalley: We also said, "Absolutely no ventilator. There will be no ventilator." Those things, not remdesivir, which has such a horrible rate of success, and then doing budesonide and then doing the high-dose vitamins are what helped the inflammation, and inflammation is pneumonia. To me, it was a no-brainer. I looked around and I thought, "After those 25, 30 hours," I thought, "why aren't all these ICU patients on high-load vitamins? Why are they not?" One of the doctors told me, "Well, they don't work." I said, "Well, the proof is right in front of you that they do work." And so I said, "Your protocol is killing people." And I said, "What we just did should show you that if you just treat it simply that somebody could walk out."

Kate Dalley: I don't think that they can be willfully ignorant anymore. I don't think doctors can get that excuse anymore. We've been at this for 20 months now, and I don't think that they can say they don't know. I don't think that they can blindly stand there while people are dying right and left with a brand new drug that's a experimental drug and not make the connection that the drug is what is killing people and shutting down their organs when they put them on a ventilator. So it's the combination of the ventilator, in my opinion... I'm not a doctor, I can't give medical advice, but in my opinion, it was the shutting down of the organs and kidneys, which is not normal for pneumonia and then also putting them on a ventilator within three or four days of their visit. If you can talk somebody into a ventilator, do you think that might be too soon? It's like talking somebody into life support, why would you do that? I could never figure that one out.

Dr. Patrick Gentempo: No, it doesn't make sense. When you said to the doctor, "Here's the proof right in front of you," what was their response?

Kate Dalley: The response was, "The results are very impressive." I said, "Is this the fastest patient to leave ICU?" and the answer was yes. And I thought, "You can't look at

his inflammatory markers and the situation he was in and look at how incredible it was that even at his age, that he walks out of there. He could have left after the second day, and they kept us a third day for observation." That was just because of observation, we really could have left. And so, I actually believe in what Dr. Peter McCullough testified in Texas to the state Senate in Texas. He said, "Look," he said, "why isn't anybody talking about what people should do so they don't have to go to the hospital?" A ventilator, sure, there's a time for that, of course, but that's not part of a treatment plan. That should never be used as part of a treatment plan. It should be used as end of care, last resort, because they know that the death rate is up and over 80%. That is sky high. I don't know that they're telling people that the death rate is that high, which is really scary to me.

Dr. Patrick Gentempo: This doctor basically says, "Well, impressive," but nothing changes. You use the characterization of willful ignorance.

Kate Dalley: Yeah.

Dr. Patrick Gentempo: Do you think that doctors who are on that frontline, who are attending to these people, who are the people showing up in the hospital, which means that their disease has progressed enough where they feel like they need to go to a hospital, do you think that most of the mindset is still, "You know what? I'm following the protocol. We're being told... keeps me in my safe box and I know the results-

Kate Dalley: There's more to it.

Dr. Patrick Gentempo: Yeah, go ahead.

Kate Dalley: There's more to it.

Dr. Patrick Gentempo: Go ahead.

Kate Dalley: The PREP Act of 2004/2005 was changed, and it was amended to include COVID-19, that the hospitals would be exempt from tort liability if they kept to the NIH protocol exactly.

Dr. Patrick Gentempo: Oh. When was that amended?

Kate Dalley: We don't know. It was quietly amended with COVID-19, the word COVID-19. And that bothers me because when I'm looking at how the doctors and nurses are acting in the hospital when it comes to this protocol, they will not deter from this protocol. People are going in and they're asking for vitamin C, vitamin D, zinc. In America, why can I not walk into a hospital and ask for a vitamin? And when did you ever think in a million years that they would actually say to you, "Vitamins don't work. Vitamins are harmful," I've heard that one too, "and vitamins, they just don't work in the ICU."? Why is that?

Dr. Patrick Gentempo: Based on what you just said, it's clear, I mean, if I'm a hospital administrator and I know that I've got tort protection, meaning legal protection-

Kate Dalley: To follow it, no liability.

Dr. Patrick Gentempo: ... if I do this. Then this is corporate medicine. So then I'm going to be going to my doctors and nurses and saying, "Do not deviate from this protocol, otherwise, you're exposing the hospital to liability should something go wrong."

Kate Dalley: That's exactly right.

Dr. Patrick Gentempo: So it is basically the legal aspect of it that is forcing that hand from the top down.

Kate Dalley: Right. Right. And so, there are people going in and signing papers and saying, "I want my loved one on things that would actually help them." Because from what I've seen, this is my opinion, what happens is is you go in and they watch you decline, and then their only answer is an experimental drug where the Ebola study is not talked about.

Dr. Patrick Gentempo: No.

Kate Dalley: Because it failed, they had to take it off the Ebola study. This was Fauci drug of choice. You're told that a ventilator is the only option for you. And then they wring their hands and they say, "COVID has killed you." Right? "COVID is the reason." It is not the reason people are dying. They are dying because of a protocol that the hospitals will not object to. And yes, there's a whole train of money will with COVID because not only do they make the money off the patient, they make the money off of the government as well from the CARES Act.

Kate Dalley: There's lists of the hospitals and what they're receiving in funds. There's a lot of funds. So if you're going to get double, triple paid for a COVID patient and you're going to get all kinds of money if they go on a ventilator, now we have a problem. This is not about care anymore, this is about going in... You think that you're going to get the best care. I was told that it's the best care. I said, "Okay." The doctor said to me, "Well, the studies are proven, and this is the best care." And I said, "Which ones? I've read them, which studies?" And there was no answer. I thought, "You're not reading the studies."

Kate Dalley: And so when I say willful ignorance, you cannot watch my husband walk out of that hospital like he did and ignore it anymore. You cannot keep people prisoner. You cannot tell the families they don't have a say. You cannot ignore the families anymore. And if you are a doctor and you have a soul and you have a moral compass, how do you look yourself in the mirror and you're telling people vitamins are not available to them or the hospitals out of them, I've heard that one too, and you are unwilling to do something that won't cause

harm and that would absolutely be a game changer in this? Even with budesonide, patients are being told, "No, you can't have that." Why can't I have that? And what about the right to try? That was past three years ago, four years ago. You should be able to try anything you want. You shouldn't have to beg for it. Shouldn't have to beg for vitamins, but people are being ignored.

Kate Dalley: When you go into the hospital, the first thing I would tell somebody now, because of this centralized medicine that's taken over, I would tell them to go get a Patient Bill of Rights. You can ask any hospital in America for the Patient Bill of Rights for your state, and they have to, by law, give you a copy of that. And it spells out the fact that you get to call the shots, you're in charge. You're paying them, you are paying them for care, why in the world are they dictating to you what your loved one's going to get? That's criminal. From the emails I've received from all over the country, which are so sad, it's happening all over. It's the same exact story, and oftentimes when the spouse leaves to go home, the loved one is put on a ventilator behind a closed door. Nobody's recording that, nobody has anything written down from that meeting. All they do is come out and say, "They wanted it." Wow. You can't get off that ventilator in most instances.

Dr. Patrick Gentempo: Are we seeing a growing course of doctors who are starting to dissent, maybe have a conscience? Because in one respect, you're saying they're employees and-

Kate Dalley: I get it.

Dr. Patrick Gentempo: ... they don't have maybe the discretion necessarily. But at the same time, they could take a stand and say, "This is wrong." I think some are starting to do this. Have you run into those types of doctors?

Kate Dalley: Yes, and so many have contacted me, have been whistleblowers on this. They don't feel confident enough. They know they're going to lose their job if they say anything, but they want me to keep talking. They want people to keep talking about this. I hear from nurses and respiratory therapists and people all over the country that have outed this and said, "We don't agree with what's happening." When somebody can go in, they can sign a paper relieving them of liability, okay? If you are in the crux of this and your loved one is dying and you are standing there and no one's doing anything for your loved one, sign the paper and make them change the protocol. I heard from a woman who said, "I had to sit there and watch my husband die for 56 days, and they would not help my husband."

Dr. Patrick Gentempo: Wow.

Kate Dalley: And she couldn't get him out of the hospital. That's criminal. That is not right. People have to start fighting back. If somebody were to ask me now what I would do now, I would absolutely follow Dr. Peter McCullough's advice. I would

say go to an IV nutraceutical clinic, they're private. You don't need a doctor. You don't need a script. Go get a glutathione, vitamin C, vitamin D, zinc IV if you're not feeling well. I would try to avoid the hospital at all costs right now. I would absolutely go to your private care doctor and get budesonide. There are many, many things I would do. And this is my personal opinion as I can't give medical advice, but after seeing what I saw, I would absolutely 100% stay away from the hospital as much as you possibly can if they are bound to follow this protocol. If they are bound to do this and they don't even let you in the room, there's a problem. And so many people, they're not raising their voice, they're just merely asking questions and they're being tossed out by security.

Dr. Patrick Gentempo: Well, I think what's really critical is having a plan or a care plan ahead of time because it's got to be kind of dramatic if you're in the hospital, especially in an ICU as part of the hospital, and stuff is bad, you're afraid somebody's going to die, these people have very much of an authoritarian disposition. They're knowledgeable, they're educated, they've been to Yale, et cetera, et cetera, et cetera. So to try to stand in the face of that...

Kate Dalley: During a stressful time.

Dr. Patrick Gentempo: ... during a stressful time and make decisions, it's like these decisions probably should be made way ahead of time when there's not a problem. Hope you never need the plan-

Kate Dalley: You're right.

Dr. Patrick Gentempo: ... but at least when you walk in, you're prepared, basically, to know that I might have to sign a paper absolving them of liability because I want to do something that's not a part of the protocol. But to know that you can do all those things is probably a good thing ahead of time.

Kate Dalley: Yes. I've also noticed, and I think this is criminal, that the hospitals are asking for power of attorney signed over to them by the patients who are having a hard time breathing.

Dr. Patrick Gentempo: Whoa.

Kate Dalley: That's not okay.

Dr. Patrick Gentempo: No.

Kate Dalley: And so I absolutely think that a game plan, knowing what to do, making sure that you don't end up there... I take an NAC supplement and a quercetin supplement every day. I was told to do that by my doctor because both act like an antiviral in your system, stop it from replicating. Right now, I would say we need to be very aware of what helps us medically so we're never in a situation like this. After watching horror story after horror story. I have so many emails

from across the country, and I wish I could help but I can't. There's not much somebody can do because the hospitals won't even allow the loved one inside.

Kate Dalley: There's something very wrong with that because a person cannot advocate for themselves in that position. It really took myself and my daughters who were just amazing, took their help to make sure that nobody did anything. When we said, "No vent," I wrote it on the board. I wrote it on the white board. It was, "Let's be very clear about this, you will not vent my husband for any reason." We still had personnel that came in and said, "Oh, everything can change on a dime." "No, no he's doing good consistently." And so, he knew he was feeling better. But you know what the tragedy here is is if you just treated this like simple pneumonia, we would not have all these tragic deaths going on right now. Why do we have all these tragic deaths right now? Why will they not have a conversation about ivermectin and hydroxychloroquine? The problem there is that if you have drugs that can work, you can't have a vaccine to push-

Dr. Patrick Gentempo: That's right.

Kate Dalley: ... and they are extremely desperate to get this vaccine into every single arm. And it's not safe and effective, no matter what anybody hears. So we have a problem there. If they're going to suppress medications that work... Let me tell you, the NIH has a protocol, and it's 341 pages for COVID. On page 205, they list budesonide. They say how amazing it is. They say how wonderful it is, how it kept people out of the hospital or how they left the hospital sooner. But then it says, "Insufficient data because we had to close the study because there weren't enough people in the study." And then you get to the back of the protocol and it lists the very things, the very vitamins that we put my husband on.

Kate Dalley: Here's the problem, how many vitamins are there? Thousands. Why did they pick those four? It's kind of like, "Yeah, I didn't take the cookie and it's not in my room." I just thought that was really strange that they listed the only ones that would actually work and then said, "Insufficient data on vitamin C, zinc, D." I mean, I thought, "Are you kidding me?" Because it goes back to the forties, the 1940s, there are studies available. There are studies in the ICUs for this. They've been talking about vitamin C for a very long time, reduces mortality, all of these things, I've read the studies, and so why are they suppressing good medicine in favor of bad medicine? Why are they doing this to the American people?

Dr. Patrick Gentempo: Especially those which have no potential to do harm.

Kate Dalley: Right.

Dr. Patrick Gentempo: You're not going to hurt somebody with vitamin C or vitamin D.

Kate Dalley: NO.

Dr. Patrick Gentempo: So what's there to lose?

Kate Dalley: Right.

Dr. Patrick Gentempo: Sort of a position and a lot to potentially gain. As you've been speaking out about this and the onslaught of, I think, incoming communications toward you, have you found that there's a growing resistance to what's going on right now?

Kate Dalley: Yes.

Dr. Patrick Gentempo: Where do you think we are in that respect?

Kate Dalley: I think that a lot more people are starting to figure this out, that we have a lot of needless death going on, and they are starting to get the information that the bad medicines are brought up front and the good medicines are now... Well, I'll give you a for instance, ivermectin won the 2015 Nobel prize, okay? It's human form, over 30 million doses, and very, very safe. Same with hydroxychloroquine. What are they doing? They have a campaign in the media to call it horsey, fringy medication. I mean, it's out absolutely ridiculous what they're calling it. The human form is excellent. And so, they have a misinformation campaign going to absolutely annihilate these drugs. I think they'll eventually try to make them illegal, which is really unfortunate because you can get them all over the world.

Dr. Patrick Gentempo: Yeah. True, you can buy it over the counter in Mexico, for example.

Kate Dalley: Yeah. Yeah. Yeah. And Africa. Africa, you could get these drugs and hydroxychloroquine, you can get that readily. They did not have problems there in that country with this because of that. People could get it easily. And so, I feel like people really need to arm themselves with what's going to happen in the hospital when they make that decision. And I think hospitals need to do a serious gut check of, are they providing care or are they just saving their own rear ends? Are they in this for liability only? It reminds me of Common Core. Common Core descends on education system and the teachers can no longer be teachers, they have a curriculum. Well, doctors can no longer be doctors, they have their own curriculum.

Dr. Patrick Gentempo: Yeah, they're technicians running a protocol.

Kate Dalley: Right. Right.

Dr. Patrick Gentempo: If they deviate from it, they lose their jobs.

Kate Dalley: Right.

Dr. Patrick Gentempo: So, it gets to be a dicey situation. Have anybody that you've spoken to that would have relative expertise in the area, have they speculated what the death rates might be had they incorporated these early interventions?

Kate Dalley: Well, from what I've heard, we would only have the regular flu or maybe a bad flu year numbers. This is the first time in history we've rolled two years into one to make the numbers look even more inflated.

Dr. Patrick Gentempo: What do you mean by that?

Kate Dalley: Well, usually a flu season goes from like say fall of one year into the end of spring in the next year. Well, they've never stopped, have they? The number keeps growing in the press, and they've used that to their advantage to gain fear. So this is a now two-year flu season, and flu ended and pneumonia ended, and where did they go, right? COVID can't be everything. COVID honestly cannot be all flu, all pneumonia, all cold.

Kate Dalley: Here's another really obvious thing because I really was frustrated with the way that they were treating it like a plague in the hospital as well, loved ones are going in with the person that's sick into the hospital. Why are they not all ill if it's such a super spreader? Okay, so I was with my husband for seven days, I know these people are with their loved one. And so, my kids, myself, no one got sick. So you can't sit there and tell me that this is a killer super spreader if we're all around a sick person and we're not getting sick. So just for the very obvious. But yes, I absolutely think that the numbers would be very low right now, like a regular flu season, if they weren't doing this in the hospital and following this very, very... I call it the Kevorkian style protocol. But at least he smiled and asked permission. If they weren't following this to the letter, yeah, we would not be having... I think there's a lot of needless death going on right now, and it's really despicable.

Dr. Patrick Gentempo: Have pneumonia deaths gone to zero as they're counting now and all of them are attributed to COVID?

Kate Dalley: Yeah. You rarely, rarely see a pneumonia case anymore. I'm sorry, things that just don't go away.

Dr. Patrick Gentempo: No.

Kate Dalley: So they are reclassifying it. In the year 2020, I think they took from all the other columns, heart attack, car accident, you name it, and then listed it as COVID. As we know, the Illinois Public Health Department announced that that's exactly what they did. Texas announced that's exactly what they did. They took from other columns if the person tested for COVID, which is very general. No matter what the cause of death was, dementia, whatever it was, they would say it was a COVID death. So that's what happened in 2020. But what's happening right now, I think, is a genocide going on in the hospitals very quietly, and no one's realizing that they are not getting the care that they deserve. They're getting the care that is set forth by the NIH, Fauci, and his crew.

Dr. Patrick Gentempo: The all cause mortality numbers haven't changed very much, correct? In other words saying total amount deaths that happen in a year from any cause from prior years to-

Kate Dalley: 7,000 a day deaths in America.

Dr. Patrick Gentempo: It's about the same.

Kate Dalley: It's about the same.

Dr. Patrick Gentempo: So can we have a killer pandemic and not have a change in death rates?

Kate Dalley: That is very true. And we didn't build a single cemetery in the year 2020, not a single one. We didn't add on to one either. Where did all those bodies go? The average funeral home does about 113 deaths a year. Where did they all go? See, there's no solid evidence for any of this. On one side, you have the media and the government telling you what's going on, and then you have on the other side of mountain of evidence that shows that this is not happening. I'm looking around me going, "I am not in a plague. I am not delusional." You start to think that you're living in a crazy world where it's germs, germs, germs, and they're all going to get you. The thing is is we're all pretty healthy generally, and you're not going to just catch any bug, so people walking around with masks...

Kate Dalley: Here was the other thing too. When we arrived at the hospital, I call her Nurse Ratchet, probably not very nice, but she just had an attitude, and she had a mask on her face and she tried to mask my husband who could not catch a breath. And I said, "No, do not mask my husband," and she called security on me. Here's the thought, if you have a mask on, that's fine. You think it works? You're protected. I don't need a mask as well. We don't need two of them, right? And so even if you said, "Well, she was worried about her own health," she has a mask on. Why did she need to mask up somebody that couldn't breathe? It doesn't make sense.

Dr. Patrick Gentempo: They assert that, well, it's to protect the other person, not to protect yourself, but-

Kate Dalley: Which doesn't make sense.

Dr. Patrick Gentempo: It doesn't make sense.

Kate Dalley: My mask works only if you're wearing one too? I mean, yeah, it's like two Band-aids, why. I mean, there's absolutely no reason for it, but that's become the mentality. My shot only works if you get one. My mask only works if you get one. Four shots are okay. I mean, it's delusional, and we have got to stop this madness. We all have an immune system inside our bodies. Did you ever hear Dr. Fauci say one time we had an immune system?

Dr. Patrick Gentempo: Almost in denial that natural immunity after having COVID is not as good as the vaccine immunity. I mean, the arrogance of that statement and the fact that it's just blatantly false is-

Kate Dalley: It's a lie.

Dr. Patrick Gentempo: Yeah, it's a lie.

Kate Dalley: It's a lie.

Dr. Patrick Gentempo: Let me ask you if you've been following this part of the story. We're seeing how many cases of COVID they are, all the public policy that's made around how many positive tests there are, and this is the PCR test which is authorized under emergency use. And now suddenly after literally transforming the world, shutting down the economies, doing all the things that have been done based on this test and based on how many people are testing positive from this test, now they're saying that test is going away. Have you followed that story?

Kate Dalley: Yes, I've heard this. I've heard this because they knew they could never back this up. There was never a sample in the test to make the COVID test in the first place. And of course, the inventor of the test said it was never meant to diagnose. When they started ratcheting it up to 40 magnifications, this is a problem because it can be anything you want it to be. And so, I know for a fact they're doing this in the hospitals and everywhere, the test is dialed up. And even Fauci, the summer of 2020, said anything over 25 rotations or magnifications would create a very deceptive diagnosis. And here we are at 40, so what does that tell you?

Kate Dalley: I mean, most people can take a test and anything can show up, but it's not exactly an infection. People don't have symptoms. They're not sick. So it's ridiculous to say cases and then act like they're all infected. They're doing this with kids too. It's really quite sad because the kids aren't showing signs of illness. Usually, just the very, very few that end up in the hospital have comorbidities. So with a comorbidity, you might test positive for something, but it's not conclusive to COVID specifically. That's why I was asking the doctor, "Well, hey, this x-ray, suspiciously, of pneumonia looks exactly like other cases of pneumonia before 2020." And they'll say, "Oh, it's broken glass. It looks like broken glass."

Kate Dalley: Whatever you want to see in the x-ray, it doesn't matter because pneumonia is pneumonia is pneumonia. You are going to treat respiratory with things that take away the inflammation for respiratory. And so, to create this entire three-ring circus protocol and then say it's necessary, talk about overtreatment. You go right back to you had an infection in your finger and you chop off your arm. And you're saying, "You don't need to do this." Right?

Dr. Patrick Gentempo: Yeah. These stark irrationality starts to defy comprehension.

Kate Dalley: It does.

Dr. Patrick Gentempo: Right? It just doesn't make any sense. So here we are, and now this has become very political. I mean, you can almost anticipate how a state is going to be governed based on whether it's a red state or a blue state, which is bizarre our world, right?

Kate Dalley: It is. It is.

Dr. Patrick Gentempo: So now here we sit with this circumstance and people having differences of opinions, but we also then have also data to say, "Let's contrast what they're doing here versus what they're doing here." And there's enough data to start saying, "Is this rational or irrational?" I get the sense that there's a little bit of panic on the agenda side of this-

Kate Dalley: Me too.

Dr. Patrick Gentempo: ... because the data's coming out and we better get these people vaccinated. I mean, still, fully vaccinated, only 55% of the population after this immense push, at least at the time of this recording, after the propaganda, if you will, the censorship, and the lack of informed consent, et cetera. Now I believe they're basically saying, "We're going to get found out pretty quickly here, and it's going to look pretty bad."

Kate Dalley: They're trying to hurry.

Dr. Patrick Gentempo: What do you anticipate?

Kate Dalley: There's some court cases that have happened, the law professor that sued George Mason University and won because he had COVID antibodies naturally and said, "You do not have to force me to take this." I also know-

Dr. Patrick Gentempo: So talk about that case.

Kate Dalley: Yeah, sure.

Dr. Patrick Gentempo: Somebody was told-

Kate Dalley: Professor.

Dr. Patrick Gentempo: A professor saying, "You have to get vaccinated." He's like, "I already have natural immunity-

Kate Dalley: He proved it.

Dr. Patrick Gentempo: ... I shouldn't have to get vaccinated if I can demonstrate naturally-

Kate Dalley: And it's better immunity-

Dr. Patrick Gentempo: It's better immunity.

Kate Dalley: ... than your shot.

Dr. Patrick Gentempo: So this got to... Is this state court level, I imagine?

Kate Dalley: Yes, state level. And also, he said, "Look," he said, "it would be dangerous for me to take it. Why? Because the antibodies are higher because I've had it." And so that's when, from what we understand, that's when the blood clots are happening and the heart attacks and all of those adverse reactions. They have over a million adverse reactions. They have tens of thousands of deaths. And well, on VAERS, the number is going to be between 10 and 20,000 deaths, but that's usually just a portion of what is actually happening because most people can't even get on the VAERS system or get it reported as VAERS. And so, there's a lot of cases that aren't reported, aren't being talked about. Yet, yet, there are so many people out there saying, "I know somebody that was vaccinated that just died taking the second shot. The second shot seems to be worse."

Kate Dalley: And so, there's a lot of people out there saying to the contrary of what the media and what the government is saying. So there's going to be more cases, and these cases are going to win, he was able to prove it. In New York right now, this was a positive thing because health workers were walking out and they were saying, "We're not going to take this shot." And so, right now, for the time being, he wants to hear both sides and say, "Okay, plead your cases." There's a lot more information coming out, and the information is not on the side of the agenda. They were very desperate. The way that they have used the hospitals in this agenda is what has scared me the most, because I always thought that I could trust that institution more.

Kate Dalley: I know there are good doctors and nurses because I relied on them, but they're more rare now. We have more and more doctors that will shore up whatever they're told to do. You cannot sit there and look at the death rate that's going on in the ICUs and turn a blind eye to the fact that what they're doing is failing. What they're doing is failing. So there's going to be more court cases. Families are probably now going to sue. They're going to sue anyway, even though the PREP Act. They're going to sue anyway maybe for informed consent or whatever the reason, but you're going to see a lot more lawsuits. You're going to see a lot more people saying, "You cannot put a shot in my body that I do not approve of. This is my right as an American. This is my right in humanity. You cannot make me take something that I disagree with and that I have studied out in my mind and I don't agree with." If they say the word safe and effective one more time, I swear... It's anything but, and-

Dr. Patrick Gentempo: That is the representation though, right?

Kate Dalley: Yeah. Yeah.

Dr. Patrick Gentempo: They can't know safety at this early in the game.

Kate Dalley: Right. Right.

Dr. Patrick Gentempo: And certainly there's a lot of evidence that it's not safe.

Kate Dalley: Yeah.

Dr. Patrick Gentempo: Of course, the argument or counter-argument as well, "Yes. But overall, the amount of lives that are saved it's worth the cost, et cetera." But-

Kate Dalley: I hear that, but that's actually not backed up by anything.

Dr. Patrick Gentempo: No.

Kate Dalley: Just for the sole reason, the fact that their first shot doesn't work, so the second shot, so the third shot, so the fourth, and now they're working on pills. If that doesn't scream desperation and the fact that somebody might want to take a second look at what's going on. Never before in history have we ever had to take this many shots this quickly together in order to do something. And the thing is is they cannot say that it cuts down on transmission, that it has all the benefits that it says it does. They can't prove that, they know they can't prove it, and so it's absolutely ridiculous at this point. The more variants they come out with, the more desperate they look. I hope they do, I hope they come out with variant 15, and I hope they come out with shot 15 because I think the people will start to wake up. And the more they push, the more people are resistant, and the more they're saying, "Absolutely no. I'm getting a little leery now because you're pushing so hard." When they started giving out lap dances in Las Vegas and free beer and scholarships and million-dollar raffles, or whatever the case may be, you know you have a problem with government.

Dr. Patrick Gentempo: Yeah. I mean, you're having to incentivize people in any way, shape, or form, and they're still not going for it. Hard enough to get people to go for the second shot, and now a third shot? Yeah, potentially for a show.

Kate Dalley: Yeah, and pills.

Dr. Patrick Gentempo: Are you feeling good about the odds that this whole thing gets exposed and the tide turns?

Kate Dalley: I am. I am because more and more people are starting to realize what's going on in the hospital too. And this is really important because we have a level of cognitive dissonance in this country to think that when you go into the hospital they're going to do everything they can do to save you. Well, people are starting to ask for just a vitamin. I mean, a vitamin and they're being told no? Absolutely

not. You should see people's reaction. My reaction was the same. "What do you mean it's not your protocol? Are you crazy? This is a hospital, I should be able to get something for my health." Right? And so, as people are starting to realize the insanity of how they're getting treated, what the hospitals are doing, what they're willing to do, you're going to see a lot more blowback on this, and you're going to see a lot more lawsuits. You're going to see a lot more people saying, "Oh my gosh, we have a problem here, because we are not identifying this." For some reason, this was not identified early on, and it should have been. We knew that they were putting people on ventilators, but we didn't realize that they were under this medicine protocol as well. And so now people are starting to figure this out more and more.

Dr. Patrick Gentempo: Well, I think to your point, it's not the so-called disease that's killing them, but it's the treatment.

Kate Dalley: It's the treatment.

Dr. Patrick Gentempo: And they're attributing it to the disease.

Kate Dalley: Yeah.

Dr. Patrick Gentempo: Which you know, of course, what that does to the numbers.

Kate Dalley: And here's one more thing, the ICUs made a policy change. And so, the policy change is that somebody on high-flow oxygen now gets put into the ICU instead of going to a regular room in the hospital. And then what happens? Well, then the media gets to hear how the ICUs are full all the time. Well, they made that happen by their own policy.

Dr. Patrick Gentempo: Well, that circles back to something you said earlier, I'm wondering if you can just give us a little bit more resolution around this because when you really think about it, if you got something that is this disease, this pandemic, highly contagious, at least is what they assert, but the death rates are very low-

Kate Dalley: Oh, gosh, under 1%.

Dr. Patrick Gentempo: Yeah. And so you'd say, "Okay, a vulnerable population maybe want to take a little caution right now until we could see what's going on here." But to shut everything down based on the fear and the scare of it and the threat of it, but it is under 1%, to me, and I was saying this in the very beginning, I said, "The only number that matters is are the hospitals overrun? Because the bottom line is if we have to go back now, it almost seemed like it's ancient news at this point, but it wasn't long ago when they were saying, "Here's what we need to do, we just got to flatten the curve. Otherwise, the hospitals will get overrun. So if we just get a couple of weeks of everybody staying home, flatten this curve, then we should be okay." Well, at that point it wasn't, "This thing is such a bad killer." It's just that, oh, people might get sick and need hospital attention, and they

can't get it if the hospital's overrun because of what's going on in Italy, blah, blah, blah. That was the narrative back towards the beginning of this whole thing. You said earlier in this interview that you were hearing or seeing reports and news about hospitals being at capacity but when you investigated, you found out that that wasn't true. So talk a little bit more about that.

Kate Dalley: As we were reporting on this, and we weren't certainly going with the narrative, which was very unpopular at the time, by the way, got a lot of hate mail, in March and April of 2020, we were not going with the narrative of, "Be scared." People were going into hospitals all over the country, and I had nurses getting ahold of me and people saying, "Our hospital is dead. Our hospital is dead. This is why they're laying people off. Our hospitals are not overrun right now." I knew of hospitals that had set up triage units outside that were never used one time. The ships that were parked that were going to service triage units were never used. So we were tracking this on a daily basis, and we were saying to people, "These are not getting used. Look around you, how many people do you know that are actually ill?"

Kate Dalley: See, everybody always thinks that's somewhere else. I even had people from New York getting ahold of me and saying, "They're showing these pictures on the news of bodies piled up. Well, the problem with that was they were showing where they put homeless bodies." They have an area in New York where they do have an influx for homeless people, but they've always had it, and it's always looked this way, but they were showing pictures like that on the news to scare people. So we were getting a lot of propaganda and, wow, what a big problem this has been because you tell a lie and all you have to do is keep that up for maybe a month or two, and then it's hard for somebody to want to learn the truth because the lie has occupied that space.

Kate Dalley: I found that to be with many Americans out there, they are so afraid of this killer thing, yet they don't realize that the Walmart workers, the Costco workers, the post office workers weren't dying in droves. All the people that got to work through the lockdown weren't dying in droves. It was like, "Look at the obvious, look at what's not being reported." And that's what we were trying to do on the show, is say, "Look at what's not being said because there's volumes of information in that." People were not just dying left and right. And so people knew that. It's just like right now, the death rate is under 1%. I mean, this is absolutely asinine that as a country we're doing this.

Dr. Patrick Gentempo: Is that agreed upon? In other words, are you-

Kate Dalley: Yeah. Of the population?

Dr. Patrick Gentempo: Yeah. As far as are even the people who are pro agenda right now for the vaccine and everything else still citing that the death rate is under 1%?

Kate Dalley: They don't cite it because they don't want to. They don't want to show that. But if you just simply get a calculator and do the numbers, it's there. It's just that you're not going to hear that in every news report, otherwise, people wouldn't be nervous, right?

Dr. Patrick Gentempo: I think it gets really perplexing is that we don't think... The number of reported cases, can we really trust the number based on testing, the number of deaths-

Kate Dalley: Not really.

Dr. Patrick Gentempo: ... and attribution? Can we really trust that number? So you can't even really trust the numbers. I like your common sense approach about saying, "Look around."

Kate Dalley: What? My gosh, why didn't I get it, right?

Dr. Patrick Gentempo: Yeah. If this is happening and people are dropping down, are a lot of people dropping down. I mean, I'm sure many people know people who died with a COVID diagnosis that's probably not unusual, but to the degree that is being purported to create the state of emergency-

Kate Dalley: Did they die in a hospital?

Dr. Patrick Gentempo: Yeah. And then is it the truth-

Kate Dalley: They're not dying at home.

Dr. Patrick Gentempo: Yeah.

Kate Dalley: So people have to look at this and ask more questions and ask the more obvious questions. One thing the media will not teach us is that you need to ask good questions because they like to answer those questions for us and tell us how to feel. And that's how you know you're not getting correct news. So all the newscasts, all the way down to state level newscasts, the big newscasts, will always have the same story told in the same way and with the same hype. They'll never sit there and say, "Well, gee, how many people do you know, how many people do you know that actually got sick? How many funerals did you attend?" People will have a blank stare on their face.

Kate Dalley: And those that die in the hospital, they should be questioning why and how that happened. That's really the message, is why is that happening? In this great country, you should be able to go to a hospital and get the care that you need and deserve and that you want. They should not be able to stand in your way and absolutely take good proven drugs that have been on the market for decades and say that they are not safe to take. We just need to know our rights. Have a good primary care doctor on file. Sometimes that primary care doctor

can help fight for you in the hospital, but really, the goal should be don't go in if you can avoid it. Do everything you can.

Dr. Patrick Gentempo: And have a plan if you do go in. Don't get there in the fray and then try to figure it out. Well, this has been really great to get your perspective and experience on this, Kate. I appreciate you coming. Is there any final thought that you had before we tie up?

Kate Dalley: Oh, boy, I think that the final message would be learn about your health because I can see more of this happening with medical tyranny. And so, we need to watch out for each other. There are a lot of elderly people that don't have anyone they can count on to fight for them, and we need to watch out for our neighbors. We need to be in a space where we are dealing with our health, using all the things available to us, many things that you don't need a doctor, you don't need a script, things that you can do for yourself and your family and have those on hand in bulk.

Kate Dalley: I would also make sure that you have a plan, that you know exactly what you want if you were to go to the hospital. And if you're not getting those things, you can walk out. You can leave that hospital. I threatened to leave on hospice. The oxygen and the staff would've followed us, okay? So here's a creative way, but I'm not advocating anyone do that, all I'm saying is you do have some options and you are not stuck in there and you are not a prisoner. So make sure that they know that, you know that, and you're well aware of what's going to happen if you go in with a COVID diagnosis. If my leg was blown off or I was in a car accident, heaven forbid, or I needed a tumor removed, the hospital's probably the place I'm going to go. But for COVID, I'd be very nervous to go into a hospital with COVID right now.

Dr. Patrick Gentempo: With reason.

Kate Dalley: And that's the sad truth.

Dr. Patrick Gentempo: Okay, thanks so much for taking the time to come and have this conversation.

Kate Dalley: Thank you.

Dr. Patrick Gentempo: That completes my interview with Kate Dalley. As you can tell, she wasn't going to take any crap from these people in these hospitals when it came to her husband's care, and neither should you. If you got a loved one in a hospital, make sure you take a stand for the right things.

Episode Seven

Dr. Peter McCullough: 50% of the deaths occur within 48 hours. 80% occur within a week. 86% of the time, there's no other explanation. So definition that I would hold in my head as a failed vaccine, commercially would be, doesn't have 50% protection in the community and can't last a year. I think everybody should understand that. As the vaccines are grossly failing, we are hard pressed to find a bonafide case of natural immunity failure. As a safety minded clinical investigator, I am greatly alarmed that our agencies have given no comprehensive safety report to Americans. People can be fully vaccinated and be hospitalized and die. That's the conclusion that I think one can safely draw from the CDC data.

Dr. Brian Hooker: You can't take an imperfect vaccine and compare it to perfect or near perfect natural immunity and make a valid comparison. When you have breakthrough infections, then you have a virus that's continually mutating in the backdrop of vaccinated individuals, then the breakthrough infections, as the virus mutates, are going to become worse and worse and worse. CDC is the master at data cherry picking. If they didn't like the results of a particular clinic, within an HMO that they were studying, they would just throw out that clinic. All vaccine manufacturing companies have committed felony fraud in the past. So you have to put that in the context of who you're working with.

Dr. Joe Mercola: I was promoted as the number one spreader of misinformation on a flawed study, because in the article I wrote out of, we showed there's three dozen people in conventional media. They figure if they can take the small guys out like us, then that's their next step is to go for the big guys, the people who really do have the reach. Some of the few news agencies who do point out my misinformation, every time I've heard it, it's always me quoting a study that disputes what the narrative is. It's not like I'm doing some random editorial and just rambling. We're discussing a study that disputes what they say.

Dr. Patrick Gentempo: Hello. Welcome to episode seven of COVID Revealed. This is a nine part docuseries, and now we're in that home stretch of the last three episodes. I'm excited that you're here. Thank you for being here. Thanks for all the great feedback that we've gotten along the way. I got to tell you this was a tough thing to put together. And not only that, it is tough to put it out in the world because of all the adversity that we get in trying to do so. So your encouragement means the world to us. Thank you for that. It really does matter. Keeps our spirits high, keeps us going. Thank you for being here.

Dr. Patrick Gentempo: Before we jump into episode seven, I just want to remind you that you can own, COVID Revealed. We're in the free viewing period right now, and during this free viewing period, we have significant discounts on the varying packages that

we have when it comes to COVID Revealed. And we also have some significant bonuses that I think you'll be very interested in. If you've already purchased it, thank you for making that investment. It encourages us. It gives us the resources to keep going. And I have to tell you when it comes to this subject, we need to keep going. We need to keep producing. We need to keep this information out there in the world. So thank you for being here. I know you're going to love episode seven. Let's go.

Dr. Peter McCullough

Dr. Patrick Gentempo: Welcome to part three of my three part interview with Dr. Peter McCullough. Being in the presence of this man and having dialogue with him is an extraordinary experience, because of the depth of his experience and his intelligence and his passion to share this information with the world. It's amazing that people like him are getting censored when they're the ones that should be speaking most and being heard by the masses. So I'm glad that we are here right now, you and I, so that we can share this information with you and you can understand the truth when it comes to COVID. Let's jump into this interview.

Dr. Patrick Gentempo: Is it true also that some of the data that they're using to say that we have an epidemic of the vaccinated or pandemic of unvaccinated, that they were taking that data before the vaccine was really distributed very much also. I heard one person talk about that, that the timeframe from when they took, said, here's the amount of people in hospitals with COVID and this percentage are unvaccinated, but very few people were vaccinated at that point in time. So of course, most people are going to be unvaccinated.

Dr. Peter McCullough: Sure. If one takes a longer range, actually in the Haber's paper, they do it month by month. That's the reason why I just mentioned June, because there's no sense mentioning back in January where the majority is unvaccinated. Of course and obviously before the vaccines, it was all unvaccinated. So I guess what the listeners are probably gathering is the vaccines don't work well enough in all people to have this be a central tenant. We need four pillars of pandemic response. We need some ways to reduce spread. We clearly need early treatment. We need good hospital care and that we need some form of immunization. We have 75% of those over age 65 vaccinated, they took the risks. They did it. We have about 40% overall that general under 65 population vaccinated.

Dr. Peter McCullough: My personal and professional opinion through all this is I think those numbers are too high, because the vaccines were unproven, because we had concerns about a dangerous mechanism of action, that a limited program to those at the highest risk of seniors, maybe nursing home workers, where we had clear spread. We never had any outbreaks within hospitals, in general. We never had outbreaks in schools. We never had outbreaks in many big employers. There was a couple here and there, but we didn't have clear cut outbreaks in airlines, travel, et cetera, that, if we would've taken a narrow focus on vaccination, we would've kept our safety concern numbers down, and we would've handled those at higher risk. But to just have this broad sweep across the population, we've really, really incurred now, what I think many would consider, is a catastrophic biological safety program on our hands.

Dr. Peter McCullough: We have over 13,000 deaths now, on 186, 13,000 deaths reported in VAERS. We have over 545,000 total injuries. We have over 10,000 permanent injuries

where the reporter thinks it's permanent. We have over 200,000 hospitalizations, ER visits, urgent care visits. The vaccine is really prompting things. We have two good external analyses published and available to review. And all the people listening, they should review. One is by McLachlan out of London. And one is by Rose out of Israel, taking the VAERS data. This is what they've learned. 50% of the deaths occur within 48 hours. 80% occur within a week. 86% of the time, there's no other explanation. They're tightly temporally related. They're very internally consistent over time. We know going to the yellow card system in the UK, also very, very tightly related. So tightly related, that the evidence based consulting group in the UK, a principal consultant to the World Health Organization has messaged the MHRA in England to say, "Listen, shut down the program. The vaccines are not safe for human use."

Dr. Peter McCullough: There was a group out of France very early in March. They recommended shutting down the program early. I'd say the evidence based consulting group was next. There's a paper by Bruno and colleagues, 57 authors, 17 countries. I'm in the author block. Didn't take that strong of a stance, but said, "Listen, if you can't get the safety data reviewed by external panels, shut down the program, take a pause until we can figure out what's going on." On two occasions, the CDC has put on their website, a statement in March in and June, where they said, "CDC and FDA doctors reviewed all the deaths and none were related to the vaccine."

Dr. Patrick Gentempo: None?

Dr. Peter McCullough: None, but that's that can't be right.

Dr. Patrick Gentempo: That's dis ingenious.

Dr. Peter McCullough: I mean, it just can't be. I mean,

Dr. Patrick Gentempo: So how do we trust the CDC, if they're willing to lie like that? How do we know what to trust?

Dr. Peter McCullough: I mean, the term for performing actions, where it must be wrongdoing in those of position of authority, that's called malfeasance. Now, if you were in their position and you said, "Listen, we have one thing we're offering America, a vaccine. That's it. We're not offering treatment. We've got to get a needle in every arm and whatever we do, we can't make people hesitant. We just have to float this out here and say, the vaccine's not causing the deaths." If you take their perspective, they would have to.

Dr. Patrick Gentempo: But that's the moral philosophy of the ends justifies the means, which is about as vile a thing for humanity as one could imagine.

Dr. Peter McCullough: Listen, it's a moral hazard, right? It's a moral hazard. We know the trusted news service came out early in December, broadly announced, BBC other major

media, they said, we will do everything to promote this vaccine. We'll do everything in the media, social media, to crush vaccine hesitancy. That means crushing early treatment, anything on vaccine safety, anything on vaccine side effects. It made sense. Because anytime someone tried to report something going wrong with the vaccines, it was crushed.

Dr. Patrick Gentempo: So, that's the very definition of propaganda, right?

Dr. Peter McCullough: Well, propaganda is a little different. Propaganda is false information put forward by those in position of authority. So I'll give you the best example of that. That's the August 23rd FDA meeting to evaluate Pfizer data. So what happened there, when you're coming down to a approval, that's going to be permanent for a product, I've done this before, so I really know what I'm talking about. There is a full briefing, booklet by the sponsor. They give the data to the FDA. There's a briefing booklet by the FDA. They have to be reconciled. Something big, like an approval for a vaccine that's going to be broadly applied, full advisory panel, public citizen commentary. There was already letters in. There was a physician letter in and a nurse's letter in to the FDA for non-approval, said, "Listen, didn't look safe." Physician one was led by Linda Wastila out of University of Maryland. Very well respected group. So those were already on base.

Dr. Peter McCullough: But as this meeting was moved up, it met August 23rd. No briefing booklets, just some letters that were generated out of there. No advisory panel, just some letters. The letter that was generated to Pfizer was a continuation of the emergency use authorization. There was a splitting of the product into BioNTech, which is the German company. The understanding is from those letters that they're legally distinct medicinally, potentially distinct with minor differences. BioNTech got the conditional approval with a lot of stipulations for post-marketing studies to be done on myocarditis. A lot of cautionary word about pregnancy, knowing there's a lot of unknowns in pregnancy and harms to the mother and the fetus and what have you. And so the draft Comirnaty package insert was drafted, but Comirnaty and BioNTech don't have a product in the United States, and their proposed label is not yet finalized or approved.

Dr. Peter McCullough: But the talking point that came out of the meeting and this went all the way up to the president of the United States, was that Pfizer was approved and that is propaganda.

Dr. Patrick Gentempo: That's propaganda.

Dr. Peter McCullough: That's just flat out propaganda. You can't do that. You can't say a product's approved when it wasn't.

Dr. Patrick Gentempo: But isn't it propaganda to say there's not one death.

Dr. Peter McCullough: Well, the deaths that occurred, they're saying it didn't happen too. So, the frustration is extraordinary. So, you can imagine using CMS data and extrapolation from CMS in June, I believe, attorney Tom Renz filed a federal lawsuit claiming up to 45,000 deaths at that time due the vaccine, that there should be a temporary injunction, or a restraining order shut down the vaccine program. So that lawsuit's very important. You talk about numbers like this. I mean, remember 911? 2000 people, and it's just American catastrophe. Can you imagine if it's really 45,000 American lives lost? Now you brought up the issue of moral hazard and people have said this, "Dr. McCullough, COVID is a bad illness. We've lost 600,000 Americans." Listen, America should be prepared for this.

Dr. Peter McCullough: I did a show with Dr. Drew, a TV personally, Dr. Drew, and he said, he goes, "I think America was prepared to lose lives with the vaccine program, mentally and psychologically prepared." If you go back, our CDC had sketched out some estimates. They thought we were going to lose 1.7, 2.1 million Americans due to COVID-19. The early treatment push really kicked in November, December historic Senate hearings. That mortality pretty much arrested in the 600,000 range. We didn't race all the way up to 1.7 million. Okay. And we know now from the Pfizer data that was evaluated at the August 23rd meeting, no mortality benefit from Pfizer, even on the legacy variance, even on the variance we thought the vaccine covered. That meeting didn't review any data on Delta. And I told you we're 99.1% Delta. So everything that happened in the August 23rd meeting is fundamentally irrelevant because we now have the Delta strain and the data looked vastly different on vaccines with Delta. The Israeli health ministry has an estimate on Pfizer at 39% protective. Mayo clinic has Pfizer at 42% protective.

Dr. Patrick Gentempo: And by protective, do they mean that prevents death prevents hospitalization?

Dr. Peter McCullough: It's an estimate of vaccine efficacy. No, that's just the binary occurrence of COVID-19. So that's just an estimate. In a sense, it's a population way of getting to vaccine efficacy. So out of the clinical trials there's 90% with the original Wuhan wild type protein variant, and maybe the British. Now we're at 39% Israelis, 42 Mayo clinic, 44% British react data.

Dr. Patrick Gentempo: They're saying prevent you from getting COVID at all.

Dr. Peter McCullough: Just yeah. Protection. And clearly Israel and the United States have announced now, boosters sooner than a year. So the definition that I would hold in my head as a failed vaccine, commercially would be, doesn't have 50% protection in the community, and can't last a year. I think everybody should understand that, that it looks like Pfizer's failed. Of interest, Pfizer is 30 micrograms of messenger RNA. Moderna is a hundred micrograms. Mayo clinic has Moderna at 72% protection. So what I've said is, listen, America was owed every week of the program, FDA and CDC officials to come out and review the data. What are we seeing? How many Americans vaccinated? How many breakthrough infections? How many safety events? And then monthly, we needed detailed press briefs and reports. And we needed guidance from those agencies to guide us. What's

the best vaccine and how can it be safely administered? And to this day, we're in September, 2021, they haven't come out with a single press briefing with the data. It's now just unsupported talking points.

Dr. Peter McCullough: And I'll tell you, the label should be misinformation from our agencies. Here's another example. Our head of the National Allergy and Immunology Division and our surgeon general have both said, with a straight face on TV, that the vaccine immunity is better and stronger and superior to natural immunity, where there is 15 studies showing just the opposite. In fact, as the vaccine failures pour in, obviously Israel is an 80% example of vaccine failures. Iceland's no different. The UK, very similar. As the vaccines are grossly failing, we are hard pressed to find a bonafide case of natural immunity failure. There's about a hundred cases out there that maybe the patient could have gotten it a second time. We look at it carefully. It's not the case. I basically just reviewed a case today with the person who contacted me and thought they had it. And after we walked through everything, we think actually, the first case was influenza. The second one was COVID-19.

Dr. Peter McCullough: To my knowledge, there has not been a sick person, certainly not in the United States, really sick with proven COVID-19 PCR, antigen, sequencing, sick in the hospital, on a ventilator here and then sick in the hospital on a ventilator, same sets of confirmatory testing. Let's say six months over here. Hasn't happened. It's all been a little smoke and mirrors, probably confusion based on false positive testing or cross positive testing, not a bonafide case. And the bottom line is when we see a challenged to natural immunity, Cleveland Clinic's study which is Shrestha and colleagues, again, information, not misinformation, information. Unvaccinated, COVID recovered patients go out in the workplace, Cleveland Clinic, zero cases of reinfection, zero,

Dr. Patrick Gentempo: Is it potentially dangerous, and I don't think it's been studied, that a person who's had naturally occurring COVID, went through, back to health that now you vaccinate them, after their immune system's already geared up, is there a potential threat there? Because now they want to force workers in the United States to get the vaccine, and they're not discriminating whether you had COVID or not.

Dr. Peter McCullough: Well, the FDA and Pfizer, Moderna, J&J, always traditionally excluded COVID recovered from the clinical trials because they figured here we go, they've already had the virus. They've already had some damage due to the spike protein. Somebody could have been sick with pulmonary involvement. We know the damaging spike protein damages blood vessels, causes blood clotting. Spike protein gets into the brain, gets into the heart. We're going to have trouble, right? So, you have to pay attention to exclusions. Exclusion criteria were agreed upon by the FDA and the sponsors. COVID recovered, suspected COVID recovered, those with positive serologies, pregnant women, women of childbearing age that can't guarantee contraception, that's a broad exclusionary panel. And those exclusions are certified and approved by Investigational Review Board. So we have external people agreeing on it, because you have to

actually justify why somebody's excluded. No opportunity for benefit, excess opportunity for harm.

Dr. Peter McCullough: Perfect. That's the way it's supposed to be. They did the right thing. I told you the original registrational trials turned out okay, in terms of good enough to get out there and use. Why are we in such a safety biological catastrophe right now? Maybe it's because we're not following the inclusion exclusion criteria of the trials, which we always do. So here we go. We have three papers, Raw, Cameron, Muthesius, showing if we vaccinate on top of somebody, who's already naturally recovered, again, they have no benefit from vaccination, we just do it anyway, higher rates of safety events, including hospitalization.

Dr. Peter McCullough: We have data, pregnant women, again, a dangerous mechanism of action. Anything that we think is dangerous. Let me give you an example. Chemotherapy. If I said, we're going to give a pregnant woman adriamycin, someone would say, "Wait a minute, that's pregnancy category X, that's a damaging chemotherapeutic agent. That's a toxic agent." I'd say, "Yes, it's pregnancy category X. Shouldn't do it." If we have a product messenger RNA or adenoviral DNA, and we know it creates production of the spike protein, and we know the spike protein is damaging, this is known, we're injecting a known biological active substance in a pregnant woman. That is out of bounds. We never do that. It's pregnancy category X.

Dr. Peter McCullough: There was a paper from New England Journal of Medicine that came in, that looked at different windows and timeframes of women from the Veris and Be Safe data on vaccinated pregnant women, which shouldn't happen. And there was concern in the first trimester about excess fetal loss and some debate, because we couldn't really get the denominator. So letters got sent into the New England Journal of Medicine. I work with a group of Canadians. We sent one in expressing concerns, because that rate, instead of being a purported 12% or 13% could be as high as 83%. Depends on what denominator you use. In the end, the idea is, well, we're not really sure. So our letter wasn't accepted.

Dr. Peter McCullough: We published in Trial Site News, which is a wonderful way to publish information, not misinformation, information, for people to go read and decide themselves. We lay out all the statistics and we make a case that the vaccines in pregnancies should be pregnancy category X, that is, listen, we don't have enough safety data to say, we can do this. Subsequently, just in the last few weeks, there has been a modification to that paper published by the authors in New England Journal of Medicine saying, "Listen, we can't really be sure about the safety in the first trimester." But that hung up there for months. Our director of the National Allergy and Immunology branch of the NIH has said multiple times on TV, "We don't see any safety signals in pregnant women to give the vaccine."

Dr. Peter McCullough: There's been a paper by Pinellas and colleagues, again, information, not information, Pinellas and colleagues of Internal Medicine, showing that pregnant women who get COVID- 19 have better outcomes than non-pregnant

women the same age. If a woman does have severe symptoms, it can be easily treated with the drugs that are safe in pregnancy. So, I hold the view that we should always strictly stick to the science. Stick to the exclusionary criterion of randomized trials. I would never use a brand new product with a dangerous mechanism of action in a pregnant woman and shockingly the American College of Obstetrics and Gynecology recommends that pregnant women take the COVID-19 vaccine.

Dr. Patrick Gentempo: It's inexplicable.

Dr. Peter McCullough: It's inexplicable. The same argument can be extended to children.

Dr. Patrick Gentempo: I was just about to say, now, is it crazy to say that we need to go vaccinate children? What is their real risk? Because teachers are saying, "We don't want kids coming to school that are unvaccinated."

Dr. Peter McCullough: Well, to be fair, there's a great concern, that Delta is a pandemic of younger, as older people have already gotten COVID and sure there are younger people. We knew that before Delta was shading in, the percent turning positive was heading towards younger and younger individuals. But what's clear is we've never had any major school outbreaks in the United States or elsewhere. We've never had well documented large numbers of student to teacher transmission. It's well known that children have in general, mild COVID-19. They, in a sense, become an immunologic buffer. It's known that large numbers of them have already had COVID-19, could have been a cold or otherwise. It is known that it's very treatable in children, if they need inhaled steroids or systemic steroids azithromycin and other things to help a child get through the illness.

Dr. Peter McCullough: And it's well known that the mortality's been reviewed by a couple separate investigators that there were some mortalities in children so far in the pandemic, roughly 300. But the vast majority outside of one, was really highly attributed by other problems like cystic fibrosis or underlying cancer, et cetera. At the same time, there were manyfold increased numbers or higher numbers of strangulations or traumatic death. So COVID-19 is a very, very minor threat to children. So, with that backdrop, one could say, "Listen, why even do clinical trials in children? We have bigger fish to fry. We've got adults we're worried about." But clinical trials were done. Frenck and colleagues published in New England Journal of Medicine, May 27th, 2,200 patients, randomized trial, Pfizer, same dose, 30 micrograms in children, age 12 to 15. It did prevent 18 cases of mild COVID-19, in a sense of 18 cases of the sniffles. There were no reported child to family or child to teacher spread, which could have been a secondary benefit. None of that was reported. And about 60 to 80% of the children had serious side effects, high fever, muscle aches, body aches, kept out of school, et cetera. It was not easy for the children to take the vaccine.

Dr. Patrick Gentempo: So that's an argument that they shouldn't be vaccinated then.

Dr. Peter McCullough: My clinical interpretation would be, no compelling clinical benefit, right? No mortality or hospitalization reduction, nothing to suggest that there is even a secondary benefit of vaccine. Again, FDA, I told you the data were published May 27th. FDA ruled on this May 10th, just by looking at the antibody response data in a letter back to Pfizer, saying approved EUA for injection into children, talking point, children cannot get vaccinated. My interpretation is that there is not a clinical benefit and there's only an opportunity for safety concerns.

Dr. Peter McCullough: And the FDA agrees in a sense because of the myocarditis risks that are now put on children and younger adults, men more than women, of having heart inflammation. There's a preclinical paper now published, showing the spike protein does get into the heart muscle and the supporting cells, the pericytes. It expresses on the cell surface, the body attacks our own cells. Then the spike protein circulates. As a cardiologist, I'll tell you, the last thing you want in any human heart is the expression of spike protein. There's just no way that can be healthy for children's hearts. As we sit here today, the VAERS has over 5,000 cases of myocarditis. This morning, there was a report out of Toronto, that Toronto hospitals have 200 kids in Toronto hospitals in the hospital with myocarditis. I mean, this is really concerning.

Dr. Peter McCullough: Myocarditis is EKG changes, troponin elevations, chest pain, early heart failure. Some have incipient heart failure with reduced ejection fraction of the left and right ventricle, require medications, require follow up, have to stay out of activities. I mean, this is really alarming. Separately on J&J there's warnings now that span a broad age group on blood clotting, blood clotting in the brain, the central venous thrombosis, cavernous venous thrombosis, paralysis, what's called Guillain-Barre syndrome. The official warnings there, been a lot of reports on neurologic injury, across all the vaccines, lots of reports of thrombotic events across all the vaccines. As a safety minded clinical investigator, I am greatly alarmed that our agencies have given no comprehensive safety report to Americans.

Dr. Patrick Gentempo: And further, no informed consent, because they don't want to create vaccine hesitancy. They don't even want people talking about this. They don't want you to say what you just said basically, because it might cause hesitancy on the part of these people, but isn't informed consent, the fundamental moral tenet of the doctor, patient relationship, saying before I do this procedure on you, you should understand the risks that are involved and then you can make a decision about your own body and your own life?

Dr. Peter McCullough: Well, the vaccine program currently is investigational. Anybody listening to this will know if they've been a research subject, typical research consent form is about 25 pages long and it lists everything that can happen, and it's very comprehensive. And here, because not everybody has checked for these problems, we can't state any of these are rare. And I think it is disingenuous for any public health official or academic person, in a setting of this pandemic response, to declare anything rare, because unless we check everybody for

myocarditis and we check everybody for blood clots and we check everybody for allergic problems, we don't know. It's just spontaneous reporting.

Dr. Peter McCullough: The conservative, safe, reasonable thing that a reasonable physician investigator, a reasonable clinician would do, is say, "Listen, this could be the tip of the iceberg. We're only halfway into Americans with most of these data as we continue to push. Remember a lot of people haven't taken the vaccine because they don't think they can take it, that they don't do well with other vaccines. They have allergies. They've already had COVID-19. They know that they can't benefit from it. They could be harmed. So, if we're going to push for the second half of Americans, I can tell you, I would wager to say that we're going to see even greater numbers of deaths, hospitalizations, and serious safety events.

Dr. Patrick Gentempo: Is it reasonable to assert that we haven't had the vaccine out long enough to really understand? Because we can talk about death happens pretty quickly, some of these more acute type of responses or myocarditis, other such things, but as you cited earlier in this interview, for gene therapy, typically it's a 10 year cycle of data and research to know there's real safety and long term effects. Is it possible, there could be a lot of unknown chronic effects that we won't know for years at this point that this has been a mass experiment.

Dr. Peter McCullough: I think most clearly a mass experiment. I think that's a fair statement. If it was just one shot and you try to get the best immunity and that was it, I think people's comfort level would be a little bit higher saying, "Okay, I took a one shot. I tried to get some protection." Now it's two shots and now a third shot and now a fourth shot. Well, I got to tell you, it gets to be regular injections. Now we're talking about regular gene therapy. I mean, these were originally gene therapy products to be given once a month, maybe once every three months, once every six months. Now the question is, what good are we doing by keep having the body remake the wild type spike protein?

Dr. Peter McCullough: From shot one to shot two with the messenger RNA products, it was about an 80 fold step up in safety risk. I don't know what shot three is going to look like and keep having the body produces this. My clinical intuition is to say, "Listen, I'm concerned." But we're at a good point to talk about information and misinformation and the Federation of State Medical Boards and the American Board of Internal Medicine and the other related medical specialty boards they have put out very serious warnings, really to doctors as myself. I have a medical license. I am multiply board certified and the message is that there will be strict disciplinary action taken against physicians with respect to COVID-19 misinformation specifically on the vaccines.

Dr. Patrick Gentempo: I'm really glad you brought this up because here's what I'm finding at least. You are a very public facing figure now and have gained a lot of attention wanted or unwanted, here you are, an unlikely hero of a cause in many respects. And of course, a villain to people who have a different agenda. But the thing to understand, I think there's a lot of people who are silent right now, practitioners, licensees, who are under the thumb of regulatory agencies, a

doctor needs a licensed to practice, a specialist has their specialty organization, the cardiology, et cetera, which these are hard won credentials to have. A lot of time, effort, energy, et cetera, to create them to achieve them and they become the basis of livelihood for a person like yourself.

Dr. Patrick Gentempo: And now they're starting to create that threat saying, "We don't want independent thinkers as doctors. We have an agenda and if you feel like you don't align with this agenda and you speak about it, we would take away your credentialing." It's a real threat and that's got to be sending a chill up your spine and I'm sure a lot of other people who maybe are like you saying, "I'm seeing these patients every day, I want to do early intervention. And I know it's not recommended. At the same time, I'm seeing people maybe who, I don't think the risk of the vaccine versus the real risk of them getting really sick from COVID, I can't recommend it for them. I took an oath." But now they're saying, "Forget your own conscience, forget your own expertise, you're going to do what we say or we're going to rip your credentials away." Is that pretty much the environment that's evolving?

Dr. Peter McCullough: It's enormously threatening. And I want the listeners to understand that scientific discourse and exchange on a topic of public health importance is actually legally protected. You and I have the right to do this. We're not talking about someone's personal life. We are talking about knowledge, scientific knowledge. And if you and I wanted to have a debate about computer circuits, you and I could do this or scientific debate on global warming, we have the right to do this. We have the right to have an interchange when it's of public importance and it's not personal or have any ill intent. No one is attempting to harm others. We trying to get to truth. I've taken every vaccine that I'm supposed to according to vaccine schedule. I've traveled to India. I took extra vaccines. My children have taken all the vaccines. Family members of mine have elected to take the COVID-19. It's a personal choice. It should always be a personal choice. It's a part of medical freedom.

Dr. Peter McCullough: People should always have the freedom to make a medical choice. What we're seeing is we're seeing a linkage of three circles, medical freedom being taken away, having medical freedom linked to social freedoms taken away and then economic freedoms. But what's happening to me is all three. Since I signed my separation agreement and I started in a private practice but maintain my hospital privileges at two Baylor Scott and White hospitals, the day that Baylor Scott and White announced their employee vaccine mandate. Now I can tell you across our health system, there's been no employee outbreaks. Our health system as I've told you, had one of the premier early prophylaxis programs with hydroxychloroquine. We've published a lot on COVID-19. We've done a great job with COVID-19.

Dr. Peter McCullough: I love Baylor Scott and White. I was at Baylor University Medical Center when I was a student 30 years ago. It's an absolutely terrific place. Have great relationships there. Have a terrific research program there. With the termination of my contract at the end of January, early February, I gave up my

titles there as vice chairman of medicine program, director in cardiology and director over research. I gave up those titles. No longer were employed by Baylor Scott and White, now employed in a private practice. But since that time, I have gotten a letter from Texas A&M despite meeting all my professional continuing credits for Texas A&M that my professorship has been canceled.

Dr. Patrick Gentempo: Wow.

Dr. Peter McCullough: I've been notified by Texas Christian University, University of North Texas, which I barely got going with as a teaching faculty there, that that professorship has been stopped or terminated. No reason.

Dr. Patrick Gentempo: Any reasons?

Dr. Peter McCullough: No reason. No, no reason. And then the day the vaccine mandate was announced for Baylor Scott and White, there was an announcement in the newspapers, both newspapers in Dallas that Baylor Scott and White Health System was suing me. And they were suing me for violating my separation agreement, stating that I was using my prior employment and titles in media appearances. In the court filings, they pick examples where in a media presentation, there's some post media processing where a banner is put up. And it turned out the most common profile that was being used was the first one that came up on Google and the first one that came up on Google was from the cardio metabolic health conference that was two years ago I presented at when I was employed by Baylor Scott and White and that's actually put on by Harvard, a very prestigious organization.

Dr. Peter McCullough: The idea is, a prior profile and I don't have any control over that. I always stated my own views and I always followed all the talking points and I never spoke on behalf of any entity that I'm related to and I still don't today. I was quickly alarmed and wife and I are very generous donors to the Baylor Scott and White Health System Foundation.

Dr. Patrick Gentempo: You're supporting them to sue you.

Dr. Peter McCullough: My wife and I, we have an endowed scholarship at Baylor University in Waco. Baylor, there's a lot of Baylor confusion. And my son's a graduate from Baylor University. And so I am well known. The name Peter McCullough and Baylor are very tightly aligned. That is never going to go away. You can't take away my college degree or my endowment.

Dr. Patrick Gentempo: Can't rewrite history. You did work there.

Dr. Peter McCullough: Yeah. And I worked there, so my former roles are my former roles. We have filed a motion to dismiss what's called anti-slap lawsuit, which means it's a strategic lawsuit against public participation. And this is grinding out at the very slow legal pace. But this is an example of a health system, which by the way,

instead of using internal attorneys which they have plenty on the payroll, they got outside external counsel, I'm sure at some expense to try to prosecute me. I'm a doctor, I bring patients to the hospital. I have patients flying in from all over the country to the hospital. As I'm taking care of patients in the hospital and in my clinic, which is within the hospital, I am being sued by that hospital and it's created enormous anxiety. My family is anxious. I am legally and professionally and financially threatened by a multi-billion dollar health system. I feel very threatened by the statements from the Federation of State Medical Boards and by the American Board of Internal Medicine.

Dr. Peter McCullough: I've just been canceled out of Texas A&M, Texas Christian University at UNT and I've been canceled out of my prior job. The question is how much more can be lost? I'm trying to survive as a doctor. My opinions are heavily sought. I can tell you, I have had conversations with senators, heads of state, religious leaders at the highest level, economic leaders at the highest level. I'm a frequent commentator on Fox News but I've been on many other news stations as well. My interpretation of the data as it has been through this interview has been pinpoint.

Dr. Peter McCullough: I am here in Salt Lake City, Utah, to meet with other important officials after this. People want my opinion because I am giving information and under no circumstances, can I ever be accused of giving misinformation. I want the listeners to hear that clearly. That will be fought. If that statement is ever made or that accusation is ever levered that I am giving misinformation, that will be fought with the full force of defense, with every citation that exists because I am absolutely pinpoint and I am telling people right now, I am telling the fact checkers, bring it on. And I mean it. Bring it on. Every time a fact checker has even questioned what I've said, they have been incredibly embarrassed with what they've done. Incredibly embarrassed. I had a fact checker, when I testified under oath in the Texas Senate, that means I am giving my opinions, my personal opinions. My opinions are not subject to fact checking.

Dr. Peter McCullough: I had a fact checker, a French journalist try to put a big X over me on social media that I gave an incorrect fact during my Texas Senate. And so that was a point of shame. Why is a French journalist fact checking me in French, on my testimony over the Texas Senate that dealt with many local issues, like the availability of monoclonal antibodies and herd immunity, et cetera? And so there was a very strong rebuttal in the whistleblower's newsroom to that French journalist. On another example, another journalist, a fact checker from Hong Kong who had ties back to one of the vaccine stakeholders was trying to again, put a fraudulent piece out on me there.

Dr. Patrick Gentempo: It's attack really. It's not honest fact checking, it's agenda fact checking, basically.

Dr. Peter McCullough: It's an attack. And I can tell you, I have never attacked anyone. And anyone listening to this interview would understand that I'm being enormously respectful. I am not calling people out by name. I'm not making ad hominem

attacks. I've never done so, I never will. This is about scientific discourse. This is about a pursuit of the truth. This is about saving lives. People are miserable in the hospital, vaccinated and not vaccinated right now. They're in the hospital. They're fighting for their lives. Sadly, people are dying, vaccinated and not vaccinated. This isn't about the vaccine. This is about saving lives and compassionate treatment and using the best tools that we have to get us out of this pandemic.

Dr. Peter McCullough: We're a year and a half into this. Some think honestly, without the vaccine, if we just had a big push on early treatment, this could have been SARS-1, we could have closed this down in a matter of months or maybe a year or less. But instead we just with the suppression of early treatment, allowing the infection to rage and now failure of the vaccines, the vaccines promoting the Delta variant and now everything that's that brought that the vaccines have made things worse.

Dr. Patrick Gentempo: I was looking, it was I forget the journal, but it was a biostatistics journal. And the guy, it was interesting how the authors were trying to still sound very pro-vax, but they said, "Hey, we can't give it too much credit." And they were looking at the rates of infection, month by month, over several months. And from its peak, it was down. I think, again, fact check me, it's somewhere in the eighties. I think it was 86% or so. And that's when the vaccine got introduced is when it was already. And he said, "We need the vaccine to finish the job," as they put it. But we were already 86% down this slope of it. And this is probably right before Delta. And then Delta spiked it.

Dr. Peter McCullough: There's a couple milestones and there's a few, again. The fact checkers, we can be roundabout in our interpretations and show the figures. But if we look at from day one of the pandemic in the United States to day one of the first vaccine being made available to present time, roughly half the deaths have occurred in the pre-vaccination era and the other half have occurred in the vaccination era. Israel, we're looking at Israel closely because they're just ahead of us in vaccine. Israel can predict for us what we're going to see. And in Israel, they were the darlings of the vaccine world around March, April. They really got out there and they vaccinated hard. And it's a self contained country. It's a varied country. It's an interesting place but people following the rules made available to them. What we have now is Israel's pre-vaccination peak and then their post-vaccination peak, their post-vaccination peak is bigger and badder and worse with Delta than their pre-vaccination peak. Iceland's seeing the same thing.

Dr. Peter McCullough: I think there's going to be case after case after case. From a population perspective, we just can't make the case that the vaccines are doing good on a population level. On an individual level, we'd love to think this is the case. For instance, people have said, "Dr. McCullough, if the vaccines can't stop COVID-19, is there some consolation prize? Is there some secondary benefit? Does it make the illness less severe?" I've been following the CDC data, we don't have a way of looking at this, but they do. They put up deaths and hospitalizations on

their websites of those who are fully vaccinated. That's what the CDC has several different time points, July and August. And the listeners can go look at that and the viewers and just see what you think about that. There's not a way of figuring out is this a vaccine benefit or not?

Dr. Peter McCullough: But it's a way of saying, in large numbers, people can be fully vaccinated and be hospitalized and die. That's the conclusion that I think one can safely draw from the CDC data. My personal impression though, managing patients who've been vaccinated, I do have an impression that the vaccine makes the illness easier to manage. I do have that impression and I have several patients in my sphere and people I know who've taken the vaccine and they've gotten COVID-19 and they haven't had horrific complications and they've been manageable. I got called by one last night, however, a fully vaccinated man, who's in a hospital in Washington state and he's loaded with blood clots in the lungs and all over. And the daughter was reaching out to me saying, "Could the vaccine have primed him for all this excess thrombosis?" I don't know. I think if I could put a positive report on this, I would say I'm hopeful that the vaccines are still doing something to reduce the incidence of illness.

Dr. Peter McCullough: It looks like, unfortunately, it's not going to be good enough to make a case for mass vaccination or mandates. And I hope those who take the vaccine, we sincerely hope that all the safety risks are behind them, that in front of them, there are no longterm things to worry about. And that it if they do get COVID-19, that it's a milder case. I think that would be the most favorable way to summarize it. If we push forward with vaccine mandates and vaccinating people against it, well, and then putting boosters now continued injections of genetic material, I have a different view. I think things are going to look really bad. People are going to be very, very uncomfortable. If we are going to vaccinate somebody who doesn't want to take the vaccine, they are far more likely to report a safety event. They're far more likely be upset about their employers or the people who force them into vaccination.

Dr. Peter McCullough: They're just going to be primed. Listen, I don't want this. It's going to make me sick. Now I'm sick. You can see how this is going to happen. The other thing is, if from shot one to shot two, there's a step up in safety risk, shot three invariably is going to be another. The spike protein and the genetics that code for it, it makes every bit of common sense that this is not going to be good. Now, another favorable thing on the vaccine agenda that I could say is Novavax. Novavax is a non-genetic vaccine. It's a spike protein, five micrograms of spike protein. If it could be adjusted to cover Delta and have some modifications, taking a tetanus shot.

Dr. Peter McCullough: If we had a susceptible person, let's say we did have a senior or we did have a nursing home worker and they were at risk and susceptible who wouldn't want a tetanus shot there? Would we broadly apply it to people your age and my age and children? No, no, no. I don't think there should be any broad application. I think Linus Pauling was right, we should never vaccinate people for the common cold. No. We should only vaccinate people who have a real risk of

hospitalization and death with COVID-19. I think everybody should agree with that. If that risk is way less than 1%, we should never vaccinate somebody for less than 1% outcome.

Dr. Patrick Gentempo: Yeah. Well and that's, I think in summary, it does get kind of disturbing. It's something could potentially be catastrophic if the agenda is driven to get a needle in every arm, then additional needles. We just saw a couple people leave the FDA, I guess, over the booster shot. Do you have much insight around that, incidentally?

Dr. Peter McCullough: Well, I do notice is Dr. Gruber and another official, a very senior, this vaccine regulatory division of the FDA, this is their Super Bowl, if you will. You're you're in the biggest time ever, the biggest program ever, the FDA and CDC are sponsoring this program. Boy, this is it. If you're going to be a vaccine regulator, this is it. Dr. Gruber signed the conditional letter of approval to Comirnaty, she was party to, I think, this false talking point that Pfizer was approved when it wasn't, Dr. Gruber and another official resigned right in the middle of the Super Bowl. Do you know how much internal knowledge there is with the briefing booklets, the data, what's called the regulatory dialogue that's happened over time? I think to walk out, I think that is an alarming signal. Very alarming.

Dr. Patrick Gentempo: Yeah. It was really kind of shocking and unexpected but something happened that made them very concerned.

Dr. Peter McCullough: It's not a good sign.

Dr. Patrick Gentempo: It's not a good sign.

Dr. Peter McCullough: One would not take that as a good sign.

Dr. Patrick Gentempo: No positive spin to put on that. Well, I feel like we could speak for hours. You're encyclopedic in your knowledge and to use your word also, very pinpoint.

Dr. Peter McCullough: Thank you.

Dr. Patrick Gentempo: I don't see any sloppiness or laziness around the things you're saying. You obviously have a great ability to retain literature review and to contextualize it. This has been just an extraordinary journey that is required. There's too many headlines around all this and people are getting, it's kind of there's a confirmation bias based on headlines. I feel one way about it, I'm going to find all the headlines that make me feel my way. And then somebody feels a different way, is going to find their headlines. In your case, in the way that you presented this it really is now, okay here's all the resolution of this picture that can have you really kind of see it and then come to your own conclusions. And you did that at extraordinarily well. Just thank you for your time in doing this.

Dr. Peter McCullough: Thanks. I think that's a fair summary. I can tell you my commitment to the science and the data and to be able to cite and locate and present that data fairly to America and the world, I honestly believe the world depends on this. I can tell you, my family depends on this and I can tell you personally and professionally and economically, I depend on it. I depend on the fair representation of scientific information and under no circumstances and at no time will I ever or have I ever given any scientific misinformation.

Dr. Patrick Gentempo: Well, that completes part three of my three part interview with Dr. Peter McCullough. As you can see, we spent a lot of time having this conversation. Probably could have even gone on longer. Bottom line is this man is eminently qualified, extraordinarily intelligent and passionate to share this information with the world. Has to get out there. I hope once you've gotten this information, you'll share it too. Thank you for being here.

Dr. Brian Hooker

Dr. Patrick Gentempo: Welcome to part two of my two part interview with Dr. Brian Hooker. If you saw part one, you recognized how brilliant Dr. Hooker is and how committed he is to getting to the truth when it comes to things around vaccines and in COVID in general in this world. And certainly his background and experience gives him permission to comment on this. He's got great insights. We really dig deeper in part two so let's jump right in. Now I want to move into another subject that I think is kind of important because it's another thing that is a part of the leverage being used to say that everybody must be vaccinated and we are within our rights to try to force everybody to be vaccinated. And here's why we have to create this thing called herd immunity. Can you explain, words used all the time, nobody explains it. What is herd immunity? And is it a valid construct?

Dr. Brian Hooker: Herd immunity is a concept that was a established around measles outbreaks in the Baltimore area in the 1930s. And what was found was that when a community had approximately 60% natural immunity, then that community would become immune to the measles and the measles incidence would drop in those communities. It was not based on vaccine immunity. It was based on natural immunity. Natural immunity is robust immunity. It's not just B cells, which can be stimulated by vaccination but it's also T cells that are often not stimulated by vaccines. You get antibodies and you also so get natural killing action of natural killer cells in the immune system. And so it's important to reflect that because natural immunity is much more perfect than vaccination or artificial immunity. Now, to reach a level of herd immunity, you have to have a vaccine or you have to have natural immunity where transmission is prevented. That's the key here. If transmission is not prevented, there is no such thing as herd immunity.

Dr. Patrick Gentempo: How does that work though? As far as saying, okay, if 60, 70% of a populous is considered immune and again, if it's natural occurring disease that they have acquired immunity from, that might be one thing and you can't make the same claim, especially today with the vaccinated because the breakthrough infections rate for the vaccinated is climbing in a startling way. And we'll get to that in a few moments but if 30%, so are they basically saying that once a certain level of the herd has some level of immunity that prevents transmissibility, now somehow the rest of the herd is also protected? Is that the theory? And does that hold because you still have people that don't have immunity that could be exposed.

Dr. Brian Hooker: That is correct. I love the way you explained it. When you have say you have 60% herd immunity. 60% of the herd is immune and if they contract measles or if they contact somebody with measles, the measles will go no further. It will stop in its tracks. That still leaves 40% of the individuals that are susceptible to measles. Now in a congregate setting, then those individuals can still get measles but in general, if you have 60% herd immunity, then the 40% goes out mingles with that 60% and the transmission of measles doesn't stop completely

in its tracks but it goes way down because once it transmits from an individual that is not immune to an individual that is immune, it just stops in its tracks. At 60%, there's enough intermingling between those two populations, those that are immune and those that aren't immune in a community, not to stop it completely but to stop say an epidemic and have it go down to an incidence where we'd say, "Oh, well we have a few sporadic cases of measles."

Dr. Patrick Gentempo: Herd immunity is basically sort of mitigation. It's not suddenly we have this dome of protection around all of humanity. It is basically saying it's going to mitigate serious outbreaks that affect a bunch of people and the amount of mitigation. I don't think anybody can do the math to really know what it's going to be. It might be a lot, it might be a little. Because here again, this gets back to the compulsory arguments as far as saying, now we can force vaccination because at herd immunity it's X, Y, and Z. But let me ask a question, going back to the example of measles and let's say it's 60/40, I think you said in 1930s, that's what they asserted that once you hit 60% immunity and that was natural immunity, there's considered sort of this generalized protection of the herd that it's going to mitigate the amount of measles that happens. But does the person who is in that herd, who's a part of the 60% who has immunity, do they have anything to fear from the 40%?

Dr. Brian Hooker: The 60% has absolutely nothing to fear from the 40% because natural immunity is by definition much, much better, if not perfect. And when you look at the overall repeat incidence of even COVID-19, it's much, much less than what we see in those breakthrough infections of individuals who are vaccinated. Natural immunity is much, much better. There's a study that came out of Israel that shows that natural immunity of COVID-19 is at least 13 times better in preventing transmission compared to vaccine immunity.

Dr. Patrick Gentempo: The statement, if I were to make it, and then I want to talk about what you just said in Israel right after, but the statement, if I were to make it saying, "Hey listen, if the vaccine works and you have nothing to fear for me being unvaccinated because you think you have immunity. And if you think it works and you have immunity, then why you worried about me who's not up vaccinated?" Now, could they try to make a counter argument saying, "Yeah, but I could get a breakthrough infection because of you." Well, then you can get a breakthrough infection from a person who's vaccinated also. Am I right?

Dr. Brian Hooker: That is correct. Once they make the argument that their immunity is imperfect, that abolishes herd immunity so you can get a breakthrough infection transmitted from somebody who's vaccinated. You can get a breakthrough infection that's transmitted from somebody's who's unvaccinated and there is no level of hurt immunity that will prevent that. That will cause, you can't take an imperfect vaccine and compare it to perfect or near perfect natural immunity and make a valid comparison.

Dr. Patrick Gentempo: Then it's absolutely absurd when people try to assert we have a pandemic of the unvaccinated, for example or the unvaccinated people are going to cause other people to die, who otherwise wouldn't have.

Dr. Brian Hooker: I hate that term and I hate that false assertion. We've heard it over and over again. That's a talking point of sort of this totalitarian construct that is sort of overwhelming us right now is that this is a pandemic of the unvaccinated. Well, you can look at the data and you can see something very, very different. If you look at the number of breakthrough cases and different incidences, the breakthrough cases in Provincetown, Massachusetts. When they studied that, 74% of those individuals in that outbreak had been previously vaccinated.

Dr. Patrick Gentempo: Any person on any side of this argument would assert that if you got 74% vaccination, you got to herd. Or would they try to argue whether it wasn't enough of a herd?

Dr. Brian Hooker: They would try to argue that. They wouldn't be correct, because if you're looking at the herd, you're also looking at the proportion that was vaccinated that didn't get the infection as well. Okay. Now, herd...

Dr. Patrick Gentempo: That's a great point. I didn't think of that, but that's a great point.

Dr. Brian Hooker: Right. The herd immunity has been sort of this drifting figure. If you talk to Tony Fauci, he started out at 60%, then went 70%, who knows he might get to 90, 95% vaccination. And certainly President Biden would love us to have 95% vaccination and would love to mandate us into oblivion in order to get that particular percent vaccination. But I'm telling you no level of herd immunity is acceptable when there are breakthrough infections. When you have breakthrough infections, then you have a virus that's continually mutating in the backdrop of vaccinated individuals that provides selection pressure in order to thwart the vaccination, then the breakthrough infections, as the virus mutates, are going to become worse and worse and worse.

Dr. Patrick Gentempo: So let's keep following that chain of logic. So we had in Massachusetts, in that small community where they had 74% vaccinated, I don't remember the exact numbers, but I remember that it was a sequestered area, meaning that they weren't out traveling through airports, but it was like this tight little Petri dish, if you will, of a community that suddenly they had this large outbreak. So what do you know the numbers? How many people got infected?

Dr. Brian Hooker: It was about 150, I want to say 148, but I don't think I'm correct. But it was about 150 cases in this community that happened to be locked down at the same time. It was more of a state that had more measures, and Provincetown I'd say it's probably more of a compliant community. And so these people were taking the measures that the government was telling them to take.

Dr. Patrick Gentempo: So they're basically locked down, they've got 74%. And out of the 150 or so that were infected, do we know the proportion of how many of them were vaccinated versus how many were un-vaccinated?

Dr. Brian Hooker: Well, so if it's 74%, then approximately 37 in the outbreak were un-vaccinated and then the rest a hundred and some odd, 111.

Dr. Patrick Gentempo: Oh so it was proportional?

Dr. Brian Hooker: Yes.

Dr. Patrick Gentempo: Meaning that, basically the proportion of vaccinated, un-vaccinated was the proportion of people who actually got it, which almost shows that, in other words, there's zero difference. Whether you're vaccinated or un-vaccinated, you had the same absolute risk in essence.

Dr. Brian Hooker: Exactly. Exactly. It was proportionate. So in that particular instance for every one un-vaccinated individual that got COVID 19, there were three vaccinated individuals.

Dr. Patrick Gentempo: Wow. Which was basically the proportion of the population vaccinated or un-vaccinated.

Dr. Brian Hooker: That is correct.

Dr. Patrick Gentempo: How did the CDC try to explain this one?

Dr. Brian Hooker: I seem to remember, I read they had a report in their journal called Morbidity and Mortality, weekly reports. I seem to remember that they called this an anomaly of breakthrough cases.

Dr. Patrick Gentempo: Okay. So now that was a while ago. So it's an anomaly, we can't explain. It's just an anomaly. Nothing going on here. Don't look over here, basically.

Dr. Brian Hooker: Exactly.

Dr. Patrick Gentempo: But now it isn't an anomaly because let's look at Israel. So Israel, by most scientists, I think no matter what side of this debate, they're on, whether they're, very much pro-force vaccine and we need to get vaccinated, or if they're more on the side of saying this is an atrocity, we can't be vaccinating into a populace like this. And for the reasons you had mentioned briefly earlier, maybe we'll talk about the pressure you're putting on the virus to mutate. And we'll talk about that in a moment, because it's going to be relevant here. But almost everybody's looking at Israel saying, okay, there we have was roughly 74% fully vaccinated in their population. Is that the number of?

Dr. Brian Hooker: If you look at adults that are qualified to receive the vaccine. And now I believe that they're also giving them to children that are 12 years and up, it's 85.

Dr. Patrick Gentempo: 85, okay.

Dr. Brian Hooker: 85% vaccine compliance because of the aggressive use of mandates in vaccine passports in Israel, they have achieved about 85% compliance.

Dr. Patrick Gentempo: So 85%, I mean that's Fauci's dream, right? If we could get to 85. Biden's dream, anybody's dream. If somebody who's for this 85%, we should be in scenario that is we, we won the war against the virus, right? We eradicated it. So Israel is looked at as the harbinger saying, they're, some months ahead of us because they started their program months before maybe the US and several other countries. So at the same time we are seeing alarming data coming out of Israel with their 85% vaccinated population. So can you speak to what that data is?

Dr. Brian Hooker: I've seen data, I've seen two different sources of data, and the data that I'm going to quote is from the Israeli Ministry of Health. Shows that the number of cases among the vaccinated, and these are cases that required hospitalization, not just cases of COVID 19. That 88.6% of those were fully vaccinated. And by meaningfully vaccinated at that particular time, it meant that they got two shots of the Pfizer vaccine or two shots of the Madeira vaccine. And I'm not sure how many shots of the AstraZeneca vaccine, which is also, I'm not sure if that's a one or two dose course. But they were considered fully vaccinated for those three particular vaccinations. So in that particular instance, 85% vaccination rate, but yet 88% of the cases that required hospitalization were among the vaccinated. So that is the ultimate example of breakthrough.

Dr. Patrick Gentempo: I mean it's startling, and again, it's sort of like the Massachusetts thing where about the proportion of vaccinated to un-vaccinated in the populace is about what we're seeing in the hospitals. It doesn't seem to matter. Am I looking at that accurately? Because you're saying 85% of vaccinated, 88% actually more than the vaccinated population are hospitalized with severe COVID, it's roughly the proportion of un-vaccinated to vaccinate people who are in the hospital experiencing severe COVID.

Dr. Brian Hooker: That is correct. And this is substantiated information. The reason why we go back down to the Provincetown, Massachusetts study is because it was validated by the CDC. The CDC is actually showing numbers of cases in that particular instance. I've seen anecdotal reports and I've seen memes from the CDC that I don't trust because they're not based on data and they reflect and they seem to indicate that there are more hospitalizations in the un-vaccinated. But I know that what is coming and what we would expect from countries like Israel and countries, also the tiny country of Gibraltar, which has over 100% vaccine compliance.

Dr. Patrick Gentempo: How do you have over a 100%?

Dr. Brian Hooker: Because of visitors coming in and out.

Dr. Patrick Gentempo: Oh, okay.

Dr. Brian Hooker: Of the state that are a part of their stable population. So they have a population of about 30,000 individuals and right now they have 4,000 COVID-19 cases.

Dr. Patrick Gentempo: Wow. Which a hundred percent are breakthroughs.

Dr. Brian Hooker: A hundred percent are breakthrough cases.

Dr. Patrick Gentempo: And it doesn't sound like with 30,000 people and they have 4,000 cases that that's a high percentage of the population. That's over 10% of the population that's experiencing it, which is really high. That'd be the equivalent of 330 million here of 33 million active cases. So it's much worse than here.

Dr. Brian Hooker: It is much worse than here and it is literally 100% vaccinated population. So the idea that the vaccinated can't transmit, totally blown out of the water. The idea that the vaccinated won't get severe cases, many of these are hospitalized and I think they had about 120 deaths.

Dr. Patrick Gentempo: Wow.

Dr. Brian Hooker: Okay. So any remnant of fact that it's preventing mortality, blown out of the water.

Dr. Patrick Gentempo: Wow. And talk about having a great isolated group to study. I mean Gibraltar is a pretty isolated place.

Dr. Brian Hooker: Exactly.

Dr. Patrick Gentempo: And they weren't letting anybody in without a vaccine and everybody there was vaccinated. So you can't get better herd immunity if you buy that particular prospect. You can't get better than there. So we have reference data. It's not speculative, because a lot of what's going on is inference, right? Well, we are inferring this from the data and I would say that, "Hey, everybody here is suffering by confirmation bias, right?" They have a certain view of things and they're finding the data that sort of validates their view. Which is not what science is supposed to do, but nonetheless, it happens. But when you look at Gibraltar and the way you described it, I don't think there could be any confirmation bias. It's pretty clear everybody is vaccinated. So what happens if you get everybody vaccinated and here's the data and that data is pretty damning?

Dr. Brian Hooker: Absolutely. And I'm loathed for a lack of good data coming from the United States because when you look at what the CDC is publishing from theirs, what the CDC is publishing from the vaccine safety data link, they sidestep all of these

issues. They will sidestep and they will give you worthless data sets and claim a high level of protection and a lack of adverse events. We have to fall back on, again the Provincetown, Massachusetts study, because it's the only time that they've ever published real information. I'm very, very thankful that the Israeli Ministry of Health is actually publishing real information and that we can get the data from Gibraltar as well. We have to use these examples because the confirmation of bias, like you said, is so bad in the United States.

Dr. Patrick Gentempo: Well talking about how to mislead and misrepresent with data. And I had a friend send this to me recently, who I'm having a back and forth with on this. And he basically said 95, to 99% of all hospitalizations are un-vaccinated. From the CDC? Now you probably saw that particular statement. But I said, "Did you look at when they actually collected that data? Because it was when nobody was vaccinated." Do know what I'm talking about?

Dr. Brian Hooker: Yes. I know about that study. Yeah.

Dr. Patrick Gentempo: Yeah. So I mean, how did they get away with that? Because I think, and I might be a little bit off here because I know everything gets fact checked nowadays, but basically they looked, I think, January to April or June 2020, was it? And very small percentage of populace was fact vaccinated. So of course anybody who's in the hospital is not likely vaccinated and it makes numbers look high. So is that an accurate depiction of that particular stat?

Dr. Brian Hooker: Absolutely. That that is an accurate depiction. And I hate to say this, but CDC researchers probably closed down on that particular window in order to fit that narrative, okay? So it's data cherry picking in order to fit a particular narrative. The CDC is the master at data cherry picking. They did it in the autism studies that I avoided back in the early two thousands. They would, if they didn't like the results of a particular clinic within an HMO that they were studying, they would just throw out that clinic and you would be none the wiser, okay? So this is the same CDC that is bracketing this information for when a very, very small portion of the population was actually vaccinated, and even worse, fully vaccinated realizing that for Pfizer and Moderna, the most prevalent vaccines, it took two doses. And so anybody that didn't fit that tight metric, meaning 14 days after their second dose, they were considered un-vaccinated. Okay, so that's why that study appears the way it does.

Dr. Patrick Gentempo: And I mean, wouldn't they know that people are going to see through it. I mean, and there would be egg on their face. That's the thing that surprises me. It's almost like an arrogance that says we're going to feed them, pardon my language, we're going to feed them bulls and they're going to be none the wiser. But it's so obvious that because they have to basically say the data set comes from, this period of time, and anybody looks at, you don't have to be a scientist to look at it and say, "This is them trying to lie," because this is the interesting thing we talk about, what do we mean by lie? The data is accurately reported, in a sense of saying, 95% of the people in the hospitals during this period were un-

vaccinated, but then they lead you to believe and what they're doing, it seems like they're feeding the propaganda machine to print headlines.

Dr. Patrick Gentempo: And that's where epidemic, even our own President parrots things mindlessly. We have a pandemic of the un-vaccinated. You see, 95% of the people in the hospital are un-vaccinated. And then the implication, the social implications, it starts pitting families against each other, friends against each other. There're all kinds of really negative ugly things that occur where they're sowing the seeds of all of this conflict over data that's misrepresented. So I figure now we'd say, because still at this point, even what are we maybe 55% considered fully vaccinated in the US as of today?

Dr. Brian Hooker: About 55% is correct.

Dr. Patrick Gentempo: Yeah. So, even today, why don't we go back just in the last month or two months and see hospitalizations? Is there data on that saying more recent data from the US, as far as hospitalizations, we talked about Israel but we can't get the data for the US.

Dr. Brian Hooker: Those data are not being released and they're, I believe, it's intentional that once we start to see the uptick in breakthrough cases, then it will all be about messaging. It will all be about controlling the narrative. It seems like for every scientist at the CDC, there's probably three or four policy wants that are figuring out how the messaging is going to be done for that particular study, okay?

Dr. Patrick Gentempo: Yeah.

Dr. Brian Hooker: And there's interplay between the policy wants. The policy wants are helping design the research studies at the CDC in order to be able to support the narrative, okay? And unfortunately in this particular time, fear sells, okay? And people are being stoked by these particular fears, these unwarranted fears regarding the pandemic. And so once it plays into that narrative then it's supported of that particular fear and they don't have to put all the information in the abstract of the study. They can bury some of that information in the results of the study. So if you're a practitioner and you're seeing multiple patients per day, you read the abstract, you say 95% hospitalization among the un-vaccinated. You stop there. You read a headline and then all of a sudden the narrative is enforced.

Dr. Patrick Gentempo: And it's headlines every everywhere. And scientists, I know people especially who publish quite a bit, they say exactly what you just said, they said, "You can't just read an abstract, you have to read the whole article, the details in there matter to get to a conclusion." So I'm glad that you cited that. Now, if we go back to Israel, because that's where we're looking, and quite frankly, they are much higher vaccinated as far as their percentage of population versus us or anybody else. So we should be able to look at that and say, "This is going to tell us what the efficacy really is." And I also am under the understanding and tell

what you know about this because you said the data coming from the Ministry of Health in Israel cited this. My understanding, and I don't know you, you're the type of person that probably read it is that there was a contract between the Israeli government. And I think it was Pfizer that in order to get the vaccine early they had to agree on restrictions and limitations on their data release. So do you know about that agreement, if you do, what do you know about it?

Dr. Brian Hooker: I do. Unfortunately I know about as much as you just said regarding the agreement. That there was an agreement in place. That there was restricted access to the information. This information is publicly available on the web. It's in Hebrew and it has to be translated into English, but numbers are numbers. And so you can read the numbers directly from the Israeli Ministry of Health, but the condition for providing these vaccines and providing the Pfizer contract, which was made with a prime minister who at the time was Netanyahu, did stipulate that there would be restrictions in terms of data release.

Dr. Patrick Gentempo: Yeah. But that restriction is put on the government, not necessarily, maybe be private hospitals and other such things. And I don't know where those lines are drawn. I imagine the Ministry of Health though, is a governmental organization. So they're probably subject to those that contract and it's restrictions. And I understand that for people who did try to read it, a lot of it's redacted, so they can't even tell what's there. And why am I saying this because we are getting this data as you just cited from the Ministry of Health. And yet we still know that there're some restrictions that might even be on that data which could be alarming and we just don't know what that contract says. So we're a little bit in the dark about some things.

Dr. Brian Hooker: That is correct. And I believe a lot of that redacted information would have to do a lot with vaccine side effects and vaccine adverse events, because that's the odd thing about Israel is we're not getting that information from Israel.

Dr. Patrick Gentempo: Ah, so they're not reporting their adverse events, which means that's where, and so we're speculating of course, but deductively we'd say, they're not allowed to release certain information. We're not getting any of this information. That's probably what they're not allowed to talk about. And isn't it interesting that a pharmaceutical company would say, "I'll release this to you early, but if I do, you can't talk about adverse events." They don't want this public. They want to control, again, that narrative and they're incentivized to do so. So if they're putting Israel under contract in such a way how do we trust them in everything else that they submitted to our own FDA to get these approvals? I mean, none of this says open, critical, skeptical, because science is supposed to be skeptical. That's what it's based on. You try to disprove some, if somebody wants to come out and say, "This thing is safe and effective," science should be going to work on trying to disprove that it's safe and effective. And if they can't, then you can draw the conclusion that it's probably safe and effective. Isn't that the scientific method?

Dr. Brian Hooker: That is a scientific method, but you're dealing with a felon here. Pfizer is a known felon. All vaccine manufacturing companies have committed felony fraud in the past, okay? So you have to put that in the context of who you're working with. The other thing that it's infuriating in the United States, as well as I believe in Israel, is that confirmation bias keeps people from reporting vaccine injuries in the first place. When you look at those vaccine injuries that are occurring, that there's a suppression of them and it might be merely a practitioner saying, "Oh, that's not related to the vaccine. Just dismiss it." Or it could be something more sinister covering up a death in a death certificate where it's related with a vaccine and putting something else on it.

Dr. Patrick Gentempo: And isn't this crazy. Anecdotally I've had those conversations. People who had vaccine injuries and and their doctor would not consent to filing an adverse report because, "Oh, no, that wasn't related to the vaccine." Just like with your son, all those years ago, that hasn't changed. So now we put in context saying, "We're not going to report the adverse events." And then we're going to over report, efficacy, safety, all these other things. I mean the whole thing is the opposite of what it's supposed to be. What happened to skepticism to get to truth. And the answer, in my opinion, is that the truth doesn't matter here. It's not, we want to get to the truth. It is the ends justifies the means.

Dr. Brian Hooker: Exactly.

Dr. Patrick Gentempo: And when we have truth as the ultimate casualty of the circumstance and fear as the weapon, now you get tyrannical measures saying, "We're going to hide the truth. We're going to tell you what we want you to believe. We're going to put fear into your heart." And even that didn't work. We only got to 55% given all those efforts. Now we're going to add compulsion and tyranny and we're going to have the mandate to do it based on emergency powers when there's really not an emergency.

Dr. Brian Hooker: Correct.

Dr. Patrick Gentempo: So, I mean, I think that based on everything you said through this interview, that's kind of a conclusion I'm drawing here.

Dr. Patrick Gentempo: Why I love talking to you so much is because I could talk to you about any of these and you know about them. So let's get into another thing.

Dr. Brian Hooker: Sure.

Dr. Patrick Gentempo: PCR test.

Dr. Brian Hooker: Wow. Where do we start? Yeah.

Dr. Patrick Gentempo: Well, I was floored when the FDA said, "Oh, at the end of this year, we're revoking its emergency use authorization." So wait a minute. This test we relied

upon for the past couple of years to tell us the infection rates of people in our country, mandating it. Everybody has to get it, whether you can leave the country or come back and I mean, all the limitations and restrictions on our liberties were based on this test. Which the detractors were saying, "Wait a minute." Even the guy who invented a test who was a Nobel Laureate who has passed recently, but even he said, "This is not a proper application for this test." He's also a guy that was no fan of Tony Fauci. I was watching some video on him calling Fauci out pre-COVID.

Dr. Patrick Gentempo: This is before COVID happened. And inviting him for a debate at his school. And he had very, let's just say unflattering things to say about Fauci. So just as an aside, the person whose kind of driving the mandate of this test, the guy who invented the test, I don't think that guy's a good scientist and anyway, let's not go down that rabbit trail, but here, now we created policy, we shut down, we did all this stuff based on this testing. Why are they suddenly saying no more on this test?

Dr. Brian Hooker: Because that supports the narrative. If we will revoke the emergency use authorization for PCR, then we can make the numbers of actual COVID cases go down, that will support the narrative that the vaccine is working. And once we support the narrative that the vaccine is working, then people will do what we're telling them to do and they will get vaccinated, okay?

Dr. Patrick Gentempo: Wow.

Dr. Brian Hooker: And so fear sells. That way, if they would've continued on the PCR route, who knows what would've happened. The PCR test at 40 cycles was not accurate. You're just picking up little erroneous bits, just exogenous RNA through RTPCR. And I'm a big fan of Dr. Kerry Mullis. I think if he you're-

Dr. Patrick Gentempo: The inventor of the test.

Dr. Brian Hooker: The inventor of the PCR test, if he were alive today, probably he'd be here in the room with us doing this documentary.

Dr. Brian Hooker: But his death predates COVID. He did not see this. But the PCR test was not accurate. It was plagued with false positive. And we had asymptomatic cases of COVID-19, and it's weird. Now that the PCR test has fallen by the wayside we no longer have asymptomatic spread of COVID-19. It just vaporized, it went into the cornfield like Field of Dreams, or whatever. But it is now gone and then that supports the narrative. Oh wow, cases in the United States are going down. And because cases in the United States are going down, then the vaccine works. What they didn't anticipate was the Delta variant, which is actually causing cases to go up. And the Delta variant is probably a direct result of poor public health policies.

Dr. Patrick Gentempo: So now with PCR, we literally looked at infection rate, not disease, and we should make the distinction. Having the infection, it says, "Okay, the virus is resident in your body." If I could oversimplify it. Disease means you have symptoms that the virus is causing. So what PCR was doing, especially as you had cited, there's a certain amount of amplification cycles you do with that test. And when you get past a certain threshold of amplifications it can make anybody look positive. Which was what was going on to a large extent. And then people say, "Oh my God, look at the explosive rate of COVID infection based on this test." And this test was given emergency use authorization. I mean this test was not designed to detect disease, right? That's what the inventor, Dr. Mullis said. However, they gave an emergency use authorization for detecting COVID.

Dr. Patrick Gentempo: Well, I won't say disease, infection. And now, after we go through this, where this test became this standard, it was the benchmark. Now they're saying, "No more, we're revoking it," as compared to saying, "Hey, rather than emergency use, we're making it permanent." So now it leads me to questions. You just told me one of the reasons that you could deduce is that, well, the vaccine programs in place, if we keep doing the test, it's not going to show that COVID levels are going down necessarily. So now we get rid of the test. But my second question is what are we going to use to test for COVID. Because not only is it just COVID cases now in the hospital people are coming through with maybe breakthrough infection. Are they just going to look at symptoms and say this is COVID. How do they know if they've got COVID or not?

Dr. Brian Hooker: There are some alternatives, there are some antigen tests now that are available. They also have false positives. So there are ways that you can get tested for COVID and still, some people are still using the PCR test.

Dr. Patrick Gentempo: Once the FDA removes, at the end of this year, I guess they're laying it sunset.

Dr. Brian Hooker: That's correct.

Dr. Patrick Gentempo: The emergency use. Will they allow people still to do PCR even after it expires?

Dr. Brian Hooker: I don't believe so. I believe what they're doing is they're ramping up some of these other tests. And then they're looking at indications and symptoms, signs and symptoms, and using that as a differential diagnosis for COVID as well. Signs and symptoms, it looks a lot like influenza, and so it can be misdiagnosed, okay? So there is the possibility for misdiagnosis. But there is an antigen test now that will actually, it's based on antibody production and the use of antibody specific to the antigen. And so that is a little bit more reliable.

Dr. Patrick Gentempo: If I had the vaccine wouldn't I have antibodies also?

Dr. Brian Hooker: You would have antibodies, but you would not necessarily have the antigen itself. The antigen is the virus itself.

Dr. Patrick Gentempo: In the antigen test they are looking at the virus itself.

Dr. Brian Hooker: It's looking for the virus itself. It's using an antibody, usually what's called a monoclonal antibody in a diagnostic kit and then that antibody goes, you take a blood sample or saliva sample or whatever, and then it finds a portion of the virus. Using that, then they can determine was that virus in there? Now I think there also spike... There, if you're vaccinated, you still could have circulating spike proteins and that would give you false positives.

Dr. Patrick Gentempo: Yeah. You can have some false positives there.

Dr. Brian Hooker: Correct.

Dr. Patrick Gentempo: But probably not nearly at the rate of a PCR test.

Dr. Brian Hooker: No, no. Not the rate of a 40 cycle PCR test.

Dr. Patrick Gentempo: Wow. Now, this gets to be perplexing as to, where might all this lead. I'm startled, literally I'm tracking this on a daily basis. I'm overwhelmed by how much information there is. I think a part of the challenge that we all face, is how does the general populace who goes to work every day and has families to take care of et cetera, how are they supposed to really get deep onto this and understand it enough to make their own decisions? The crisis to me is that, we really have these people reliant on our government agencies and our supposed media that should be investigating to take all this information, distill it, and then say, "Here's what you need to know." I think, and I want to separate fact from opinion.

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: My conclusion or my own personal opinion, we can't trust any of these sources to give us the information, which is why we're making this documentary, which will not... We're not going to be able to share this on social media.

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: Because when we look at, take a step back now, because we got into a lot of details, the big picture. Social media, people like Bobby Kennedy Jr., who will be in the series also, his social media account on Instagram shut down. He said, "All I'm doing is posting links to government websites."

Dr. Brian Hooker: That's correct.

Dr. Patrick Gentempo: That becomes misinformation? US citizens being called out by our White House as enemies of the state, basically.

Dr. Brian Hooker: Right, right.

Dr. Patrick Gentempo: Being pounced upon. The slight of hand data, like the CDC saying, "You have 95% of hospitalizations are on vaccinated," but not really saying, "Well, the data was collected when nobody was vaccinated." Of course, that had to be true. Matter of fact, it's startling that 5% were vaccinated at that point, and we can go on and on. Now we try to sort it all out. The one thing that I think is pretty fascinating to me, which gives me a glimmer of hope, is with all that, still only 55% of the people said, "I'll do it." That to me says people intuitively know something is wrong here. What's your take on it?

Dr. Brian Hooker: It's interesting to look at the demographic of people who are not getting the vaccine. They are well educated, one of the strongest demographics of individuals not receiving the vaccine in their families, are PhDs.

Dr. Patrick Gentempo: Now that's... Because they're trying to a picture, it's a bunch of ignorant people in the Midwest that are bumpkins, that aren't getting it. But I read a study that said that one of the largest populations are PhDs, the highest educated. Keep going with that.

Dr. Brian Hooker: Right. Medical workers with these mandates are leaving their jobs in droves. I know I have personal instances of people that I've taught at the university, where I teach, who ended up as nurses who left their jobs because... It's not because I was preaching anti-vaccine vitriol. I'm very tight lip to my university about my other life and some of the advocacy work and some of the research work that I do. I'm restricted from those things. But there was one instance in the county where I live, where at an institution that employed 800 medical workers, 200 medical workers were ready to leave the job, because they were UN vaccinated.

Dr. Patrick Gentempo: Wow.

Dr. Brian Hooker: Okay, we're hearing this over and over and over again. It's not the... I can't stand the rhetoric, because God loves the person who is in the Midwest that might be considered a bumpkin as much as a PhD or as much as an MD, they all make a difference. They all matter, their opinions all matter. This characterization is wrong on so many different levels.

Dr. Patrick Gentempo: Oh, the elitist attitude, the coastal elitist attitude, toward the parts of the country that want to think for themselves and want a little liberty.

Dr. Brian Hooker: Yes.

Dr. Patrick Gentempo: I mean, I literally just took a nine hour road trip with my kids, from Salt Lake City area all the way down into Arizona.

Dr. Brian Hooker: Wonderful.

Dr. Patrick Gentempo: Basically said, "I want you guys to see what America really is. People who get up every morning, go to work who have a wisdom about how to live life and to be independent, et cetera, as compared to how they're characterized by these so-called coastal elites who think that they know everything and that everybody else is not as smart as they are, therefore they should just get in line and follow their tyrannic edicts." I find it maddening also.

Dr. Patrick Gentempo: I mean, I have no patience for that sort of elitist and that arrogance.

Dr. Brian Hooker: Right, right.

Dr. Patrick Gentempo: Certainly I think it gets us into trouble, but I think the good news is that there is resistance. You'll never hear about the resistance here, because our media will never report it.

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: But you cited it saying, "First of all, it's PhDs saying, "Oh, I know enough. I know how to read these studies and I know I'm not getting this vaccine." Then it's also healthcare work. I mean, who knows better than healthcare workers? They're in the frontline.

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: Seeing what's going on and they're walking off the job. That's got to tell you something. I've also, you can't get it again directly through the media, so you have to find the sources, but I'm also seeing that in Europe, a lot of rebellion. I mean, they're taking to the streets in Europe. Have you been tracking that at all?

Dr. Brian Hooker: Yes. Yes. I have. I've seen protests in Paris. I've seen protests in Berlin, all over Europe and the green pass and the passport system is Draconian over there and it's getting worse. The countries like France and Germany are completely locked down and completely mandated for vaccinations. I believe that the leaders of this country are looking to them as a model for what they're going to do next. That's very, very scary. But there's an uprising. There's a movement there, where because of the loss of livelihood, because the loss of services and things like that, there are people that are counting the cost and paying the price. The last thing that you do in this type of situation, is to take to the streets. I mean, what recourse do they have? They've... A lot of them have lost everything already. Because of their choice in order to maintain the sovereignty over their body and maintain their health, rather than taking a dangerous injection. My hat's off to them. I hope we see more of it in the United States.

Dr. Patrick Gentempo: Yeah. I think if they keep pushing the direction they are now, especially, with these mandates of the employers that...

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: You look at and say, "Okay, I know what we'll do. Let's destroy all the small businesses that have less than a hundred employees, through our shutdowns. Then we're going to force all the, force everybody into being employed by bigger companies."

Dr. Brian Hooker: Exactly.

Dr. Patrick Gentempo: "Then we're going to mandate they get vaccinated." They're finding these workarounds to try to force this agenda. It would still be unacceptable, if there was clear and disputable evidence that this is a rational thing to do, but it still would be a violation of our rights, but given everything we just talked about, during this whole conversation, to force it under those circumstances is criminal. We're starting to see, I think a growing course of well credentialed scientists that are starting to speak out. Are you seeing that too?

Dr. Brian Hooker: I am seeing that as well. I'm seeing some brave individuals, especially in the medical community, that are looking at the way that the pandemic was/has been handled and is being handled. They're saying this is completely and totally wrong. Okay, wrong from the get go. There are practitioners that are being persecuted for those particular beliefs. America's Frontline Doctors, Frontline COVID critical care workers are among them. There's others that I don't know about. The coalitions that are starting to form up that are looking at early treatment of COVID, versus massive vaccination and looking at the sovereignty of the medical doctor. The medical doctor should trump the HHS.

Dr. Patrick Gentempo: Right.

Dr. Brian Hooker: The medical doctor should be able to prescribe something off label and have your prescription honored by your local pharmacy. That's not happening. Okay.

Dr. Patrick Gentempo: They want them to become automatons.

Dr. Brian Hooker: Exactly.

Dr. Patrick Gentempo: That just do what the NIH and the HHS and the CDC prescribes. If you veer off that, I mean, the whole point is you're educated to make decisions on the ground. Quite frankly, I think data research on a macro level is always important, but the person who's there with the patients treating them, I think has to have... That relationship between the doctor and patient, is sacrosanct. That's where you make the decisions with the on-the-ground intelligence, that you're there. These people who are treating these patients, at risk to themselves, their own health, treating them and then being denied their ability to do what they think is best. They're starting to speak out. Then of course they're vilified, like Dr. Kory, talking about Ivermectin.

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: Thinking he's coming to the Senate or the Congress to testify and thinking that, "Hey, guess what? I think I might have something here that could help a lot of people," vilified.

Dr. Brian Hooker: Exactly.

Dr. Patrick Gentempo: Over and over again, and the data... there's metadata, so we talk about early treatment and ivermectin and hydroxychloroquine, zinc, vitamin C. I mean, all these things and they try to push it aside saying, "It's all... Well, it's just anecdotal, not good data." First of all, there is some data, some clinical studies that are pretty compelling, but secondly, so what if it's only anecdotal, you're there dealing with a patient who's struggling and could die. Maybe I can take some measures here that won't hurt the patient and may help.

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: That's a whole thing in and of itself.

Dr. Brian Hooker: Oh, I couldn't agree more. The whole idea of a patient and a doctor, point of care medicine where signs and symptoms are being described, are being elucidated, the overall condition of the patient, what's their baseline health, everything and then deciding, "Am I going to give ivermectin? Am I going to give hydroxychloroquine? Am I going to follow a protocol with zinc?" Keeping those people out of the hospital. We're finding that hospitalization rates are leading to higher mortality rates.

Dr. Patrick Gentempo: No doubt.

Dr. Brian Hooker: Okay. I'm hearing anecdotal stories of hospitalizations, especially people that are hospitalized and intubated being a death sentence.

Dr. Patrick Gentempo: Yeah.

Dr. Brian Hooker: Okay, it's getting worse and worse. These people are not given the recourse. There is no standard of care for early COVID 19 treatment, when you're Tony Fauci. It's basically vaccinate, vaccinate, vaccinate. Then, if you have to go to the hospital, we'll put you on event and we'll jack you up with some remdesivir, which doesn't work at all and destroys your internal organs. That is the standard of care. It is so, so absolutely wrong.

Dr. Patrick Gentempo: Yeah. It's and.... To your point, I mean, I was having a conversation with a critical care doctor, in a COVID warden. He says he doesn't bother venting anybody. He said, almost a hun... It's not a hundred percent, but almost a hundred percent of the people he puts on ventilators die. He just doesn't recommend it. He said he'll do it if the family insists, but he just doesn't recommend it.

Dr. Brian Hooker: Right.

Dr. Patrick Gentempo: That's disturbing, but again, you start putting the pieces of the puzzle together saying, "Why are they so much against early intervention? Earlier treatment?" I mean, where have we ever sent people home and said, "Hey, only if you get really sick, come back and talk to us," as compared saying, "Let's do something for you now, before it gets really bad." It all adds up to saying if there's any hope for early intervention, people won't get vaccinated. Everything goes toward this agenda, in the end here, which is a highly disturbing thing to the conscience of humanity in my mind, for people who are entrusted with it, with the health of nations or the health of people. That they have this ends justifies the means mentality that keeps going on. Of course there are a lot of people that might look at what we're saying and I say fact check everything we talk about here.

Dr. Patrick Gentempo: We're talking about when we have opinions. When we're saying this looks like this, and then we're also talking about data that we're citing, that anybody can fact check and then draw your own conclusions. I very much appreciate you taking the time to come all the way here to our studios and to sit down and have an extended and in depth conversation, because I think you do have this unique experience, skillset and ability to assess this breadth of information, looking at the big picture and to help shed some light on it for us. Thank you so much for doing that.

Dr. Brian Hooker: You're very welcome. It's absolutely my pleasure, you're doing God's work here and being able to inform the public about exactly what's going on, exactly what the truth is. I so appreciate it.

Dr. Patrick Gentempo: That completes part too, of my two part interview with Dr. Brian Hooker. Man, is he just a wealth of information and can speak intelligently to key subjects when it comes to COVID. I appreciate the fact that you were here to share this time with me, so you can learn more about this.

Dr. Joe Mercola

Dr. Patrick Gentempo: How do you think it would feel to be number one on a list of 12 people who are considered enemies of the state? Enemies of people? To literally have the white house call you out as someone who is spreading misinformation and the consequence of which is costing people their lives? Which of course is just a great lie. Well, Dr. Joseph Mercola was number one on the so-called dirty dozen list for spreading vaccine and COVID disinformation, or sometimes they use the term misinformation, but let's actually sit down and have a conversation with him and see if any of this is not the truth. I'll let you be the judge. He's an amazingly courageous human being, who for decades has had positive impact on people's lives, helping them take control of their health. This issue of COVID is something that he's felt compelled to speak out about. I want you to hear what he has to say.

Dr. Patrick Gentempo: Dr. Joe Mercola, thanks for taking the time here. You have special experience and expertise in this area of COVID and I've watched events unfold recently that have been unprecedented. Number one, this so-called dirty dozen or the people who are spreading the most disinformation, you were number one on that list. Number two, literally The White House calling out US citizens, right, and accusing them of causing death and mayhem, basically, because of them speaking publicly about their positions on certain health issues. Tell me how the experience of all this has been, because I've watched it from the outside as all of us have, from the inside, from being you.

Dr. Joe Mercola: Well, I'm beyond grateful. I appreciate the attention, because it's just allows us to extend our plan for and share the truth with more people. I mean, since we've had these discrediting campaign, our views have almost doubled. That's really good from my perspective, but I am not angry at all. I mean, I try not to get angry at all nowadays. I think it's a very unwise emotion to have, and there's other strategies are far better, but I understand the reasoning behind it. It's sad and disappointing to see that... Once you understand the big picture, it makes perfect sense. But what the conventional media has failed to do or I think consciously, because they know, is they've all accepted this report issued last year, actually. This report that everyone's jumping on. The New York Times and CNN and a wide variety of other media outlets.

Dr. Joe Mercola: It was a issued last year, nothing's changed. It was issued, this is interesting Patrick, it was issued by a UK company that was started a year and a half ago. A year and a half ago. It's called the CCDH, The Center for Countering Digital Hate classic Orwellian doublespeak because they are actually causing digital hate, but it... They have an opaque funding history. In other words, you cannot find out who's funding. It's funded by dark money. We believe a large portion of it comes from a Swiss philanthropist who's known for funding these types of projects. Actually the guy, the CEO Imran Ameen, I believe his name is, is an unregistered foreign agent and we've reported him to the federal government. Most likely,

he's going to wind up in prison. What's so amazing about this, is that none of these media have ever bothered to question the source of this report.

Dr. Patrick Gentempo: Right.

Dr. Joe Mercola: They just accept it is true. Like it's like Reuters or United Press. I mean, it's just somewhat surprising and disappointing at the same time. That's one point. Then, I think the other issue is that, I've come to realize, I mean, we can go on for hours and hours discussing the details, but essentially what's happened is the people behind this strategy, and it is a very sophisticated strategy, have essentially created a mass psychosis in our culture.

Dr. Joe Mercola: It literally is a massive psychosis, that's essentially delusional and they've been able to do this because they've have the ability thanks to technology, to leverage and amplify fear, to enormous levels. It's fear in combination with nearly total control of the communications and authorities and spreading propaganda. Fear, this propaganda just amplifies the fear and then they implement strategies like lockdown or social isolation. So you cannot, it's very difficult to talk to other people and communicate. This is a strategy that is been well known and well documented through many animal behavior trainers. When you, if you want to get effective training effects, you put the animals in isolation. That's what they're doing with us humans.

Dr. Joe Mercola: This whole compound has resulted in this mass psychosis. Actually, this isn't the first time it's happened. There's other examples would be the Salem witch trials in which you've killed many women were killed. There's some towns that didn't have any women left after these. It was irrational behavior that wasn't based in truth. It's just this psychosis that develops. They haven't affected everyone, but they've affected a large percentage of the population, perhaps the majority, I don't know. Essentially they've lost their ability to object, become objective and rational and think clearly. They can be presented with facts, but they just ignore them. They're so convinced that what they're hearing from the government and the public health authorities is absolute truth, when in fact someone in their family could get the vaccine, be injected and literally die with the vaccine needle still sticking in their arm. Then they would go out the next day and get a booster, because they believe in it and it's safe and effective. They've just abandoned their rational thought process, which is sad.

Dr. Patrick Gentempo: Yeah.

Dr. Joe Mercola: It is really sad, because they the information is out there. I'm not the only one that's supplying this. There are many of us who are telling the truth and many conventional physicians who are absolutely pro-vax. They've been pro-vax their whole life. One great example us Dr. Robert Malone's, who's an MD, not really a PhD, but he should have a PhD, out of Salk Institute. He's the co-inventor of the actual platform. The messenger RNA technology. He's been a vaccinologist for four decades. How much more of a vaccine advocate could you be, than him? But he is turned around and said that what they're doing is wrong. There are

other physicians, like Peter McCullough, who is a very well, not written, but has many studies published hundreds of studies. He's the editor of two journals. He's on many review boards and he has, he and Malone both have come out. They're both traditional, well respected and well credentialed, as questioning that what they're doing, because with respect to safety because they really abandoned all the conventional safety standards.

Dr. Joe Mercola: They essentially eliminated the control groups from the original control studies or vaccine safety trials. There was a placebo... I don't know if the placebo got another vaccine. This is a trick that they use frequently in vaccine studies, because there's a control and the control should be a placebo. Something like normal saline, essentially salt water they inject. But instead, for many did these studies, they use another vaccine. Vaccines that's even more toxic than the one they're measuring, like meningitis.

Dr. Patrick Gentempo: I heard that. When I heard that, and I was wondering, I said, "Can that possibly true?"

Dr. Joe Mercola: Oh, it is.

Dr. Patrick Gentempo: "A placebo control that the sham is actually a vaccine intervention, just a different vaccine?" That made no sense to me.

Dr. Joe Mercola: Yeah, different vaccine.

Dr. Patrick Gentempo: As far as study design.

Dr. Joe Mercola: Oh, absolutely because you're rationally thinking, but they use this to deceive and manipulate people and that's really the crux of what's happening here is deception and manipulation with their propaganda to essentially incentivize people and motivate and bribe them into taking this vaccine. My view is that one of the primary justification motivations for it, is they want to limit the control group. Because if everyone, if they can convince everyone to get this vaccine, then there is no control group.

Dr. Patrick Gentempo: Right. Right.

Dr. Joe Mercola: There is no control group, but they're not going to be successful. There's just no way they're going to do it. There current effort, because all the bribes have seemed to be failed. I mean, they had million dollar, $5 million lotteries. Now Biden wants to give them a hundred dollars if they get the vaccine, actually COVID injection. It really isn't a vaccine.

Dr. Patrick Gentempo: Well, we'll talk about that in a moment. Let me ask you this, because you had mentioned this earlier, as far as how these there's been, I mean, that New York Times article that came out about you, was extraordinary that they really gave that much attention to you. Obviously it was negative, as it was pointed at you.

But if I was viewing data correctly, your book, The Truth About COVID went to number one, on Amazon for days after the article had appeared.

Dr. Joe Mercola: Four days in a row, was number one, which is pretty extraordinary. I've never had a book do that before.

Dr. Patrick Gentempo: Are they... Well, I don't know what kind term they use, but are they idiots in the sense that they're trying to discredit you? It seems like they're actually fueling your audience and actually promoting you. As the old adage goes, "I don't care what you say about me, just spell my name right."

Dr. Joe Mercola: Yeah. Yeah. That's certainly true here. They're not very strategic. I believe they're regretting what they did. They wish they wouldn't have. They were using me as an example, because I real, I promoted as the number one spreader of misinformation on a flawed study. Because in an article I wrote on it, we showed there was three dozen people in conventional media, like Tucker Carlson being the number one. I'm a fan of Tucker, but he's got, he's spending, he's reaching a lot more people than I am for sure.

Dr. Patrick Gentempo: Right, right.

Dr. Joe Mercola: They figure if they can take the small guys out like us, then that's their next step is to go for the big guys. The people who really do have the reach, and I'm not hopeful that they'll be able to do that. It's just that it's a stepwise strategy. You've got to take bite off small pieces before you get to the bigger fish.

Dr. Patrick Gentempo: What caused you to write your book?

Dr. Joe Mercola: Well, we've been... We publish a newsletter still every day. We have a newsletter that comes out. We have two articles. Usually we go through dozens, maybe a hundred articles in a day to find the best articles to publish. It's really difficult. There's so much coming at us, especially with all this COVID pandemic nonsense that's going on, isolation or not working and just your whole lifestyle being upended. It's really difficult to read a lot of stuff.

Dr. Joe Mercola: I mean, there's so much things coming at you. We thought it would be best to take the best of what we've written over a certain time period and condense it into an easy to book that explains it all in one place. It makes it easy and simpler to do. It's a strategy we've used in the past. I mean, most of this... We give away information free. There's no cost for it, but we've had to take it down, unfortunately. You don't even have to be the book... I would typically say, just go to the site and read it, but it's even if our site was still up, it's still complex. You have to do the search and it's not really condensed in a way that's an easy, that's going to put it all together in one place.

Dr. Patrick Gentempo: Why'd you have to take it down? Why'd you feel compelled to do that?

Dr. Joe Mercola: There was a lot of personal threats to me and my company. We thought it was best to do this strategy. Hopefully at some point in the future, we will have it back up again, probably under the protection of a private membership association. Because freedom of speech, First Amendment is really being threatened. It has been, I mean, the censorship and the banning is just incredible what they've been able to get away with. It was primarily a defensive move on our part. I was sad to do it, but the articles, they weren't burned.

Dr. Patrick Gentempo: Because they'll always be around.

Dr. Joe Mercola: They weren't deleted.

Dr. Patrick Gentempo: Yeah.

Dr. Joe Mercola: They're just unavailable at this time.

Dr. Patrick Gentempo: Basically, I guess the concern is, and the concern isn't just newspapers and reporters, but even the federal government I'd imagine. Right? That they come and they dig around, they find stuff, then you've gotten letters from varying agencies.

Dr. Joe Mercola: Sure. It's like you see YouTube channels, or even, I think the Tokyo Olympics is a good example. The guy was the head of the Tokyo Olympics, literally in 1998 wrote a post about something. He had to resign, because it was 20 years ago, 25 years ago. You know?

Dr. Patrick Gentempo: Wow.

Dr. Joe Mercola: I mean, who knows what we wrote? Because my newsletter's been up for 25 years. It was really, taking it offline to make sure that they don't find some twisted perversion and use that as a justification for some offensive move on their part. Because they probably got the department of justice coming after me and variety of other federal agencies, federal trade, FTC. They've got a large arsenal at their disposal and we've got lunatics, absolute pure lunatics like Peter Hotez, who wrote an editorial or a letter, I can't remember which, in Nature. That's one of the most prestigious journals in the world. He said, "People like me that are spreading this misinformation, we should have directed Cyber Warfare Attacks Act."

Dr. Patrick Gentempo: Wow.

Dr. Joe Mercola: Because we're a bio terrorist. It's an absolute replication of, classic replication or Orwellian doublespeak, where they're perverting the exact, the meaning to the exact opposite.

Dr. Patrick Gentempo: Yeah. Well, think about it, because they're basically suggesting terrorist action, if you will, and accusing you of being the terrorist, when all you're doing is

providing free information for people. And here's the thing I find ... well, I don't know if it's most. Most disturbing might be the censorship, but I find this to be very disturbing, is the fact that they never actually allow a debate over what they think the disinformation is. They just sweepingly say they're supplying disinformation because you're questioning the vaccine. But they don't actually take the specific assertions and say here's what's wrong with this one, here's what's wrong with that one. There's no debate. It's just anybody who doesn't toe the party line, we're going to have to decimate, and we can justify that because people will die because of their so called disinformation, as compared to saying let's debate it.

Dr. Joe Mercola: Yeah, and the party lies with what the CDC/WHO say, World Health Organization. And the WHO is virtually nearly 100% controlled by Bill Gates. We can go into the details on that if you want more information, but it's a Bill Gates organization. He's the primary funder, the primary funder of anyone in the whole world, any country, is Bill Gates. So obviously he's big into vaccines. So there's no debate.

Dr. Joe Mercola: And it is literally impossible to have informed consent on this vaccine unless you have all the information. And when they say, some of the few news agencies who do point out my misinformation, every time I've heard it, it's always me quoting a study that disputes what the narrative is. But it's a study. It's not like I'm doing some random editorial and just rambling. We're discussing a study that disputes what they say, and they say, oh, this Italian study, he cites this. You know, so it's just mind-boggling that they fail to engage the population with this dialogue. And you have to have a dialogue if you're going to have informed consent. There's no way around it. Their intention is to suppress all information that's counter to it, and essentially censor everything, which makes it really effective to continue this mass psychosis. It's really one of the primary tools that they're able to achieve it with.

Dr. Patrick Gentempo: Well, this is the thing. I think this has gone far beyond a vaccine issue, right? I mean...

Dr. Joe Mercola: It's a freedom issue. It's ultimately a freedom issue.

Dr. Patrick Gentempo: It's ultimately a freedom issue because we're looking at tyrannical powers that are being ...

Dr. Joe Mercola: Global tyranny. Right.

Dr. Patrick Gentempo: ... that are being imposed under the guise of an emergency, emergency situation, emergency powers. You've got a vaccine that's being rolled out, and that's a part of it, and there's a whole debate about that. But there's also all these shut downs of businesses. The civil liberties are taken away. To me, the one that is the linchpin of it all is freedom of speech, your right to be able to speak and for people to be able to listen if they choose to, and to engage in

public discourse. And science dies without free speech. Truth dies without free speech. Now it's just a matter of either you're going to promote the agenda or propaganda that we tell you to, or we cancel you, we delete you, et cetera, which is what it seemed like they tried to do with you. But let me ask you this, because you would have, I think, a better pulse on this than almost anybody. Is the resistance to what's going on bigger than what we might understand?

Dr. Joe Mercola: I really can't honestly answer that because I'm not networking with a lot of outside groups. It's certainly not doing polls and finding out what it is. But my suspicion is it may be, because what can we rely on? Conventional mainstream media, and pretty much everything they tell you is not true. So if there is a difference, then we wouldn't know it, even if there was, at least from the mainstream media. It's this fascinating thing. The most recent one that just blows my mind, we found some articles showing that they had these bots on these telephones, hundreds of phones just blasting social media with all different names, but the same message. They were faking physicians to say they just got back from the ER, and 99% of the cases were ones who weren't vaccinated. Well, this was fake information that came up from the CDC in January, before the results of the vaccine got deployed. But now, if you do the results today, it's the reverse. 70, 85, 90% of anyone who has COVID now is someone who's been vaccinated.

Dr. Patrick Gentempo: Wow. They're so called breakthrough cases, right?

Dr. Joe Mercola: Yeah, breakthrough cases. Yeah, breakthrough, to minimize the potential concern about ineffectiveness.

Dr. Patrick Gentempo: But let's talk about that for a second, because that data where they said over 90%, I don't know if it was 99%, but the vast majority who were getting COVID were unvaccinated, but that was false data, right?

Dr. Joe Mercola: It was fake data. 100%. Anything new will say the exact opposite. A report by the CDC Director, Rachel, I forget her last name, but she was saying, yes, admitted, admitted on national TV that the COVID injection does not provide protection against infection.

Dr. Patrick Gentempo: Right.

Dr. Joe Mercola: It doesn't. It simply doesn't. It never did.

Dr. Patrick Gentempo: I mean, the claim is it just softens the blow, right?

Dr. Joe Mercola: That's what they wanted you to believe, was the average person who got the injection, and they believed that they could now be safe to visit their elderly parents. They got it for that reason.

Dr. Patrick Gentempo: Right, but it's not true.

Dr. Joe Mercola: They weren't even doing it for themselves, most of these people. They were doing it for people they love.

Dr. Patrick Gentempo: And I think you're making a really good point here, because many people that I spoke to, exactly that. They really didn't like the idea of having the vaccine, but they felt like they were protecting elderly parents or people they love. I can't tell you how many people said, well, I just thought I should take one for the team. They knew that their personal risk was very low, they're younger, they were healthy, et cetera. It's got to feel like a betrayal to find out, well, you know, that doesn't really protect the loved ones. You still can get and shed the virus, right? So that is kind of, I think, when people really catch hold of that, that could create some rebellion. I also heard that a lot of the data, when they said X% of people were unvaccinated, that data was taken very early on, before the vaccine was really disseminated. So there were no-

Dr. Joe Mercola: The stats come from January.

Dr. Patrick Gentempo: By January, there weren't very many people vaccinated.

Dr. Joe Mercola: No, hardly any. No. It was hard to get. It was logistically challenging to get the vaccine.

Dr. Patrick Gentempo: But I mean, I can't imagine how disingenuine it is to put out that data saying, oh look-

Dr. Joe Mercola: Well, it's part of the propaganda. It's very sophisticated, very clever. Plus social media enhances it. We've never had these tools. This is the most sophisticated propaganda campaign in the history of the human race. We have never had these types of tools before, and there are leveraging it to the hilt. I firmly believe they're not going to get away with it. They will ultimately fail. I think it's going to get worse before it gets better, but I do believe they're going to self destruct. I just don't want to be around when Goliath falls, because it's going to be bad.

Dr. Patrick Gentempo: In your view, man-made virus?

Dr. Joe Mercola: That's a joke. It's 100% man-made. There's an irrefutable proof. You've got patent proofs, you've got research grant proofs, you've got research papers showing it. We broadcast it in February of 2020. We've known this for a year and a half, but now it just came out. And then we were banned on Twitter, we were banned on... I mean, they deleted our posts for saying this, that now is being accepted as true. I mean, there is just irrefutable documentation showing this. It's 100% man-made gain of function research. The records go back 20 years, 20 years to show that.

Dr. Patrick Gentempo: Yeah, I've seen those records. But here's, I think, one of the big things that people need to observe, and you just said it. I'm not saying this politically as a

pro or anti Trump, for example, but what I do know is that when he suggested it, the media, everybody railed against the thought of it. I know that you... you were just talking about your posts about this being man-made a year and a half ago were censored, right, for even suggesting it. And now all of a sudden, we're a year and a half later, and everybody says, oh yeah, do you know what? It is man-made.

Dr. Joe Mercola: Yeah, because they couldn't deny it. The proof is irrefutable.

Dr. Patrick Gentempo: Right, but this is the whole point, is saying that if you have something that you post and you want to suggest it a year and a half ago, you're literally censored for it and vilified for it. But it turns out later to be true, so how many other things are being censored now that are true, that come out a year, two years later, and say, wow, this was found to be true too. Because these things lead, these paths lead somewhere, right? Think about it. Policy makers make decisions based on what they think is true, and if they can't get to the truth, there's no discourse around the truth, then we're making bad decisions. We have no choice but to make really bad decisions.

Dr. Joe Mercola: Yeah, yeah, yeah. I've been doing this for decades, right, 25 years, and I'm used to the discrediting. I mean, they've tried to get me so many different ways. They tried to take away my license three times. They've been unsuccessful every time because it was fraudulent suits that made no sense, and we won every single time. Usually it's because I'm ahead of the thing, the pack. Once, they tried to take it away because I exposed the fraud of mammography. It's an absolute fraud, and it really doesn't work that well at all, and they tried to take my license away for that, even though I wasn't treating people for it at all. It was a freedom of speech issue.

Dr. Patrick Gentempo: You had an opinion. Yeah, you had an opinion, and because you had an opinion, they suddenly think that they need to try...

Dr. Joe Mercola: And it was based on a study published in the most prestigious journal. It was like New England Journal of Medicine. I was forbidden to talk about it because it blasted the mainstream narrative. So I am no stranger to this, you know, and it makes perfect sense. I understand what they're doing. And it's not just me. I mean, I'm just a family physician who retired to spread truth and basic information so people don't have to suffer needlessly and die prematurely because they've been exposed to pharmaceutical propaganda.

Dr. Joe Mercola: But there are research scientists who've committed their whole lives who've just been destroyed. I have a business that supports me, but many of these people, they are fired from jobs and that's their only source of income. Then they're discredited. I mean, they literally destroy these people. I mean, Fauci, if you read the books on Fauci, Robert Kennedy's got one called The Real Tony Fauci coming out in the fall. It's just unbelievable, and exposes his crimes. This guy should be in prison until he's dead, and then beyond that too, for what he's done. I mean, he's responsible for killing a third of a million people with AZT in

the AIDS epidemic. If you read it, you'll find out what he's done with COVID is an exact replication of what he did with HIV. No difference, it's just worse. He didn't change his colors.

Dr. Joe Mercola: And anyone who opposes him is just crushed, destroyed, decimated. He has such enormous power. That guy has been responsible for allocating over $1 trillion in federal funding, a trillion dollars since he's been in his position for 50 years with the NIH. He knows who it goes to. He gets this whole mill, and he's got these principal investigators at all these different universities, and it's a cabal, essentially. And if you go against them, you are just destroyed. So fortunately they're trying to destroy me, but everything I do is legal. We've got incredible counsel to advise us and guard us, and I do have alternate revenue streams that they can't take away. I don't work for a university, I don't treat patients. I'm glad I stopped doing that, because they would have put... not a clone, a shell, someone in there. I forget the name they call him.

Dr. Patrick Gentempo: A shill.

Dr. Joe Mercola: A shill? Yeah. Whatever it is, and then sue me to death for something. I haven't seen patients for 15 years to avoid that strategy that they would use to remove me from what I'm doing.

Dr. Patrick Gentempo: Wow. Well, this is all, to say the least, quite disturbing, and I know that you've been a focus in this whole witch hunt. But I certainly appreciate the work that you have done and continue to do, and the fact that you continue to publish your newsletter, even though you had to take down the archives for personal protection, protection of people that work in your company. Any final thoughts around this before we close?

Dr. Joe Mercola: Yeah. I mean, I don't want to get people discouraged. I think ultimately we will win. I would encourage people to seriously review both sides of the vaccine issues, there's a lot of information out there, before you get it. And if you've gotten it, before you get another booster. So re-think that seriously. And what can you do instead? There's a lot of things that you can do. I've got them in my book. It's on my website. But basically make sure your vitamin D levels are optimized. The only way you can do it is get a blood test. It needs to be between 60 and 80 nanograms per milliliter if you're in the United States, 100 to 150 nanomoles per liter if you're outside the U.S.

Dr. Joe Mercola: And then you want to make sure you do something to make sure that you're engaging in lifestyle choices that cause your body to burn fat as a primary fuel, and not sugar, because most, 80-90% of the people are metabolically inflexible, and they've lost the ability to burn fat. So one of the simplest strategies... and vitamin D is not an expensive supplement if you take it. But you don't even have to swallow a supplement. I haven't swallowed vitamin D for over 10 years. You can get it if you live in a warm environment like Florida and you go out regularly with minimal clothing on, like a swimsuit, and you don't have to take vitamin D.

Dr. Joe Mercola: But the other strategy is intermittent fasting, where you compress, or time-restricted eating is the more accurate term, where you compress your eating into six to eight hours, and that will cause your body to start to burn fat for fuel, which is a powerful strategy, because you're metabolically flexible. Your immune system works really well.

Dr. Joe Mercola: The other big thing, it's simple, and I'm writing a book on it now, is to avoid most all omega six fats. They're a dangerous fat, and they're called linoleic acid, which most of us have 20 to 30 times as we normally consume. As a result, it causes severe oxidative damage to your cells and your mitochondria and your DNA and your proteins. So the key take home is to stop eating vegetable or seed oils, things like sunflower, safflower, corn oil, and even oils like olive oil still have significant LA in there. That's if it's the real deal from these specialty shops, where you're paying $30, $40, $50 for a quart. But most olive oil, 80% of it in fact, Patrick, is adulterated with these inexpensive, cheap seed oils that are full of linoleic acid. So you've got to be really careful. Avocado oil would be another one. It's adulterated just like olive oil, most of them. So avoid the seed oils.

Dr. Joe Mercola: It doesn't mean you can't have snacks, healthy snacks, baked goods, but any processed food, for the most part, is going to use seed oil. If you go into a restaurant, if they have any sauce, 100% it's going to be a vegetable oil or a seed oil that's going to be really high in linoleic acid. So I really caution people to go out to eat. And actually, if you believe in what we're saying and you're not vaccinated, like if you live in New York, you're not going to be able to go out to eat because you show proof of vaccination, and it's kind of spreading, so it won't be an issue for many of us.

Dr. Joe Mercola: But you've just got to be careful in what you're eating, because what you're eating is ultimately going to contribute to your total health. You know, it's just shocking that they wouldn't encourage people to do these simple strategies that are inexpensive, and the only side effect is you get healthier, that you lower your risk for heart disease, cancer, diabetes, Alzheimer's, age-related blindness, these are all things, arthritis. So that's the side effect, I mean, you get healthier. And you're not going to be spending as much time or any time in the ICU or dying prematurely or suffering needlessly with pain that you shouldn't have. Because all these diseases that we get, they're almost always related to those factors. Now, obviously the art of medicine is quite sophisticated, and there's a lot of details in there, but if you are metabolically flexible, if your vitamin D level is optimized and you're not eating processed foods, especially seed oils, those are the foundational strategies for improving just about every disease known to man.

Dr. Patrick Gentempo: You know, as you talk about this, it just makes too much sense to say, you know, if you're really concerned about COVID and your vulnerability, getting healthy is the best assurance you could get. As we just discussed, even you can get the vaccine, you still get COVID, even if you thought the vaccine might work, you still are at risk. But this leads me to maybe a last subject that we could talk about here, which is your views on things like Ivermectin, hydroxychloroquine

and zinc, those interventions which seem to be much safer, and maybe very efficacious. What have you found around those?

Dr. Joe Mercola: Well, I'm somewhat anti-drug, but those two, Plaquenil, or hydroxychloroquine, and Ivermectin have been around a long time, and there's millions, maybe billions of doses that have been used. Well documented toxicity. I think it's even indicated in pregnant women and children, I believe. Maybe not both of them, but certainly Ivermectin, I believe. So yeah, they can be used. I mean, I prefer different strategies personally.

Dr. Patrick Gentempo: Can you talk about those?

Dr. Joe Mercola: Well, I like nebulized peroxide with a nebulizer, and I've done videos on those to walk people through that. And I think it's a really powerful strategy because it can optimize your microbiome, and your gut flora are really largely responsible for how healthy you are. So in addition to destroying any pathogens in your upper airways, when you have them there, they can also disturb your microflora, microbiome actually.

Dr. Patrick Gentempo: If I asked you, would you do that prophylactically?

Dr. Joe Mercola: Oh yeah, yeah. I do it pretty much almost every day or every other day. Yeah.

Dr. Patrick Gentempo: Really?

Dr. Joe Mercola: Yeah.

Dr. Patrick Gentempo: And it's basically diluted. What concentration is the... it's a food grade hydrogen peroxide, I guess you'd recommend there.

Dr. Joe Mercola: Yeah. Most food grade you buy is about 12%, so you would dilute that 100 times. Basically 0.1%. Yeah. It's a big dilution. You do not use 12% to nebulize that. I mean, even the stuff you buy in the pharmacy, which has stabilizer in it, which is 3%, you would still dilute that like 30 times.

Dr. Patrick Gentempo: So you want it under 1% concentration for that.

Dr. Joe Mercola: Yeah. 100th. And you just mix it up with clean, usually saline distilled water, and you put some salt in it, like about a teaspoon in a pint of water so it's normal saline. Because you don't want to be inhaling and nebulizing distilled water. That would be dangerous because there's something called osmolality that can damage your tissues. This is where the virus resides. It resides in your upper airways and your lungs, obviously. So I've suggested this peroxide protocol to probably a dozen people or so. David Brownstein, who's a family medicine physician in Michigan, has done 200 people. So between the two of us, we've got... he's treated them. I've only suggested it to people. But he's actually published his results as an anecdotal trial, clinical trial, and he's got it published

in a peer-reviewed journal. So he has not had a failure, I have not had a failure until one person, so almost 300 people, and she failed for two days. If you're going to get better with peroxide, it's literally with that day, certainly by the next day. If it doesn't work in two days, it's not going to work, and then you might have to elevate it up to another even more potent oxidative therapy like ozone, intravenous ozone, which is a little bit more difficult to find, certainly more expensive, but it's more effective than nebulized peroxide. This woman who failed the nebulized peroxide, she responded immediately to the ozone.

Dr. Patrick Gentempo: Great.

Dr. Joe Mercola: It's the next level up. For the few people out of 1,000 who don't respond to that, that would be the next level. So I think these oxidative therapies utilize your body's own immune system in a way that's quite profound and superior, with virtually no side effects. I mean, there's no side effects for 0.1% hydrogen peroxide. It's almost water, it's so dilute. I mean, it's 30 times more dilute than the stuff you buy in the grocery store. That's what I like first.

Dr. Joe Mercola: But I have no problems with people taking Ivermectin. I mean, there's something that Dr. Paul Marik developed. He's an intensive care physician, and I think he founded the FLCC, the Front Line Critical Care Community. He's noted for developing the MATH+ protocol. That stands for methylprednisolone, A for ascorbic acid intravenous vitamin C, T is for thiamine or vitamin B1, and H is for heparin. They integrate also Ivermectin and hydroxychloroquine. But actually I'm in the process, it was on my list of things to do today. There was just a study published out about a letter to the editor in one of the infectious disease journals that brought this up and support for it. So I'm going to try to get that to Dr. Marik and see if they can start integrating this into their protocol, because it really needs to be there. He's a really respected intensive care physician. But even guys like him, they're censored. They're banned. I mean you couldn't get more traditional than this guy, but he's still banned. I mean, he's so traditional, he won't even let me interview him.

Dr. Patrick Gentempo: Yeah. And I just want to say clearly, make sure, you who are watching right now, to just make sure that you really get a lockdown protocol, and you know how you're diluting, et cetera. You don't want to get the hydrogen peroxide dilution wrong. It could be a problem. But if you can get it right, where it's maybe 0.1%, et cetera, that's important.

Dr. Joe Mercola: That's why I like doing it every day, because you're doing it, so if something comes up, you just increase the frequency. I do it prophylactically. I just gave a lecture at my office, and we had a few thousand people there. It was outside, but I still, I do it, because you don't know. I mean, we still don't know any potential risk of exposure to people who've been vaccinated. We don't know. We don't know. So I think it's wise to do it every day just from that, because if you have any social contact in the public, you're going to be exposed. Half the population's vaccinated, so who knows how long they're transmitting, or

shedding. It really isn't technically shedding, but eliminating lasts for. We don't know.

Dr. Patrick Gentempo: Yeah. They could shed if they were exposed and infected, but yeah.

Dr. Joe Mercola: Yeah.

Dr. Patrick Gentempo: I love the fact that you have these really low to no cost things or activities that people can engage in that show great promise and efficacy, at least anecdotally, and I think there's been a lot of research published. I was reviewing some research on Ivermectin recently, specifically for COVID, that was, I thought, mind boggling. And again, I'm like you. I'm categorically pretty much anti drug, except that if somebody's infected, and it's compared to what the traditional things are that they recommend. This makes a whole lot of sense.

Dr. Joe Mercola: Remdesivir, $3,000 a pop, or this COVID jab. Come on. It's a no brainer. It's a no brainer when you do the objective analysis.

Dr. Patrick Gentempo: Yeah. Well, as always, again, I very much appreciate all the work you're doing. I appreciate you taking the time to share right here.

Dr. Joe Mercola: Yeah, and people can continue to see my work. As you mentioned, I deleted 15,000 articles in all the 25 years we've had, but I still publish a daily newsletter. We continue to publish what we did, but it's just ephemeral, so it's only up for 48 hours. Anyone can still go to our site and subscribe, get all this information and all the updates that we have, and anything new. I mean, we really have some of the best of the best articles up on the net, widely circulated. And if you want to post it anywhere, we do not have a copyright on it, so you're free to take it and post it and do anything you want with it.

Dr. Patrick Gentempo: Yeah. I've seen your articles shared very liberally, and I was happy to see that. Just going to mercola.com, that's the way to find this information?

Dr. Joe Mercola: Yeah, mercola.com. Yeah. There's not much there anymore, just four articles. Not a big treasure trove like it used to be. But it changes every day.

Dr. Patrick Gentempo: That's awesome. Well, again, Dr. Joe Mercola, thanks for the stance that you take, and the people that you help. I appreciate you spending time here with us.

Dr. Joe Mercola: Well, thanks for having me on and allowing me the opportunity to share some of my experiences with this. It'll hopefully help some people.

Dr. Patrick Gentempo: That completes my interview with the amazing Dr. Joe Mercola. Again, isn't it incredible that our White House is calling him out as an enemy of people, when all he wants to do is help them regain control of their health and let them know the truth when it comes to health and well-being? Anyway, you can see he's an

amazingly courageous and knowledgeable man, and I was very grateful that he took the time to sit with me so I can share what he understands with you.

Outro

Dr. Patrick Gentempo: That concludes episode seven. We're moving down the track now. We're a nine episode docuseries. Thanks for being here, man. You're a real trooper for hanging in there, getting through this whole episode. Here we are, you and I together right now. So excited that we can share this with you. Also, know that if you haven't already taken a look at our packages, take a look now. We're in the free viewing period still for a little while, and you can find the one that's right for you and make that investment, and know that you have our gratitude. If you already have purchased your package of COVID Revealed, thanks for doing so. Make sure you share it. That's going to conclude episode seven. I'll see you in episode eight.

Dr. Lee Merritt: If you speak out against the vaccine, you don't think it's safe, suddenly you're this anti vaxxer, and it's become like conspiracy theorist. It's just a word to brainwash everybody that you're a loony tune if you ask for safety in your vaccines. Lockdown is not what we do in medicine. We talked about quarantine, and never once since time immemorial and Hippocrates have we quarantined the well. We always quarantine the sick, not the well. But lockdown? That's a term you use for prisoners. If somebody mandates you to put something in your body, then whether it's the government or your boss, then it means you don't own your body. They do.

Dr. Bryan Ardis: This is the first time in history, of the 140 years of our pharmaceutical medical history in America, that there's ever been a disease where we said wait till you're really sick before you go get treated. Even a parent or a coach of a Little League team, without training of any kind, if a kid sprains their ankle, they don't look at that kid and go, do you know what? You should wait four days till that gets really swollen, and then ice it. There is going to be a huge outbreak is what it's going to look like. There's going to be a huge amount of autoimmune diseases, neurological diseases like ALS, Parkinson's, MS, that are going to be contributed directly to these shots. However, the time between the two of them is going to allow them to get away with liability.

Bonus Interview: Thomas Woods

Dr. Patrick Gentempo: My next interview is with, Tom Woods. Now, Tom, is a smart guy, Harvard, undergrad, PhD from Columbia University in history. Now why is that relevant here? Because we should be looking at historical context to understand what's going on in the world right now. Tom, is the host of Tom Wood Show. He's a very gifted communicator, and I believe he has a very sharp and interesting context when it comes to this whole COVID scenario. I really enjoyed my time with him. And I think you will too. Tom, I've been looking forward to this conversation. Thanks for taking the time.

Thomas Woods: Always like talking to you, Patrick. Thank you.

Dr. Patrick Gentempo: Let's get back into your background a little bit. It's interesting that you speak about this subject and we'll understand why in a few moments, but let's start with your academic background. What'd you study in school, where'd you go and all that kind of stuff?

Thomas Woods: Well, I went to Harvard and Columbia, Harvard for undergraduate, Columbia University for my PhD. All of this was in history. I'm looking forward to being a historian of what we've been living through and chronicling it. And as a matter of fact, and this isn't quite to your question, but I'll get to that in a minute. It occurred to me that whatever textbook chapter appears in a typical school textbook of American history, dealing with COVID is going to be filled with nothing but propaganda and nonsense. You know that as well as I do.

Dr. Patrick Gentempo: Yeah.

Thomas Woods: There's no question about that. One of my projects for the future, it has to wait until COVID winds down a little bit more because there's still so much to say and experience, unfortunately. But I want to write and give it away for free to the world. I want to write the chapter of your kids' textbook that they should read instead. They should forget about the COVID chapter that they're being given. And actually, I haven't put anything up there yet, but I bought the domain pandemicchapter.com. I'm going to write this. It's going to have charts and graphs and pictures and it's going to look like a textbook chapter. The difference being it's not propaganda and give it to the world for free for parents, teachers, anybody in the world to use. That'll be my project. Anyway, I have this elite Ivy League background, but it in a way prepared me for today because although, of course, I learned an enormous amount in my traditional schooling. At the same time, there was an awful lot that was left out or that was distorted or whatever that I had to find out for myself.

Thomas Woods: And I had the benefit as an undergraduate of having access to the largest private library in the world and the books I wanted to check out. I never had to worry anybody else was checking them out. They were always right there collecting dust on the shelves. I was able to supplement my formal education

with the activities of an autodidact. I really did have to learn a lot of the stuff I would later teach on my own. And the parallel with today, I think should be obvious that if I had a steady diet of CNN, I would know absolutely nothing about what was going on in the world. I might know some facts like this man's name is, Anthony Fauci. I would learn those facts, it's true. But everything else I would have to supplement other sources. I've been doing this my whole life at this point.

Dr. Patrick Gentempo: Wow! Well, it's fascinating. And this is one of the reasons I was really excited to talk to you is because we can certainly talk about the science. And we've had multiple people that have come on, who are scientists and academics and researchers in medicine and getting there are insights around COVID and what's going on. And that's been quite fascinating. But there's this larger picture that I think is actually the more critical aspect. And that is the assault on liberties, the assault on the constitution. And when I say assault, I mean, I don't think anybody denies that, no matter what your orientation might be, that there's a tyrannical approach towards how to enforce society in the context of what is perceived as an emergency.

Dr. Patrick Gentempo: Some people applaud it saying, yes, misinformation should be taken down. First Amendment should be basically put aside while we're in the middle of this emergency. Of course, I don't agree with them. But in my mind, there's ominous parallels between what's going on now, and historically, what's happened at very dark times in human history. And I figured you probably have been observing these better than anybody. I'd love for you to talk about how you see things right now.

Thomas Woods: Well, I had the good fortune on my podcast, The Tom Wood Show, speaking to somebody who serves in the Australian government at the level of Victoria, in Victoria. And that's where they've had some of the harshest lockdowns, that's where Melbourne is. And this is as of late summer, early fall were being still, and for all I know, still going on being told that they could... And by the way, this is a liberalization of the law. They could have three hours out of their homes, three whole hours, but they can't be anywhere farther away than five kilometers from their homes. That it has been the most irrational, anti-science, insane monomania you can imagine. And the police will come, will beat you if you leave your house and it's unauthorized. For a while, they even had there had playgrounds closed.

Thomas Woods: Now we had playgrounds closed in the US, too, because of hysteria. They were reopened again fairly soon compared to Australia where it took forever for them to reopen. And then it was, well, but only one parent can be there at a time. Or parents can be there, but you can't remove your mask to take a sip of coffee while you're there. And none of this is going to do any good. There's no scientists who think that's going to do any good. But at the same time, there are people I believe in the American public health establishment, who would've liked nothing more than to see a regime like this put in place. And then, we've heard, there were a couple of Israeli politicians caught on a hot mic in which

they admitted that particular measures they had taken with their green pass were not founded in science, but just to humiliate the unvaccinated, ruin their lives to the point where they would just surrender.

Thomas Woods: It is, as I suspected, punitive and in terms of the constitution. Well, this goes to show why it is every single time there is an opening on the Supreme Court, the nominee gets the same constitutional questions. They always want to know, what do you think about the Commerce Clause? That's the first thing. And then maybe they'll ask about a couple of other clauses, but the Commerce Clause has been the whole they've driven a truck through whereby a limited government with only enumerated powers gets transformed into an unlimited government because they claim that well, if something affects interstate commerce, then sorry, I guess the federal government can do whatever it wants with it. The famous case, maybe some viewers will know is from 1942, Wickard versus Filburn, which said that a farmer growing wheat on his own property to consume, either himself or for his livestock to consume is actually, even though he's growing it here, consuming it here, he's engaged in interstate commerce, implicitly because by abstaining from buying the wheat from interstate commerce, he has thereby affected interstate commerce.

Thomas Woods: Obviously, this means anything affects interstate commerce, breathing, existing, anything affects interstate commerce. And that's just the way they like it. Obviously, there would not have been any point in listing the federal government's powers in the constitution, if they then added a clause that said, "By the way, pretty much anything that you might find convenient or useful can also be done." The Commerce Clause was intended to, "Regulate interstate commerce," in the 18th century sense of regulate. That is to make regular, to remove obstacles to the free flow of commerce so that the individual states would not be imposing tariffs on each other. Those would be struck down by the interstate Commerce Clause. But now it's just taken on this crazy life of its own. And we are, "Wow! Are we reaping the, well, not benefits, whatever the opposite is?"

Dr. Patrick Gentempo: The detriments.

Thomas Woods: Yeah.

Dr. Patrick Gentempo: It's interesting. We talk about interstate commerce. And we just had a thing happen recently with the White House using OSHA. And Ted Cruz, I think he said, intent matters in the law. The intent of the law was what you said is to make sure that there's not interference with the commerce between the states, but other than that, the autonomy of the states was something that was pretty important. And now they use... And I think the same thing's true, the FDA, if you're not doing something that's under FDA jurisdiction across state lines and they have no jurisdiction, it's only when there's interstate commerce that they get to come and enforce. Now we've seen this whole thing around emergency powers, emergency use authorizations that are being given and then how these

powers are invested in people. And they're taking away civil liberties in a startling way.

Dr. Patrick Gentempo: One of which, I think is, and this is maybe not enforcement as much as it's something that is being celebrated is social media platforms, free speech, having open debate, these types of things and propaganda. And I see a lot of this coming out as propaganda saying that it seems that people are putting out headlines within the agenda, knowing they're not true, but trying to say that the ends justifies the means if we do this. I guess, my question for you is, do you agree that these types of things are going on, at least, what I just said? If so, maybe embellish a little? And then number two, where has this happened in history before? And what should we be learning for from it?

Thomas Woods: Well, I actually think that, not to say that there are no parallels today, but that this will be an episode. People will be comparing future episodes to. They'll say, well, we need to learn from that 2020 coronavirus fiasco, the lessons of history. And I'm afraid, we are providing the lessons of history to people right now. In terms of your first part, what's been astonishing and interesting to me is to observe on, let's say a platform like Twitter. People being banned from Twitter for saying things that six months later, everybody admits is true. Wait a minute, these cloth masks don't seem to do anything. Well, how about that?

Dr. Patrick Gentempo: Yeah.

Thomas Woods: I mean, how many people had their lives severely disrupted, their livelihoods that depend on communication through social media. All that upended, because they said something that it took what we laughingly call our public health establishment a year finally to catch up on and realize was correct. Or when it came to the subject of robust natural immunity. Well, this is like a crucifix in front of Dracula to the public health establishment in the US, which is so strange, by the way. Because in European affairs, we've seen a much, much more readiness to acknowledge prior infection. If you look at the various restrictions they've put in place, like at a venue or something, they'll say, all right, you need to have either vaccination or a negative test or evidence of prior infection. And this has been true across Europe. I mean, this has been true. You can see this from the UK all the way to Russia. The outlook liar here has been the US. And it makes people wonder, is there something the U.S knows that the rest of the world doesn't?

Thomas Woods: Now, by the way, sometimes that is true. Maybe that is true sometimes. Highly unlikely here. It's had people speculating. Maybe there are venal motives at work. Maybe there's a financial motive here that the there's no money to be made in natural immunity, but there is money to be made in other things. And you talk like this and some people just shut off. They just can't imagine that anyone could be thinking in monetary terms. But these are people who 99% of the time tell us how evil and profit seeking and selfish businesses are. But then in this particular one case, they're all impartial angels who are seeking exclusively the common good. Well, I guess that's not totally impossible. But

honestly, I think we're really living in a unique situation because we live in a world that has the internet now. And it's interesting to think.

Thomas Woods: I think the internet has been a double edged sword in this crisis. And I think, as I say, future episodes, we'll look back and say, let's learn the lessons of 2020. It's been a double edged sword because on the one hand, even with all the insane censorship and the disruption of the free flow of ideas, we still have been able to spread a lot of important information more than we would've if there had been only three television channels. There's no doubt about that. But at the same time, the governments of the world have also been able to spread insane hysteria all around the world very quickly. And they have all the respectable people associated with them. Why are they respectable people? Because the government chooses them as their spokesman. No other qualification. There are people with every bit, as much of a background as, Dr. Fauci, and all these other self important people, but because they don't support the regime's approach, well, we just dismiss them.

Thomas Woods: And so it's been hard to get the word out. And secondly, I think in a way maybe, Patrick, we've learned something about human nature here. That for a long, long time, perhaps even ongoing, there was a huge swath of, certainly, the American population that simply did not want to hear any good news. "Good, the virus isn't as infectious as we thought." "Good, the numbers aren't as devastating as we feared." Or, "Hey, it turns out that being outdoor at the beach isn't a danger to you after all." I mean, all these sort of things say, isn't this a relief? Or, it really isn't a threat to children. There have basically been virtually zero child deaths from COVID who did not have some extreme comorbidity already threatening their lives. This should be great news. Instead, our News cycle is driven by anecdotal evidence of one person. And then in paragraph 20, you find out the person had 12 things wrong with them. But they're trying to extrapolate from that one person with 12 things wrong with them, to you, the life of a completely healthy person with nothing wrong with them, you should be just as afraid as that person. That's been the astonishing thing to me. People don't want the good news. They want the hysteria. They are people who want the disruption. I've been flabbergasted at this.

Dr. Patrick Gentempo: Do you characterize such things as propaganda or do you think propaganda is something else?

Thomas Woods: No, I think it is propaganda. I mean, it's manipulation of the public mind for political ends. Now, I don't know if that's technically the definition of propaganda, but I'm using that as a working definition.

Dr. Patrick Gentempo: Yeah.

Thomas Woods: And certainly, we've seen that. And to see them change their minds, but then act as if they haven't or claim that the science changed. Where did the science change? Initially, we have, Dr. Fauci, explaining the problems with masks and explains them very succinctly and effectively. And then people say, "Well, gee!

You used to be used to say that masks were useless." By the way, you look at the charts all over the world, it's obvious, masks are useless. They introduced masks, nothing has happens.

Dr. Patrick Gentempo: Right.

Thomas Woods: You can't tell the difference. And he'll say, well, the science changed. What part of the science changed? Show me. Give me the paper that shows me where the science changed. I don't see that. And then the, the laughable so-called studies, I mean, come on what they're mannequin studies or their studies where they ought, they assume masks were, and then they run the study. But that's the very thing that we're trying to prove here. Or they have some Bangladesh study or this and that, that actually shows that the cloth masks don't work that maybe the medical masks work a little. But the problem is the, the confidence interval in the study ranges from zero to 20%. So the study could be saying that medical masks they're 20% effective, or they could be saying that they're zero. And that's really the best that they've come up with. Meanwhile, we have all this real world evidence that seems to show... I mean, we have countries all over the world that are 95, 90% compliant with masks, and what cases are going up 1000%.

Thomas Woods: There's no interest in that. And instead you're propagandized into thinking of the mask as evidence, that you're a good rule follower, that you're a good obeyer. And so you get people who will even almost admit that I wear mask to show that I didn't vote for Trump, or I wear my mask to show that I care about other people's lives. And you say, "Yeah, but it doesn't do anything." It's clearly obvious it doesn't do. And the ridiculous mask you are wearing, obviously, doesn't do. I'll never forget, Alyssa Milano, the actress.

Dr. Patrick Gentempo: Yeah.

Thomas Woods: I will never forget, maybe a month into this, she took a picture of herself, posted it on Twitter, saying I've got my mask on, and she wasn't joking, it was a knit mask with holes this big. I mean, it wouldn't hold in pieces of food spitting from her mouth, much less a virus, right? She's wearing this knit mask. And so it's been an insane propaganda campaign to get people to do things, regardless of whether they're evidence based or not. I came up with the idea that the real driving force, the real principle, if we can call it that, behind the various measures we've seen is simply this, that if there's something that brings people joy, we should probably ban that, just to be safe. But on the other hand, if there's something that makes people miserable or is an extreme inconvenience, it would be better to instead support that. Regardless of whether it works or anything, we feel like if there's pain, if there's sufficient pain, then the labor theory of value can kicks into high gear. We must be doing something. We must be accomplishing something, if we're inflicting pain on ourselves and on our neighbors.

Dr. Patrick Gentempo: I think that's actually something that's really interesting, because you've heard varying forms of statism, communism, socialism, fascism, et cetera, describe the shared misery, right? If we're sharing this pain, somehow that's virtue. And it's a pretty sadistic point of view, a pretty sadistic philosophy, but it does seem to be the case. When we see that people don't like the fact that, "Wait! I'm minute, I'm suffering and I'm doing my part, but you're not suffering, you're not doing your part." And then we get this segregation between the vaccinated and the unvaccinated. And the characterization at the unvaccinated are these mindless idiots that are ruining it for everybody else. But all the data shows that the highest population of unvaccinated people are PhDs. People like you.

Thomas Woods: Yeah.

Dr. Patrick Gentempo: That actually, are the most informed, most educated. They're the ones who are looking at this saying, this is either insane, or at least, it's unproven and the safety's not been really demonstrated yet and I'm not doing this. It's really, to me, this has become political. Right?

Thomas Woods: Yeah.

Dr. Patrick Gentempo: You can see regulatory dispositions based on what kind of estate you live in. If you live in California, it's one thing. If you live in Florida, it's another thing, and everything in between. People keep cradling about science, science, science, but now it seems like there's been... And this is the thing that's inconceivable for me, as a historian, tell me if I'm right or wrong. But it used to be, the Democrats were the people who were most focused on civil liberties at least some decades ago. And now they're the ones that seem to be the most aggressive about taking away civil liberties. What's your observation around that?

Thomas Woods: Well, unfortunately, I don't want to make this political, honestly, I want to have allies from all background. I don't want it to be a left right thing. And unfortunately, that's the way it's panned out. And it's interesting that early in 2020, it was flipped. It was the right wing that was concerned and thinking about banning travel and all this. And it was the left wing saying, "You're overreacting, come on. It's a virus, big deal." And then when Trump... The whole thing just suddenly became reversed. It's totally crazy. I think, frankly, that there are people on the left specifically who are all for civil liberties when it comes to defending themselves, but that's not because of a principled stance on civil liberties. It's not because they believe in. I think, we're learning that they believe in a free speech for its own sake.

Thomas Woods: It's, I want it from me, so don't, you dare disrupt my ability to speak. But once they feel like they're sufficiently entrenched, well, then we see that, well, that was really just for me. That was a path to power. And now that we're in power, it doesn't really matter for you. And so that's what I think. How much farther do we need to go than just to look at the American Civil Liberties Union? They have civil liberties in the name. And it took them forever to say anything about vaccine, passports. Took them forever. I used to taunt them on Twitter and I

would say, "Hey, ACLU, one of your staffers must have accidentally deleted all your tweets about the dangers of vaccine passports, because I can't see a word about them on your feet." Of course, there wasn't a word about them. They're all up in arms about this or that trivial thing. But the issue of our time, silence. And then finally, they said actually vaccine passports enhanced civil liberties.

Dr. Patrick Gentempo: I almost fell out of my chair. And instantly just for the record, I don't identify a Republican, Democrat, I'm a libertarian, as far as my own political philosophy.

Thomas Woods: Yeah.

Dr. Patrick Gentempo: It's not like just prior to all this, I advocated one or the other. I saw that statement you're talking about and it literally was the greatest double speak, I think, I've ever seen. It just was such a contradiction. It was mind boggling to me.

Thomas Woods: Yeah. Yeah. And meanwhile, the messaging on the vaccines has gotten to be so crazy. What they're now saying is, these vaccine are so effective that there's only one small, tiny, trivial thing you need to do after you get them to stay protected. You just have to banish everybody else from society. That's all we have to do. And then your vaccine will be effective. Gee! That's bound to make people thrilled about vaccines. And by the way, meanwhile, this is sometimes propaganda is not just what they say, it's what they leave out. I would venture to guess that almost no American, or let's say 10% maybe are aware that Denmark around September dropped all their restrictions. Every single one. They still had a few countries, you couldn't come in from to visit, the US being one of them.

Thomas Woods: I was hoping to go see what life was like in Denmark. But I have a lot of email subscribers to my newsletter who write to me from all over the world. And I have a lot of them in Denmark saying, it's genuinely true. We really are back normal. They did temporarily have one of those virus passes where you had to show your status and various sort of things. But they actually got rid of that. First of all, this is a nice, what we call, you've heard of red pills and blue pills. This is a white pill. It's a pill that should make you feel not hopeless. That there's nothing said in stone that life has to be like this forever. But at the same, my friends in Denmark say, because we did block down, we still have that hammer hanging over our heads that in case the numbers should get bad, you never know they might do it again. In Sweden, there seems to be much less likely that they'll do it again, because they didn't do it the first time.

Dr. Patrick Gentempo: Right.

Thomas Woods: And again, for several months running, basically, zero deaths in Sweden on the virus, zero. They're 100% back to normal. They have basically, the mask compliance is around one to 2%. It's like nothing. You go there and you see no evidence of any kind of pandemic going on. In Stockholm, which was the worst

hit part of Sweden. And for a while was the worst hit part of Europe. It's like there's nothing going on there. And meanwhile, all these other countries are saying, well, we have to do X. We have to do Y. But the question should be, do you have to? Are you sure that we would've had the same result either way? I mean, when you look at these couple of countries, Denmark, it's true, did have some restrictions early on. But they were fairly less a fair actually compared to a lot of other countries. Maybe we're doing this for no reason. Why don't we look at these cases of Sweden and Denmark. And you bring this up to them and it's like their heads explode. They don't know what to do. It's like the stake through the Heart of Dracula.

Dr. Patrick Gentempo: Well, the data is hard to refute because to your point early on, I was always looking at Sweden because Sweden said, everybody's crazy. What are you talking about? This thing needs to pass through. You only quarantine the vulnerable, the elderly and comorbidity people. And everybody else should stay to work. Otherwise, you create evolutionary pressure on the virus. It's going to mutate. It's the other. You have to allow this to pass through. We saw SARS-CoV-1, we saw MERS. I mean, it's not like we don't have some precedent for it. But to your point, see here's the thing, if the agenda can be vaccinate everyone and you get 100% vaccination rate, you have no controls. They can say whatever they want.

Thomas Woods: Yeah.

Dr. Patrick Gentempo: Right? But you have these now countries like Sweden and in the United States, we got 50 different little countries in a sense. We have controls and reference points to your point as you're making earlier saying, well, what happens if you didn't do all these things that you said were necessary? Let's look at the data. And the data is looking like there's stark irrationality built into the shutdowns, destroying of people's lives, the vaccine rates, and the forced vaccination. There's a lot of disturbing data coming out of Israel now who's like before everybody else, that narrative. And now imagine that you're in political office and this is where it gets to be difficult, where you got out in front of people, you mentioned already, Fauci, the contradictions and the things that he has said over time and others. Now they're in a predicament that there is data that is showing that the things they said were necessary and essential to protect human beings were not. And actually probably had the opposite effect. They have to find ways to try to, I guess, run for cover or to make everybody else wrong.

Thomas Woods: Absolutely. I think, well, first of all, I wanted to, before I forget, mention that Sweden, sometimes they'll say, well, those countries must have been really highly vaccinated. Well, I mean, they have reasonable numbers. But Sweden is number 13 in Europe. Not exactly the top of the pack in terms of vaccination and they're seeing this result. It's interesting to look at the result of the Palestinians where they're seeing almost no COVID activity, and how vaccinated do you think they are? Again, we just need answers to these questions instead of pretending that the questions aren't there. But you're absolutely right about

how hysterical they are about preventing a control group. Now it's the vaccines, before it was the lockdowns. When Sweden refused to lock down, the hysteria we saw in the international press, I don't think can be attributed to, they were just deeply concerned for the wellbeing of Swedes.

Thomas Woods: It was, these people have got to lockdown because there is always a chance that what we're doing is just going to be a catastrophe. And we cannot allow people to say, well, why didn't we do it the way Sweden did? The fact that they withstood the pressure of the whole world, little Sweden is extremely impressive. Just as impressive as it is that Governor DeSantis in Florida, withstood the pressure of everybody. He is ridiculed and smeared and misrepresented. Stephen King, the author back in September, put out a tweet saying, "Do you realize 1200 people died of COVID in Florida today or yesterday alone?" Now Florida has never come anywhere near... There weren't that many deaths in all of the United States on that day from COVID. He doesn't know how to read the number and it's just embarrassing, 80,000 people like that. There are people in America who actually think Florida's doing badly. Now they did have a spike. That's true. But when you look at the overall numbers over the course of the 18, 19, 20 months, well, what do they say? Well, the only number that matters is age adjusted COVID mortality, because you have to compare apples with apples.

Dr. Patrick Gentempo: That's right.

Thomas Woods: Some states have much older people than other states. Florida has, obviously, a notoriously old population, people go there to retire explicitly. California has only the 44th oldest population. You can't just directly compare them. When you compare them age adjusted, Florida out of 50 states, you would think Florida must be number one, the death destination of America. Right, it must be number one, it's number 40.

Dr. Patrick Gentempo: Wow!

Thomas Woods: And these people on social media are calling him death sentence. He's 40 out of 50.

Dr. Patrick Gentempo: Yeah.

Thomas Woods: What kind of an automaton are you?

Dr. Patrick Gentempo: And this is the disturbing thing. There's confirmation biases, is driving the machine all the way now. It's, we'll look for every bit of data we can to confirm a point of view. And I think everybody to some degree is guilty of it. But there's got to be some pardon in the pun injection of rationality here saying, we should want to know the truth. We shouldn't want to spin data to fit a narrative. We should actually see if we can look at raw data, extrapolate information from it and then have knowledge that is meaningful. And I don't know that we can

never get that at this point. There's just too much investment in a certain narrative that prevents us from taking a scientific approach.

Thomas Woods: Honestly, I feel like we're living in two realities at this point. I don't know how this is ever put back together. Increasingly, I think the enlightenment was wrong about reason. And I can't believe I'm saying this. But the idea that the characteristic feature of human beings is reason. Now clearly compared to a seal or a fish that is the distinguishing feature, but that doesn't necessarily mean that reason is the faculty we go to in all circumstances. Reason may be the faculty we use to figure out, and now I'm sound like, David Hume, but it may be the faculty we use to figure out if I hungry, if A, then B. I need to go eat a sandwich. And reason will do that. But in terms of issues like this, it's like fear and irrationality are such difficult obstacles to overcome. And I do see some people in the public health establishment saying it's going to take for ever to regain people's confidence given what a fiasco this has been. I think one thing we have learned in this crisis is that so-called, "Public health seems to attract hypochondriacs and control freaks and insane lunatic," honestly.

Dr. Patrick Gentempo: Yes. Well, and I think to your point, I would make a distinction philosophically between reason and rationality.

Thomas Woods: Maybe so.

Dr. Patrick Gentempo: Yeah. I think that we're using our ability to reason, but we're not being rational in the way we're applying it. And I think that, because you're exactly right. It's saying, we have this ability to actually, abstractly conceptualize things and think about them and assess them, but we're not being rational in our use of it. And that's leading us into this crazy world that we're in right now. I mean, it literally is a world gone mad. And going back to what you were saying earlier Australia, you had somebody on your show in Melbourne or Victoria, but looking at what's happening in Sydney, marching kids into stadiums and whatnot.

Dr. Patrick Gentempo: And at what point does a rebellion occur and I think maybe a rebellion is occurring? I'm wondering because this is also, I think, a historian. I think you're one of the most important people or historians are really some of the most important people right now to be able to give us context for our irrationality saying, in history, humans have whipped themselves up into frenzy, fear has taken over and this was the outcome in the world. And we might want to all take a step back and take a deep breath if we can learn something from history. I do think we're in an unprecedented episode here to your point earlier, true. And we're living in a world that is connected via the internet and it has far reaching implications also. But at the same time, I think the fundamentals of irrational behavior, tyrannical approaches towards trying to deal with what's perceived as a crisis. And what happens in the world when that occurs is something that we could be in very serious trouble here. I mean, where do you think this is all going?

Thomas Woods: Well, I like to be optimistic by nature. I'm short run pessimistic. But I'd like to think that this will come out all right in terms of people being able to live decent lives. And so in Moscow, they introduced in June of 2021, a vaccine passport system for restaurants and things like that. And you had to show either the proof of vaccination, the negative test or the proof of prior infection. And within a month, that was overturned. The restaurateurs were screaming about what it was doing to business. And eventually it got overturned. So the question will be, is the political system as responsive in the United States as it is in Moscow? It's legitimate question. And the other thing that I guess concerns me about the future is now everybody supports science.

Thomas Woods: There's nobody, this whole thing, you're anti-science. I don't think there's really anybody who's anti-science. That is just a dumb guy term, a low IQ term meant to demonize certain people. Nobody's anti-science. What we are against is the worship of scientists. Science the process, who could be against that? But what we've seen, and moreover, the extension of quote unquote science into areas where it clearly doesn't belong. If Dr. Fauci says, the most urgent thing for us to do is X, well that's be because his goal is B or something. But who says that he gets to tell us what our goals are or what our priorities are? I have no doubt that, Fauci, would love to live in a world where if there was just one case he could shut down the country. I'm sure he would love that.

Thomas Woods: But science can't tell us whether that is something we should do. They can say, if you want to accomplish this, then you should do that. But it can't tell us, well, maybe we don't want to accomplish that, because maybe it comes at too high of a cost. Look at the cost that people of Australia are buried. Those kids have not had normal lives. They've been stuck literally in their physical homes, not able to see anybody for a year and a half going on two years. There's no way that price is worth it. You can't put a proposition like that in a test tube and get a scientific answer telling you, "Nope, it is worth it." It's a philosophical question, whether something is worth it. But as soon as you try to have these philosophical discussions, people act as if science has already decided them.

Thomas Woods: How could a test tube decide the meaning of your life and what the priorities you have are? Or furthermore, there's no class, Dr. Fauci, and I use him as a representative of all the crazy lunatics. There's no class he took when he was in college, teaching him, well, if you shut down all of society, you're going to have to balance that against supply chain, disruptions, and other health problems and mental health and domestic violence or whatever. There's no class for that. He's just going by the seat of his pants, he doesn't know. But the idea that, "Well, he's a scientist, so he..." He hasn't even thought it through.

Thomas Woods: I think it was September, October, somebody finally asked him, are you considering the side effects, the collateral damage of these lockdowns? And he admitted that he wasn't. But yet people feel like, well, you can't question the science, but the science can't possibly answer these questions because they're not scientific questions a lot of them. Or they're questions that go into other fields, maybe they go into economics. Maybe they go into a variety of

interdisciplinary areas. These are questions that you, according to your own values, only you can answer. Dr. Fauci, can't answer them for you.

Dr. Patrick Gentempo: Well, and this is, I think, important to understand, things like engineering and so on, can be exact sciences. Two plus two equals four, every single time. The clinical sciences, the biological sciences, they're not exact science. And that's the thing, you said it, and this is 100% right. It's an ignorant statement to say, well, we follow the science and you don't follow the science. Or yeah, we believe in science and these people aren't getting the vaccines don't believe in science. That's absurd. And it's literally the person who makes such a proclamation is displaying extraordinary ignorance toward understanding this is come complex. It's not just one a very linear, simple thing. You're aligned with science if you get vaccinated and you're not, if you don't. That's a stupid thing to say.

Dr. Patrick Gentempo: There's a lot of complexity in understanding virology, vaccinology, epidemiology. These things are deep and complicated, sciences. That you have to have some context to be able to draw conclusions. And to your point, the question is, what is the end in mind here? You see, because as you said, Fauci, maybe agrees or has admitted, I'm not giving consideration to the collateral damage. That's a very narrow saying, I have one job. My job is to try to do the best I can to impede the spread of this virus and people who might be injured from it. And I'll do that at all costs meaning, hey, even if this were true, if I save 10,000 lives in my actions from the virus, but I cost 100,000 lives as far as collateral damage, well, that's not my problem. My problem was to lower the death rate from the virus, even if it increases death rates in other dimensions. And to your point, as we've seen, are the skyrocketing, suicide ideation, depression, domestic abuse, you can go down the line, you can see the cost of society for the actions has been quite extraordinary.

Thomas Woods: Also don't forget the propaganda campaign about you're selfish. You're selfish because you want to live a life worthy of a human being and you don't want to live like a vegetable. That makes you selfish. But it always seemed to me that the selfishness was exactly the other way. That it's not my job, I'm just about to turn 50 or I'll put it this way. It's my job to look after younger people like my children. It's not their job to look after me when they're 15 years old, that's not their job. Maybe when they're 40 and I'm 107 or something, they're going to have to maybe help me out. But when their kids, that's not their job. My job is to protect them and give them a good life and say to them, "When I was a kid, I got to have all these wonderful and irreplaceable experiences. And I want you to have those experiences too."

Thomas Woods: But instead the messaging seems to be, well, when I was a kid, I got to do all these things, but sorry, kid, you got to stay home. You can't experience all those joys. You have to stay home and wonder what the point of your life is. Why isn't that selfish? Couldn't I just as easily frame it that way? Why isn't that selfish? It doesn't serve the regime. It doesn't serve the propaganda campaign. We hear nothing about it. And to me, by the way, it's amazing how much resistance we have. Of course, I want much more resistance. I want to see entire societies

rising up. And I've been very disappointed about that. But considering what we are up against, almost every Hollywood actor, almost every musician. And if there's a handful of musicians who speak out against it, the hysteric totalitarians want to cancel them because they can't tolerate even a few dissenting voices.

Thomas Woods: The corporate CEOs pretend to be in favor. I'm sure this is crushing, at least, some of them. But if they feel like they have to pretend. The political class overwhelmingly, the university professors. Imagine that we still have people willing to stand up, even though they're not as many people as we wish stand up against kind of overwhelming opposition. Under, Donald Trump, we had a lot of people saying, "We're going to resist." Okay, well, look, I'm against all politicians. Feel free, knock yourself out and resist. But your resistance, your resistance is being carried out alongside what, all the people I said. You're with all the university professors and the CEOs and the politicos and the Hollywood people. Well, gee! That must be a breeze to resist that. Try walking in our shoes for 10 minutes. You so-called resistors, see what real resistance is like, getting your name dragged through the mud and being smeared and misrepresented. And then now, if you're unvaccinated, basically being pushed to the edges of society, and yet still refusing to go along with the narrative, that's resistance. That takes courage.

Dr. Patrick Gentempo: Yeah, I agree. And I think there is a silent resistance, it's much bigger than the media will ever let you know. And it's portrayed in numbers though, when you say that, I think we're not much north of 50% after all the propaganda, all the drive. We're not much north of 50% that have had two in the second shot.

Thomas Woods: Right.

Dr. Patrick Gentempo: And with all of the effort that we're sitting where we are, as far as, what percentage of the people have gotten the shot. I think they've underestimated the resistance. Because, of course, the elite is, these are just dumb people. They'll do whatever we say. Inject a little fear, give them the savior story and then turn them loose. Well, they're a lot smarter and shrewder than people might give credit for. We're seeing in France, huge demonstrations and the hundreds of thousands of people have taken to the streets, not covered really in the media. I don't know if you saw a week or two ago, but there was a mall outside of Paris that required vaccines to get in and a mob of unvaccinated people took over the whole mall in protest of this.

Thomas Woods: Yeah. These things do encourage me, but then there's also maybe quiet, more modest acts of rebellion that don't make the news. For example, back in late August, I was in Reno, Nevada. I was there for a concert and I was at the Reno Event Center that has a capacity of about 7,000. And at that time, the Governor of Nevada had reintroduced a mask mandate after having removed it a couple of months earlier, he put it back in. And so all through the state, any indoor venue, you have to have the mask. Everybody walking into the building was wearing the mask and out by the concessions, they were wearing the mask and

buying t-shirts. They were wearing the mask. And then they went inside the venue itself. I am not joking, Pat, it was 95%, there were no mask.

Thomas Woods: There was no security person. It was going to go up to 19 out of 20 people and say, put your mask. They were gone. And Nevada has a democratic governor. It's maybe a purple state, we might say, it's not a red state by any means, but everybody knew. But the funny thing is, these are people, I would guess, three quarters of these people the very next day would be talking about the importance of wearing your mask. It goes to show that in their heart of hearts, they know I take the mask off and nothing seems to happen.

Dr. Patrick Gentempo: Yeah. Look at College Football.

Thomas Woods: Yes.

Dr. Patrick Gentempo: We see so many contradictions, and I believe there's going to be a tidal wave of inescapable data coming from events such as you're talking about. Well, look at Obama's birthday party out in Martha's Vineyard. There's so many contradictions. Gavin Newsom, enforcing all these things and eating at the French Laundry with a group and nobody's wearing a mask. These people don't believe what they're saying. They believe in power and control and they want to step up and force that control, but the rules don't apply to them. And there's only a certain level that I think the masses will have tolerance for that. I'm an optimist too. And I'm chilled by what I'm seeing, but simultaneously, I do you believe in the power of the people and over time that, that's going to prevail. At least, I'm really hoping so.

Thomas Woods: Well, the thing we need to allow is for people who really had their lives ruined by the lockdowns, there are people who are financially ruined. If you were in the entertainment industry or adjacent to the entertainment industry, maybe you do audio services, or maybe you own a venue or whatever. Anything like that ruined. I mean, you were ruined. I've seen venues close in my area because what am I supposed to do? And we could go down the list of people who were ruined. Some people came out ahead, but a lot of people were ruined. But you can't tell the story because if you tell your story then a selfish bastard. But I want to hear those stories, because those stories matter, those people matter.

Dr. Patrick Gentempo: It not only matters, it matters significantly. But then further, it turns into, it makes you your cock head and say, "Could this be a plan?" Think about it, as of the time of this recording, what did, Biden, recently do? But say that employers with 100 or more employees using a loophole, through OSHA have to have their employees vaccinated. And let's think about this, what happened for last two years? We destroyed all the businesses that were small businesses that had under a hundred employees. If I were an evil emperor, and I'd look and say, well, first let's destroy all those businesses that have a small amount of employees because they're the frees people of all. You go to Frank's Pizza on Main Street with five employees and say, "Hey, get your employees vaccinate." Frank's going to give him the Italian salute.

Dr. Patrick Gentempo: But now Frank's wiped out, to your point, and so are many others like that. And what's left are bigger employers that weathered that storm because they weren't forced to shut down with local businesses. They had a different thing. Then we can go and say, we'll make sure they all get vaccinated. We're going to enforce a vaccination on them. It gets to be criminal. I mean, I know several of these businesses that have been destroyed. And incidentally, most of whom were immigrants who were working seven days a week in those businesses with their families, trying to give their kids a better life, et cetera, forced to shut down, forced out a business. Their life savings destroyed, which they had very little to start with. That's what they put into the business. They were willing to do the work.

Dr. Patrick Gentempo: And that's what happened, as far as that getting wiped out, which creates more now dependencies on the government for entitlements, et cetera. And then you get the big businesses coming in and they're going to say, we're going to enforce this vaccine. It's a pretty distressing picture that gets painted. And I think I would like to see it, I'm sure you've probably featured some of them on your podcast and your newsletter, these small businesses to give them a voice and say, here's what happened to me. I'm the collateral damage and what did I get for it? I have friends now that run big events. Where are they doing them? In Florida. They would normally do several of these in California and some other states. And they now just run them all Florida, because Florida's fine with it where these other states won't let them do it. Anyway.

Thomas Woods: I bet Denmark is going to have a tremendous flood of tourists, which is great. I was planning to get married in New York, and this is not going to work out because I am not subjecting my guest. How tacky is that? To get in my wedding, going to show your vaccination. That's not happening. I just bolted on out of there. And it's sad to me because leaving the politics aside, I went to graduate school in New York. I have a lot of very fond memories there and it's meaningful to me. And so to be displaced from there, it's not like what people are enduring in Australia, but it's a small thing. But so we're going to take the big chunk of money we plan to spend and spend it down in Florida and reward those people.

Thomas Woods: You can vote with your feet and that's certainly good to see, but you hit on it when you said, what do I have to show for it? What do we all have to show for all these closures? And this is why I was so sick of this. I've looked at all these different charts, comparing this state with this state. You just can't see any difference. Even when they're neighboring states, and so you can't say, "Well, that population is so different from this one. We can't draw any conclusion." When the state is right next to the other state, these people are identical and you can't tell the difference. I created a website where you could take a little quiz and you look at the chart. For example, I have a chart of after February 20 21, Iowa dropped all its COVID restrictions. And the other Midwest states didn't. They did things like that much later.

Thomas Woods: For the next two months, you gather data about deaths and whatever, and you graph it. And so on in the quiz, one of the questions is, I haven't labeled any of

these states. I've just drawn the lines. Iowa ought to stick out like a sore thumb, right? It ought to be going way. Go ahead, try and pick Iowa out. Go ahead. Which one do you think is? And of course, you can't tell because they're all identical. You cannot tell. I decided that people need to see that if they take a quiz like this, they're going to get an F every time. All the know-it-alls who are telling you on Facebook, how urgent it is for you to live like a vegetable, they would all get an F. And I don't know about you, Patrick, but when was in school on the rare occasion that I got an F on something, my gosh! Did it grab me like this?

Thomas Woods: I'm hoping to reproduce that old feeling in the gut in these people. I don't sell anything on this. It's just, I had to put it up there. It's COVID charts with an S, covidchartsquiz.com. And just try your hand at it. And then after a while you realize the pattern. Well, wait a minute, sometimes the state that's doing better is the state that did nothing. It should be overwhelmingly obvious. If these kind of unprecedented sacrifices were required of everyone, it shouldn't be like a 3% difference, whatever. It should be overwhelmingly clear, which places did what, and it just isn't.

Dr. Patrick Gentempo: First of all, I'm going to go there and take the quiz today. Covidchartsquiz.com. Charts with plural. Okay. I can't wait to go see what's in there. Yeah. And I've been trying to follow these charts as much as can be followed based on what you're saying, is saying, is there a difference? I'd like to know. And we're finding there's not. And especially, some people say if there's a little bit of a spike of cases, but what happens when it has a trail off after? I mean, we need some time over time too. I think it'll tell a story. But in the end I could say that there's not compelling data that I've seen anywhere. And it doesn't mean I've seen everything, but I haven't seen any compelling data to say that the COVID restrictions and the shutdowns, et cetera, made any kind of a substantive difference compared to places that didn't do those things. I haven't found it and I'd like to see it if it exists, but I haven't found it.

Dr. Patrick Gentempo: Any final thoughts or words that yet you have around all this. You're somebody who studied history with Ivy League education, you are well informed, you're tracking it all. At your fifth decade of life, you're entering it. What do you think about what's going on? And what final words might you have?

Thomas Woods: Well, it seems like over time regimes like to demonize people and they like to pit their populations against each other. And by coincidence, when people are pit against each other, they're not pit against the regime itself. That's just the way regimes like it. It can be on all kinds of grounds that certain types of people are demonized. But this is what we're seeing in a lot of regimes around the world, but I think particularly in the United States, is the demonization of dissidents. And I don't see how that ends particularly well. But the dissidents have turned out to have enough clout somehow that they've been able to hold off some of the worst of it. At least, as of, let's say late summer, early fall, the UK, which was already to trot out vaccine passports throughout the country with venues and stuff has walked that back. Even though, almost no really

influential people were against it. It was just regular people. The despised, the discarded, the demonized, they have a little of power after all. They can actually make their voices heard after all. That's not just romantic fantasy. They can. And they are the key to getting us out of this. Them not falling into despair and giving up, we can still pull this out because we don't have a majority, but we've got a lot of really, really engaged people.

Dr. Patrick Gentempo: Yeah.

Thomas Woods: I don't want to say that the voice of the people always triumphs, I will say it will never triumph if we all give up because we're demoralized. It's easy to be demoralized. It's much tougher to just stay the course. And a lot of times things that are worth doing tend to be difficult, and this thing worth doing.

Dr. Patrick Gentempo: I agree with you. Thank you so much for sharing your thoughts around all this and for your continued efforts to try to bring the light, certain aspects of this scenario that people should be aware of. I think you're looking at charts, you're looking at data and actually getting a sense of maybe something closer to truth, is a great idea. And it seems like you're ambitious to continue to put that out. I certainly appreciate you taking the time here and for the work you're doing.

Thomas Woods: Thank you, Patrick. And thank you for doing this series.

Dr. Patrick Gentempo: That completes my interview with, Thomas Woods. I hope you enjoyed it. Again, understanding history and looking at what's going on today, you can draw some conclusions that might be meaningful. He's a heck of a thinker, and I'm glad that he shared his time with us.

Episode Eight

Dr. Lee Merritt: If you speak out against the vaccine, you don't think it's safe. Suddenly here there's anti-vaxxer, and it's become like conspiracy theorists. It's just a word to brainwash everybody that you're a loony tune if you ask for safety in your vaccines. Lockdown is not what we do in medicine. We talk about quarantine and never once since time in memorial and Hippocrates have we quarantined the well. We always quarantine the sick, not the well. But lockdown, that's a term we use for prisoners. If somebody mandates you to put something in your body, then whether it's the government or your boss, then it means you don't own your body. They do.

Dr. Bryan Ardis: This is the first time in history of the 140 years of our pharmaceutical medical history in America, that there's ever been a disease where we said, "Wait till you're really sick before you go get treated." Even a parent or a coach of a little league team without training of any kind, if a kid's sprains their ankle, they don't look at that kid and go, "You know what? You should wait four days till it gets really swollen and then ice it." There is going to be a huge outbreak is what it's going to look like. There's going to be a huge amount of autoimmune diseases, neurological diseases like ALS, Parkinson's, MS that are going to be contributed directly to these shots. However, the time, but between the two of them is going to allow them to get away with liability.

Dr. Patrick Gentempo: Welcome to episode eight of COVID Revealed. Well, we're a nine part docuseries. This is episode eight right now. So we're coming into that last little home stretch here, but let me tell you, we're not slowing down as we get there. There's a lot of powerful content yet to come. As a matter of fact, you might find that some of this content in episodes eight and nine might be the most important content for you in the whole series. Every piece of this matters. You need to hear and see this and to share it with other people.

Dr. Patrick Gentempo: Before we jump in, I just want to remind you while we're still in the free viewing period that COVID Revealed is steeply discounted if you want to own it. Not only can you get the entire series, but there are special bonuses, attractive bonuses that I think you'll care about. If you did already invest in COVID Revealed and so many have at this point, which encourages us like you can't imagine. Thank you. But if you haven't, now's the time to take a look. See what's there. Find the right package for you. Don't only revisit this information for yourself, but share it with other people so that they can learn it too. Episode eight is a significant one, and it's coming up right now.

Dr. Lee Merritt

Dr. Patrick Gentempo: Some months ago, my wife grabbed her phone and said, "Oh, you have to watch this doctor and hear what she has to say about COVID." I'm watching this video of Dr. Lee Merritt, and I was absolutely engrossed. She was compelling. She was intelligent. She was focused. What she had to say really drew me in. So when she said yes to us when we sent out the invitation to interview her for this series, I was really excited. Now you get to hear the interview that I did with her. Let me tell you, she is not pulling any punches. She tells it like it is, and she's an extraordinarily courageous human being for doing so.

Dr. Patrick Gentempo: Dr. Lee Merritt, thanks so much for taking the time to have this conversation.

Dr. Lee Merritt: Well, thanks for having me.

Dr. Patrick Gentempo: So I'm really ambitious to hear your story, how one goes from an orthopedic and spine surgeon to becoming, well, a self-proclaimed rebel, right? So if we can maybe start with your academic and professional background and career, and then we'll talk about how it got us to where we are right now.

Dr. Lee Merritt: Sure. Well, I trained at a medical school, University of Rochester School of Medicine and Dentistry in New York. I went off to the Navy and did an orthopedic residency internship, actually an internship in medicine at Bethesda Naval Hospital. Then decided instead after two years with the fleet, I'd rather be an orthopedic surgeon. I reapplied and was lucky enough to get in. Then I did that and I finished that out. Was a Navy surgeon for basically 10 years. I went off to spine fellowship back at the University of Rochester. Then when I was out at private practice, my husband at the time was a Marine colonel at the Pentagon. He said, "You should check out the Navy Research Advisory Committee." They need by law as a congressional committee that needs a physician. So I applied and I spent, I think, four years doing that.

Dr. Lee Merritt: That kind of awakened me to some of the defense issues that we're faced with and kind of how to look at them. I've been in private practice, solo private practice up until 2009 when I realized that doctors were becoming penned into hospitals through Obamacare. I'm past president of the Association of American Physicians and Surgeons. Actually we said that. We've been the voice of private practice since 1943. I love that organization. It's the one I still belong to because they fight for individual patient care, putting the patient first, not working for a big conglomerate. When you work for the government, you take the government dime, you take the government bidding. I think that's what we're seeing happen here.

Dr. Lee Merritt: So when this all broke out, I was semi-retired. I was doing a little orthopedics on the side, but I had a little practice down in Omaha, Nebraska doing laser therapies, totally unrelated to orthopedics. It was just kind of a entrepreneurial flame. A friend of mine said, "Hey, we need to go down and why don't you come

with us? We need a physician to talk against the mask mandate that's coming out." I said, "Sure, that should be a slam dunk because there's no science demonstrating the masks work. That should be easy." So I went down there and I realized I was facing the entire University in Nebraska virology, infectious disease, epidemiology, CEO, everybody. They were all around the other side. I couldn't believe it.

Dr. Lee Merritt: That kind of got into this because that little three minute spiel at which I kind of looked around and I said, "Anybody that believes in masks as a therapy for this, or as a preventive measure is either being paid or being played." That kind of got some viral air time, including it ended up on that, you know how Alex Jones does that first couple minute? Sometimes he just puts on a random video, and it was mine, which then Simone Gold called me to join the American Frontline Doctors and give the mask speech. 18 months later, my mask talk is still on banned.video as one of the more banned videos around. I got banned immediately. It got taken down immediately when it got put up after the speech at AFLDS. So that's how I really got into this because you have to ask yourself. What's about the mask that they have to do that? The answer is it's key to the psychological operation. that's COVID.

Dr. Lee Merritt: I'm actually giving a talk in, just in a couple weeks, at the Association of American Physicians and Surgeons at Pittsburgh. It's COVID ,the grand delusion. I'm not saying that there isn't something out there. I believe it's a bio weapon that started this whole thing. I'm not saying there isn't a problem out there. But most of what's we're seeing now, most of what has happened to us has been due to a great mass trauma, mind control type PSYOP that has just taken a over the world. That's what we have to fight probably at first. I mean, just looking at what the masks are doing to our children. That was my major point when I gave that talk is that you and I, adults, we're not going to be completely destroyed by the mask. We're just going to get mad that we have to wear it if we're normal people. Now, what has happened though, is they put them on children. Now children's psychologic development, that is critical. Seeing each other's human face is critical to development of children, that's being damaged. I had one of the other AFLDS doctors, Dr. McDonald is a pediatric psychiatrist. I asked him at dinner one night. I said, "If we stop this masking of children right now, will our kids be okay?" He said, "No, we've got some permanent damage that's happened." That was my biggest first foray into this.

Dr. Lee Merritt: Now I'd also written, published an article on hydroxychloroquine. Has the truth about viral treatment been suppressed for decades? Something like that. I can't remember the exact title. I wanted to write it as the biggest lie, but they wouldn't accept that title. I can never remember the one they made me put on there. But it's about that because I looked back and in 1974, we knew that hydroxychloroquine had the potential to do what it's doing for this disease. We saw it being useful for SARS. I mean, quite frankly, in January of last year, we already were online, doctors all over the world. We were hearing the Chinese and the Koreans and the Indians, people talking about hydroxychloroquine. They were more familiar with it because they'd faced this before. They were all

starting to use it. But then it came to America and it was just shot down the minute the President Trump said something about it. I thought, "Oh, that's orange man, bad." Well, it wasn't. It was more than that because here we have people dying and they're still lying about it.

Dr. Lee Merritt: They're still saying we, don't only thing about this. I mean, it got to be very obvious they were lying. I mean, the biggest one was the fake article. To back up there was a big international study that showed countries that used hydroxychloroquine early and often when this first thing broke out, had 75% less death than countries that didn't. It was huge numbers and it was all across the world. We see now that India's gone back to use it. Japan is officially using it. I think there's another couple countries that are officially using it. Yet we still are lying about it. You got to ask yourself why. So I wrote this article about the coverup and I came to the conclusion it wasn't just about this disease, or it wasn't just about President Trump.

Dr. Lee Merritt: One of the arguments, when I found a paper that said chloroquine, a potent inhibitor of influenza A in vitro, meaning we could treat the flu with this. I said, "Oh, that's what it is. 69 billion vaccine industry goes to zero with these things. Because it's not just this drug. There are other drugs that are like this. No, I don't think that was it either. I think it turned out to be that we can't terrorize an entire world's population if we know we have safe treatment. You can't get an emergency use authorization for a vaccine if you have a treatment. That's what that was all about. But what you ask yourself, same with the masks. What you ask yourself is it takes a lot of juice at a high level to suppress that knowledge for 40 years. That's what happened. It was published. It was suppressed from being talked about. I talked to medical students that never heard that we could treat viruses with antimicrobial agents. I talked to my friend in 40 some years as a professor of medicine. Never heard that. So, no, there are big, high level things going on running this show.

Dr. Patrick Gentempo: Yeah. Anything that seems to be related to early treatment is, you immediately kind of shut down, vilified and anybody who tries to propose it is killing people because you're creating vaccine hesitancy. I think to your point earlier, if anybody thought that there might be a hope for early intervention that showed promise, who's going to go take an experimental vaccine, right? So it seems like it's gotten kind of crazy in this respect. But in your past, prior to the current scenario, I don't see anything in your vita that says, you were sort of this rebellious, outspoken physician surgeon. So obviously something brought you out to speak up publicly, and now you're starting to discuss what that is, that you're seeing things that are missed here. Have you ever seen anything like this before in your medical career?

Dr. Lee Merritt: No, but in my 45 years of medicine, if I look back on it now and just to life, I think what we've been seeing are all the building blocks being put in place for this. I really think this is an extinction level event that's being thrown at the world and it's against us. This is an attack on humanity in general. Not about America, not about Japan. We might be the focus right now because we're the

most likely to stand up, but I think it's against everybody, all humans. We need to realize that.

Dr. Patrick Gentempo: For sure. It's interesting, as you discuss some of your experience in the military and in and around the Pentagon, do you have any speculation around what's driving all this? As far as do, I mean, do you think that everybody's complicit from the legislators right on down to FDA, NIH, Health and Human Services, or are they useful idiots? How do you see it?

Dr. Lee Merritt: I know, I know. This is why it's so effective because what's happening to us is so hard to believe. It's such a big lie that it's hard to believe. The other thing, people can't believe a huge conspiracy. The argument is how can that many people get together and cooperate. Well, the point is you don't need that many people. First of all, look at Enron. I mean, how many people below the top people knew the corruption that was going on there? No, it's just a few at the top can run the show to do things that are bad and most people are unaware. So the idea that you need to have a huge number of people that are in the know to run a huge conspiracy is wrong, but here's the thing I tell people.

Dr. Lee Merritt: Think about what happened in 2020. I personally think this started with a manmade pathogen, a manmade bio weapon. That was released. I can't prove how or why it was released, but I don't think it was the accident, but I can't prove that. That was deadlier than the rest of the year. I mean, there were things that happened that made me think if that had continued, we would've had two million people die by July. I was graphing death per days since December. I noticed that it was going up hyperbolically. But it stopped. It just became another flu season. I mean, another winter cease for death. Just, we always had this bell-shaped curve of death in the winter. No worse than that after the first.

Dr. Lee Merritt: But what then happened is we brought out these tests. Now these tests were devised in three centers, the Drosten test and the Louis Pastor Institute and the CDC. They all had their little proprietary test. But it was made commercially by commercial manufacturers that had guidebooks. In these guidebooks, it clearly states, I looked at Thermo Fisher and another one. It clearly states you cycle these tests from 20 to 30 times. If you go over 30 times, what will happen? You will get some false positives. If you go over 35 times, you're going to get so many false positives. If you look at the guidebooks, it shows it in the term of an S-shaped graph that once you go over 35, you start getting on the flat part of the top of the S, it's meaningless. It's not just that these tests are a little bit wrong. They're so wrong. They're at the level of the broken clock tells the right time twice a day. They should have been thrown out and they should not have been done that way.

Dr. Lee Merritt: But you have to ask yourself, these are lab managers that set these tests up. These are highly trained professionals that know what they're doing. They know how to set up tests. They know how to train their staff and they know how to check for false positive, false negative, right? They know how to quality control

their work. So why is it that all over the world, these lab managers all did it wrong and they all did it wrong in the same direction? None of them under cycled the test, right? It wasn't just accidental. They all over cycled the test. The final coup de grace is then on the magic date of January 21st, they all cycled correctly. Now they'd started down cycling. So what happened there? In my opinion, there are only two worldviews. If the people watching this decide there's a third, I'd love to hear from you. The first worldview is that in 2020, for some reason we had a group psychosis of lab managers, that they all had some kind of brain hissy fit, were connected together somehow and told to over cycle the tests. I don't know. They all had a brain psychosis.

Dr. Lee Merritt: The other one is somebody told them to over cycle the tests. Who could that somebody be? It can't be the CEO of some university hospital. It can't because it was all hospitals. It can't be like the state of Utah because it was all states. It can't be in the United States because it was all countries for the most part in the Western world. So by definition, this has to be a transnational or international conspiracy. A conspiracy by definition is two to three people, more than two people, in other words, that get together to do something that is bad for somebody else. We don't talk about a conspiracy to have a surprise birthday party. It's only conspiracy when we're going to assassinate somebody or do something bad. So by definition, this is an international conspiracy. I can't come up with another worldview because I really don't buy into the group psychosis of lab managers theory.

Dr. Patrick Gentempo: Well, what's interesting, to your point about the PCR test is that number one, it gets emergency use authorization from the CDC. Number two, as you said, the amplification cycles, they rig them to give a bunch of positive tests so it looks like there's a pandemic going on. All these infected people. Number three, they lower the cycles once it looks like they want to see that it's going down and vaccine's introduced, look, the vaccine's working. Then where I'm incredulous is, and then they say at the end of this year, they're revoking the emergency use authorization for the test that we shut down the world based on. You can't look at this and say this is normal course of intelligent thinking around the circumstances that were dealt with. Yet, there's a sufficient amount of complexity in understanding all this that it keeps people ignorant and reading headlines.

Dr. Lee Merritt: Of course. It's not by accident that we're ignorant. It's not by accident that we're confused. We have not done one thing that we would do normally to figure out what's going on. If this were a real pandemic, if this had been a real disease that they didn't know anything about, and it was sweeping the world like it appeared to be, what are some of the things we should have done? Well, we should have really documented those patients. Okay, we might have done some of that. Then the ones that we thought died of this new mystery disease, they should have had autopsies. We should have been doing a lot of autopsies. This is what we did. In the pandemic of 1918, Dr. William Wells from the Armed Forces Institute of Pathology came out to Kansas and went to Fort Riley, Kansas, and

started doing autopsies. Very bravely because he didn't know what was happening.

Dr. Lee Merritt: He brought a crew of other pathologists, and they went out, started doing these young recruits that were dying. They found some things that clearly were not viral induced. They found, for example, here's one that they found that you don't hear much, that the lungs were filled with blood. Well, it turns out that these guys were coughing and they had inflamed lungs, but Bayer Aspirin had lost its patent at that point. We also have a lot of documents from those times of observations. What happened? We're keeping these diaries so we know what happened for our future generations and that's what they did. So you can go back and read these and Bayer had lost their patent. So they were advising doctors and doctor societies had taken this up, that when you have a fever, you should just keep taking aspirin until it down.

Dr. Lee Merritt: Well, these doctors were seen giving handfuls of aspirin to these young men. So what happened is to some of them, they just bled out. We learned a lot. Then the next thing they did was look at transmission. They tried to prove transmissibility and interestingly, they couldn't prove it. But at least they did the right things. This is what you should have done and this is what we should have done here. We should have done autopsies so we actually know what we're dealing with. For example, if we did a hundred people that hospital A says are all dead of COVID and then we take those people and we farm them out anonymously to other hospitals, and we get blinded autopsy reports. What did this person die of? Then we'll see. Because if we found that 60% of them actually died of influenza and another 20% had bronchial pneumonia and blah, blah, blah. You don't know because we never did that. but there's no pathognomonic sign for COVID.

Dr. Lee Merritt: I mean, yes, there's some things that we look at. Here I am an orthopedic surgeon treating COVID just because I morally feel obligated to try to help people, so they don't go to the hospital, which has not been proven to be a good thing to do. But there are some things. So the taste and smell, you can get that with flu and other things, but that's one. If you have people that have a dry hacking cough and some chest pain and low O2 more than you would anticipate. Severe fatigue and this loss of taste and smell, that's kind of a collection of things. Type A blood puts you at more risk. So there's kind of a constellation of sign and symptoms that we associate with this disease, but we still don't know what we're dealing with.

Dr. Lee Merritt: Now we have a completely false test. So no autopsies, no pathognomonic sign, no false test. The crowning duel in this unknown shifting sand world is not having a viral isolate. I mean, I just, when I heard that periodically over the last 18 months, I just dismissed it. I said, "Oh, no. They got to have an isolate. Come on. How can they not?" Then you saw that video of a guy coming out of a lab, PhD in, in California saying, "No, the CDC can't apply an isolate." Now I couldn't prove that, but now it's come out, yes, that's true. The CDC doesn't have an isolate. 90 countries don't have an isolate.

Dr. Lee Merritt: God love him. Patrick King, up in Alberta, forced Ms. Hinshaw, the chief medical advisor of the province to admit she didn't have an isolate. So this whole thing has been made. I finally looked at it myself, not that I have the complete skills like a virologist. I talk to any competent... You look at how they did this. It's called an in silico genome. In other words, they didn't get it because they really did an isolate of the virus. They got it because they manufactured little fragments, put them together in a computer model and decided that it was close to SARS. So then they started looking at SARS and it came out to be SARS-CV2. They filled in some holes. You're talking about a computer generated genome to some degree.

Dr. Lee Merritt: When they started, they selected out only 150 base paired fragments to put together. Now that's a huge jigsaw problem because they claim this virus is 30,000 base pairs. The whole thing is shifting sand. We know nothing really about this disease. It's not too late. They could still do the right thing. That's the other point I would make. When you look at this being a conspiracy or not and how big. It appears, let's just take our CDC and NIH and Dr. Fauci. They did not say one thing in our benefit. One thing. They didn't really say one thing. They could have said things like, "Hey, we know about vitamin D. We've known about it for three decades. Japanese studies showed that it helped decrease flu better than vaccination. Start taking vitamin D." I mean, there's so much evidence from vitamin D, and they didn't say that.

Dr. Lee Merritt: They could have told us about hydroxychloroquine because clearly they knew. He admitted it. Where he said before that he thought it was a good idea. But no, this time he went out of his way to say no. Then all the confusion. Oh, here's another one. Besides vitamin D there's zinc. But just to show you about the vitamin D, the Indonesians looked at it. They had 800 people in a hospital study, and they looked at how many hospitalized patients. What's the difference between that small minority that go the ICU and die versus everybody else who gets well and walks away. They showed that the biggest contributor was vitamin D level. 30 or above, your chance of going to the ICU was less than 5%. Actually less than 4%. For all its billions of dollars of funding, where's the CDC? You got to be a little suspicious about that. Then whenever people did find out things that helped, they were harassed. Dr. Nepute, a chiropractor that does naturalpathic medicine, and what happened to him in St. Louis. He was completely attacked by the FDA and others for advertising we should be using vitamin D. Are you kidding me? I mean, it's just not right.

Dr. Patrick Gentempo: No, and he's not the only one.

Dr. Lee Merritt: No, not the only one.

Dr. Patrick Gentempo: Yeah. I mean, there's been a lot. Anybody who suggests that there might be a natural way and an inexpensive way. Not even saying, this is a cure for COVID, but this is a way to help prevent it. A way to get healthier.

Dr. Lee Merritt: Improve.

Dr. Patrick Gentempo: There's no adverse effects of taking vitamin D or zinc or vitamin C. But yet it's completely, it's viciously prosecuted if you start to... I have another friend of mine in Dallas who's chiropractor who literally, they raided his office. I mean, they came because he had... He didn't say COVID. He's just saying, "I have these varying vitamins. They help support immunity, et cetera." Boom. They came in and just terrified him. It was pretty extraordinary. So we're seeing this left and right, vicious attacks. We've seen the White House calling out us citizens on a dirty dozen list. That's unprecedented also.

Dr. Lee Merritt: Misinformation dozen. well, a bunch of my friends now are on that list. Yeah, it's crazy. Then look at now. We know that ivermectin works. India has shown clearly that ivermectin was the key to their lack of death compared to us. Japan just had a huge study, showed that it worked. It cut down on the days of being ill, and they've now recommended officially. And what are we doing? When desperate patients now are ordering the ivermectin from overseas, from the Indian pharmacies, and it's being shipped to them, the FDA has gotten the US Postal Service to interdict it at the border so that our citizens cannot get it.

Dr. Patrick Gentempo: That's another level. It's one thing to say, "We don't recommend this. We don't recognize it as an effective treatment." But now saying, "We're cutting off access to it." This is an over the counter drug in Mexico.

Dr. Lee Merritt: That's right. I used to live on the Mexican border. There's a bigger issue here of the fact that we have a polit-bureau style medical system, where we have a group of a couple people in the FDA that can determine what 330 million people in America may have. Are we free people when we don't have the option to just go down and buy things over the counter? By the way, if you look at the worst death rate, when I gave a talk in August of last year about COVID and the rise of medical technocracy. It was out in Las Vegas.

Dr. Lee Merritt: So I looked at the worst place to be and the best place to be. The idea is you not only want to know your overall survivability, which was 99.97% at the time. It wasn't bad odds even for Vegas, but where's the worst place to be? Well, the worst death rate was New York state where I trained; 0.17% per capita. Where was the best death rate? Uganda. Not a place known as a medical tourism spot, but in Uganda, you're free enough to walk down to the corner store and buy ivermectin or hydroxychloroquine over the counter.

Dr. Patrick Gentempo: Wow.

Dr. Lee Merritt: So one of the things that everybody should know by now is that early treatment matters, that you don't wait until your oxygen, pulse oximetry reads 75. You need to be treated early. And the earlier you're treated, the quicker goes away. So the problem is they were turning people away. And by the time you get to a doctor, it might be too late. Whereas if it's over the counter, it's fine. Do you know that the governors of every state have the opportunity and the authority to make those drugs over the counter?

Dr. Patrick Gentempo: I guess that's true because if it's intrastate, then the FDA would have no jurisdiction. Right? So yeah. That's actually a very good point. I hadn't thought of that before. I wonder if some of them are considering it. Hopefully, yes.

Dr. Lee Merritt: No, I don't think so. And I brought it to several of their attentions and I've been speaking publicly about that. In Oklahoma, the governor actually gave away the government supplied hydroxychloroquine he was given. I don't know why, because I don't know if it's a FEMA thing or something, he got big supply of hydroxychloroquine and they were thinking about burning it. And I told his assistant, I said, "Don't do that. When we get the next round of this, you're going to look really bad if you do that," but they didn't burn it. They gave it away. See, when you try to say, "Who's involved in this?" there's a lot of money involved and I don't know if it's just the money, if it's threatening people, but this is a big take down and it has to be at a super national level. It's not just our nation.

Dr. Patrick Gentempo: Well, I think I've heard other experts say that it's almost incomprehensible that every nation in the world had an infectious disease, playbook. They're all different nation by nation. And that they all just summarily threw out their playbook and adopted the same one instantaneously. That sort of suspect, also doesn't quite add up or make sense. We're talking about the autopsy thing. I'm wondering, because a lot of people are also looking at that and scratching their head saying, "How are they not performing autopsies and trying to..." And I'd seen articles of pathologists speaking out saying, "Please let us do autopsies on these people and let us see if we can learn something that might be helpful," but it's not being done. Have any been done that you know of or maybe internationally in other countries, have they been doing them?

Dr. Lee Merritt: Well, I know that when it first started, I know that China did a couple because one of the... Actually, when it first started and I was watching it, there were three groups of people, not just two. There were the vast majority of the Chinese, even in Wuhan, that walked away from on this thing. Either they didn't get sick or they didn't get really sick, or whatever, they recovered. That was the vast majority. Then there was the group that went to the ICU and died. Okay. But there was a third group that nobody seems to talk about, and that were these young men that were just... Mostly young men. I saw one woman, but they were films of these people just dropping over on the street. They were dead when they hit the ground. You know that they were unconscious because they didn't even put out their hands and they hit with their faces on the sidewalks.

Dr. Lee Merritt: Now, you can't get an actor to do that. Who were they? Well, there were a couple autopsies done on them. I saw or heard of two of them, and they said they died of overwhelming sepsis and cardiac failure. Now, I remember the exact terms because it perked my ears up because that was what the animals died from when they tried a coronavirus vaccine on cats and they died of antibody dependent enhancement, which they called immune enhancement back then when they did the studies. This was a long time ago. They said what

happened was you gave the vaccine to the cat and they did fine. But then when they were challenged with the virus that they were being vaccinated against, it created this very unusual overshoot situation and they died of, "overwhelming sepsis and cardiac failure." So when I heard that, I thought I wonder what this relationship is to the SARS.

Dr. Lee Merritt: We never vaccinated people for SARS presumably in this country, but the word on the street was that they had tried vaccines on humans back then. Now, these could have been former military recruits and that virus hasn't been around, the trigger hasn't been around until now, and it dropped those guys. I kind of think that's maybe what happened, but I know about that group. We also have some pathology now, at least one or two, on post vaccination death where it shows spike protein everywhere, including in the brain. So I have a feeling that if we did, we'd see something like that. I'm sure. Actually, there's several doctors that died. I'm sure they got autopsies. I haven't seen them, but I'm sure that somebody knows. That, I don't know. We don't have enough and we don't have it collated enough. The Russians published a book that I can no longer find, but they had a little booklet that they published of autopsies showing inflammation and spike protein in various organs.

Dr. Patrick Gentempo: Yeah. The theory was it's not supposed to travel around the body. Right? It's supposed to kind of stay local. If they're finding that it's happening in the brain in other places, then it's not behaving the way they anticipated.

Dr. Lee Merritt: Well, when it comes to these so-called vaccines that really aren't vaccines, they're viral based genetic therapies. They never once believed it stayed in the arm, and all these guys that say, "Well, we helped devise this," or, "We were vaccine researchers," said they didn't know. I'm not buying that because honestly, like I say, I'm an orthopedic surgeon. This isn't my business, but way back when it was before the web got scrubbed of some of this stuff, Novavax, they manufacture the Matrix-M, which is the coding that goes around the genetic material to make this vaccine. Now, keep in mind, these things were made to be genetic agents like for genetic therapy or for gene therapy for cancer.

Dr. Lee Merritt: So they had to target the area that they wanted treat it and didn't want it to go all over. And they said with this Novavax Matrix-M, they could target it. So if they wanted to go in the kidney, they could make it go in the kidney. You don't want your cancer treatment for the kidney being dropped into the heart. So they claimed they could target these things. So now to say that we didn't know it went outside the arm, you can't have this for genetic therapy that doesn't go outside the arm. Are you kidding me? I don't know how anybody's getting away with saying, "We didn't know." That's to me, kind of suspicious.

Dr. Patrick Gentempo: Looking at adverse events, actually this morning, I was reviewing some footage. People going out and trying to document the adverse events because it seems like it's under report. It's never talked about. We're trying to interview people for this series, so we have the, "on the ground intelligence," meaning a lot of

people can talk about biostatistics and the data and the numbers and implications, but when, for example, locally here, a mother of two, single mom, nurse is going to lose her job if she doesn't get the vaccine, she doesn't want it, she's compelled to do it. Otherwise, she can't feed her kids, gets her first dose, very sick, hospitalized actually, but still, she's forced to go back for a second dose and it kills her. You're not seeing this reported anywhere. And of course, if anybody does, it's getting either edited at best or it's being suppressed and censored. So yeah. It's pretty disturbing. Do you have any views on just the adverse events reporting as far as the state of it right now, and is it much worse than what we think?

Dr. Lee Merritt: Oh, it is much worse than what we think, but to back up in history here a little bit; again, this didn't start here. They've been setting the stage for a long time. I'm not saying that 30 years ago they knew they were going to bring out this particular vaccine or this vaccine program. It's not really a vaccine, but I'm going to say that they have been... The psychologic operation was in full force. So for example, if I'm a doctor, 20 years ago, if I'm a doctor and I say.... and I don't want to name any real blood pressure medicines since I'm really not against atenolol or lisinopril. There are many, blood pressure medicine, X, I don't think is safe. Okay. I'll tell you what.

Dr. Lee Merritt: Okay. Here's a real example. I was a big user of Celebrex in Southern Arizona when I was in practice for a number of years; in fact, the biggest user in Southern Arizona because I had a big spine practice when Vioxx came out, it had been studied for 15 years by the FDA. This tells you that this doesn't make you safer. 15 years in the FDA and it was approved. So people wanted to try it. I said, "Okay." We'll try it on some people. We started using it. Within three weeks, I told my office manager, "We're not using this. There's something wrong with this drug. People's ankles are swelling up and they're telling me their blood pressure goes up," and then she was getting calls. I said, "Okay. I want you to call everybody we put it on. Tell them we don't think it's safe, that you should get off this. We'll put you on something else that's similar." It took the FDA three more years before they figured out that was true and they took this thing off the market, Vioxx. Now, my point in this is if I had been speaking out very publicly against Vioxx, nobody would've accused me of being some kind of nonsteroidal anti-inflammatory. I don't know what you would call that.

Dr. Patrick Gentempo: Right.

Dr. Lee Merritt: But if you speak out against a vaccine you don't think is safe, suddenly you're this anti-vaxxer and it's become like conspiracy theorist. It's just a word. The intelligence services know how to do this. It's just a word to brainwash everybody that you're a loony toon if you ask for safety in your vaccines. That's been going on for a very, very long time. I looked at, being a libertarian vet, the nurses came to me when they were being forced to take the flu vaccine. I found out horrendous things about the flu vaccine that clearly were not being talked about that and the lack of benefit. For example, Estonia, 5% of people are vaccinated with the flu. They have 0.02% mortality each year they consider from

the flu. In America, 67% on average are vaccinated for the flu. We have 0.02% mortality problem. See any difference? The difference is we take all the risk.

Dr. Lee Merritt: Flu vaccine's the number one payout in the government compensation board for vaccines. It's for the same things we're seeing with this one. But here's the difference. In 31 years of the VAERS, the vaccine adverse event reporting system that was set up by the CDC for one reason, it was set up to look for unusual events or unusual trends that, in post marketing of a drug, would trigger us to think about halting the rollout if there's a problem. Now, in 31 years of this VAERS system, there were roughly, I think it was like 5000 deaths, less than 5000 deaths. I think reported to VAERS for vaccine injury of all vaccines put together, and we are already at 6700 and it's probably being suppressed because if you look at the VAERS numbers, they've started going up fairly rapidly and then it's kind of plateaued, kind of like the golden market.

Dr. Lee Merritt: Somebody's got their thumb on the VAERS numbers or are not letting it out. We know it's a lot more than that. But even those, even those, it's more than 31 years of all vaccines put together. Don't you think that should say something? I looked at, when a doctor in Florida died of a thrombotic event, what happened was he was an OB/GYN doctor, 56, I think, perfect health. He gets his Pfizer vaccine and he starts having some spontaneous bleeding. So he goes and gets a lab study and finds he has zero platelets. That's what caught my attention to this article because that's not something we usually see. The second bad part of it is he was in his own hospital and they were trying treat him and he was dead in 12 days of a brain bleed. So trust me, they tried to treat this guy.

Dr. Lee Merritt: Now, we have diseases like idiopathic thrombocytopenic purpura. It's called ITP or TTP. Generally what happens is the platelets drop down to a dangerous level for whatever reason. We supplement the platelets. We keep you going until we can figure out what's going on. Over 50% of the time, at least in younger people, we can turn it around. We can figure out what's going on and stop it. But here, there were 37 other cases like that right at that time. I started pulling cases of people that just were sudden bleeding deaths and they are all over the place. And here's the problem. You're 75 years old and it usually starts within four days of the vaccination, by the way. This is very useful. It's very common. So what happens is you're 75 years old, you get your COVID vaccine and a couple days later, you go into the hospital and die with a massive hemorrhage to the brain. Well, unfortunately, they just say, "Oh, 75 year old dies with massive hemorrhage to brain. "It's not unusual, right? Because it tends to be age related, even though he wasn't terribly old, it does happen to 29 year olds, but not as often. So they're seeing it and they're saying when a 75 year old goes in with it, they don't count it as a COVID vaccine problem. Do you see what I'm saying?

Dr. Patrick Gentempo: Yeah.

Dr. Lee Merritt: There's a lot of those things. But if you take any diagnosis, myocarditis, Guillain-Barré... Guillain-Barré is probably the most common side effect we have mostly on the basis of the flu vaccine. I actually have some numbers, but it's roughly a

hundred some cases a year. What we have now is they have over 1400 cases in eight months.

Dr. Patrick Gentempo: Wow.

Dr. Lee Merritt: That's the difference. You do that with almost anything, here's one in the military. In 2020, they only had 20 deaths of COVID in all the military services, but they're vaccinating everybody and they have an epidemiologic data bank that shows they have over... Myocarditis is something, because it is a disease that tends to hit younger men and they do get all sorts of vaccines, so we're already probably killing some people with the flu vaccine in that population and other vaccines. Just the battery that they're given, we are still seeing 600 excess myocarditis cases this year than we've seen before, which with a 66%, I think it's roughly 66%, five year mortality, we've killed 20 times more people than COVID did.

Dr. Lee Merritt: So risk benefit, none of this makes sense. None of this makes sense if they're really concerned about our health and welfare. Then don't you love the psychologic operation saying, "Well, yes. I know you got two doses of the Pfizer vaccine or the Moderna..." whichever one they got. You got your vaccination, you're fully vaccinated, but yes, you still got COVID because, it's those darn unvaccinated people or it's the Delta variant. My friend says, "If you believe in the Delta variant, you believe you're a member of the Lambda Delta new fraternity for morons." You don't have to have a variant to explain what's happening. As the vaccine rate of went up, the death rate went up.

Dr. Lee Merritt: When Dr. Seligman and his partner who was an engineer, last name, Yatoo, Seligman's an epidemiologist at the University of Marseille in France, but they're both Israeli citizens, dual citizens. So they looked at the data coming out of Israel early on. Israel's the perfect Petri dish. It's all Pfizer, one country, almost universal vaccination. We should really be paying attention. Now, you notice governments always say they have a magic psychologic number, 95% effective. That's what the CEO of Pfizer said to ABC News the day before the rollout. When we couldn't even get the EUA data, it was like 95% effective. So 95% is the magic number, but it's not real. So they looked at what was happening in Israel and they took the government numbers and they ran them knowing how to do it. It showed that at a time when 12.5% of the population was vaccinated, 51% of the COVID deaths, the deaths of the disease that we're trying to prevent, were unvaccinated people. And that if you look by age, if you were over 65, you had a 40 times increased risk of dying of COVID than if you hadn't taken the vaccine.

Dr. Patrick Gentempo: Wow.

Dr. Lee Merritt: Now, unfortunately, the numbers that... In other countries, they're seeing this. The British chief medical officer, I think, just said that 70% to 80% of the in their ICU and being very sick from COVID are vaccinated. We're hearing that from other countries, but what are we doing in the United States? Again, believe this

is accidental. We've decided to count vaccinated. You're only considered vaccinated if it's two weeks after your last vaccine.

Dr. Patrick Gentempo: Correct.

Dr. Lee Merritt: So you can have one dose and you could be five weeks after that dose with another dose on board and not be considered vaccinated.

Dr. Patrick Gentempo: Yeah.

Dr. Lee Merritt: That's crazy when you think the damage is happening within the first four days for many people.

Dr. Patrick Gentempo: Yeah. It's disturbing as the data comes out. And as you said, we have to look really kind of to Israel as compared to what data's coming from here because I think there's too many contradictions. We can't really trust the data. It seems like the disposition is the ends justifies the means. So we have this sort of goal in mind, this end in mind, which is a submissive, fully vaccinated society and if we have to lie about adverse events, we have to lie about effectiveness, we have to lie about anything. As long as it doesn't create vaccine hesitancy, then we are morally justified in our actions, which of course, is the opposite of informed consent and the opposite of liberty.

Dr. Lee Merritt: Or the other option is it's really not about our safety. They're not doing it because they think it's a greater good. They want us all vaccinated for another reason. Again, this is just speculative, but speculative based on history. Okay. There are always people in history, back to the time of Plato, who said there were too many people and we need to control them through disease and war and other things. Plato said that in the Republic. Okay. So they're always the overlords who are nervous when populations get too big, and I'm just going to point that out. That's just a historical point. And then you look at the basic science, what have they been working on? Don't just look at the medical science because that may not tell you things, but look at the basic science when you look at what they've been working on.

Dr. Lee Merritt: One of the things is, and this is in Australia this was done, they wanted to get rid of the mice population. So they created these self disseminated vaccines, self disseminating, and they were immuno contraceptives. They were self disseminating vaccines that went to the ovaries of mice and sterilized them. So they would capture some mice. They would vaccinate them. They'd become sterile. The female mice ovaries were destroyed. Then they would let the back into the wild and they would go out and they would rub up against other mice and they would shed on those mice, S-H-E-D, shed. The shedding would then transfer that vaccine to those mice that would then become sterile and they'd transfer it to another group of mice that would become sterile. So, they can sterilize a huge population from just trapping a smaller population.

Dr. Lee Merritt: Now, what are we seeing with this vaccine? Well, I already mentioned that this vaccine in the Japanese study collected 64 times in the ovary versus the rest of the body. So I can't help, but think conjecture that that's targeted organ. I just can't help it. If you can ignore that, maybe, but it's not the only organ it's going to, but it's one of the three big top ones. The second part is we've had problems with what we've called shedding before we knew that there was a formal term for it. People are starting to talk about, "Hey, I went back to work and all the people around me are vaccinated, but I'm not, and I just keep getting sick." Then other people are saying, "I go back to work and suddenly, I haven't had a menstrual period in five years and suddenly, I'm bleeding again," or little girls are bleeding when they're too young, or women of childbearing age are having all sorts of random menstrual periods and things. What does that imply? That kind of bleeding problem implies damage to the reproductive health for women.

Dr. Lee Merritt: Now, it doesn't appear to be airborne when you look at it. I never have heard anybody tell me that they're completely home bound, but they go to the grocery store and they suddenly start having this. No, it's usually with people in your office that are vaccinated, your husband, somebody in your household, that's the kind of thing, close contact, going back to school or being a nurse where everybody else around you is vaccinated. That caused it. Now, we were trying to talk about this, hoping somebody would pipe up and give us some help. We never heard anything from FDA or the vaccine people. Nobody volunteered any information, but we found, I found one that in 2008. The European Medicines Agency had a seminar, a PowerPoint presentation type seminar on viral based genetic therapy shedding. Remember, that's what these are called. That's how we learned it is from this data. VBGTs, that's what these things. And it talked exactly about shedding.

Dr. Lee Merritt: In 2015, the FDA published circular exactly about how to deal with shedding and it was written... Remember, they didn't call vaccines because they hadn't planned on making this into a vaccine. This was genetic therapy and cancer therapy, and they said, "When you're doing the studies on these patients, make you protect the people around them because they could shed these toxic particles on them and we think people at risk are neonates, the elderly and the immunocompromised." They also said, and this should make everybody comfortable when you consider that they rolled out these vaccines to the whole freaking world before doing any long term studies, they said, "We don't really know what's coming off the vaccinated people or off the injected people. We know that it could be genetic, it could be viral, and it could be a combination." Aren't you comforted by that?

Dr. Lee Merritt: We have a Frankenstein nano particle being shed from vaccinated people that they don't really know, but they think these people should be protected. But did they tell us? No, of course not. There's been tragedies. I know of one case where a physician who was retired, elderly, not elderly, but older, had his elderly mother living with him. She didn't go anywhere. She wasn't connected with anybody else. He gets the Johnson & Johnson vaccine thinking he's going to protect his mother. He gets sick for three days and she dies of COVID.

Dr. Patrick Gentempo: Wow.

Dr. Lee Merritt: Six month old baby that's breastfeeding successfully for all this time. Mother gets the Pfizer vaccine. Baby dies of this weird thrombocytopenia because it gets transmitted in the breast milk or something. You asked about a pathology. We do know that another thing about the people that have died after the vaccine, one of the pathologies showed that there were spike proteins, particles in all the hair follicles, which goes along with this being sweat out, coming out in your body fluids. So I can't look at that and not think... And creepily, when it came to Australia and the mice, they also published a paper, a mathematical type basis paper to show you how you could calculate how many people you needed to vaccinate in order to diminish the population by... I said, "people." wasn't that a Freudian slip? How many mice you need to vaccinate in order to decrease the population by this percentage? It's all been worked out.

Dr. Lee Merritt: I don't mean to sound paranoid, but I think somebody... I'm not the only one saying this. Dr. Zelenko, I had to call him about something and he said this is programmed genocide, which I did have a little chuckle at that. What's unprogrammed genocide? You just wake up one morning, you want to kill the whole world. But he's right and this is a culling. This is being used to kill a bunch of people. I cannot come up with a reason who in their right mind... Now, think about how this vaccine works, these vaccines work. You're you give this to the immune infirm people, elderly people that need help because their own immune system is not working well. But then you give them a vaccine that works by taking over their genetic machinery and producing trillions of the spike protein, which makes people sick with COVID. How can that possibly be good thinking if you really want to help the elderly?

Dr. Patrick Gentempo: There's a lot of things that just don't add up. Right? I just love the way that you're kind of looking at things saying, "This doesn't make sense, and that doesn't make sense, and this doesn't make sense," and some of it is actions or things of commission, but those suspect is the omissions, what they're not doing. Then you start to piece this together, and to your point, it's like you're saying, hey, it's not like you were somebody that was a member of a tin foil hat club for a lot of years with conspiracy theories. You were a very traditional practicing orthopedic surgeon, but you're literally, at obviously great peril to your own reputation, coming out and saying, "Something's really wrong here," and these things don't add up. You've obviously done your research. You've been looking, you've been reading, and this has been good on for some period of time. It basically doesn't make sense that, the narrative that's being portrayed, doesn't add up. So something else is going on. At this point, we're speculating what might that be. But whatever it is, it's not good.

Dr. Lee Merritt: I vaccinated my kids. Now, if I had to do it all over again, I wouldn't, I don't think, because I've learned not to trust the vaccine companies. I will tell you how that came about long before this. When I was on the Navy Research Advisory Committee, I was going around researching things and I ran into a friend of mine who'd been a colleague when I was training, and he was

researching the Gulf War Center. Well, after much a do, first, they weren't sure. They thought that was all just psychologic because it was just the kind of autoimmune. But yeah, it's kind of the symptoms are all over the place. But finally, they had to take it seriously because these people popped up with amyotrophic lateral sclerosis or ALS or Lou Gehrig's disease, and four times the background rate.

Dr. Lee Merritt: So when they really researched it, and it took a lot of doing, they found that those people had been injected with an anthrax vaccine all from one batch of the anthrax vaccine. That batch had used a new experimental... It was under EUA, emergency use authorization. They love that because there's no time for oversight. You don't have to tell people what's in the vaccine. It's great. So this vaccine comes out and it uses squalene as a new adjuvant. Now, subsequently, after that all happened, there was a big uproar about this and the families and friends and people in the know and people that are vaccine watchers said, "Hey, we don't want this." They went to the CDC and the FDA and they said, "We do not want this squalene in our vaccines," and they were assured by Julie Gerberding and back when this happened and the people that went out talking, went out and talked to everybody and said, "Oh no, you kind of silly anti-vaxxers. We are not going to put that squalene in any vaccine," until 2017.

Dr. Lee Merritt: They put it in the FLUAD, the flu vaccine that they were giving to the elderly and probably mandating for the nurses. If you got the FLUAD after 2017, you got squalene and it was not labeled squalene. It was labeled MF59. Now, I ask people, okay, what kind of psychopaths would do that? You can't tell me the whole vaccine research industry does not know the story of squalene. And it's not a mishy mashy study that got them together. And it's so tragic. I have a friend that works for the VA. He was one of those Army guys that took that batch, went to Iraq. He never got the Gulf War Syndrome thankfully. He was one of the group that didn't. But he did take that batch of anthrax vaccine. So he keeps getting letters from the VA saying, "We realize you're still at risk of four time... you're four times the risk of ALS. If you have any neurologic symptoms, don't worry. We can get free VA care for this. And come in and see us." Well, he works for the VA. So guess what they did? They mandated that everybody get their vaccine. He took this COVID vaccine. It has squalene in it. So here's this Army veteran, gets a second dose. I just am sick about this whole thing.

Dr. Patrick Gentempo: Well, it's sickening. And to your point, and we have done in the past docuseries on vaccines prior to anything called COVID because of what has been going on there. But I think it's a very valid concern to say these vaccine manufacturers are not trustworthy. They have a pattern of behavior, which is committing fraud to sell their products. Problem is nobody ever goes to jail. They just get fined billions and billions of dollars, but it's the cost of doing business. So why suddenly we trust them in today's COVID scenario, when the profits are greater than anything else they could have imagined prior, suddenly they're honest and suddenly...

Dr. Patrick Gentempo: That's what a lot of people don't realize is that the research that we're getting data and they say this is effective, 95% effective, et cetera. The FDA isn't doing this research. They're getting the data from the companies that profit from it and they're submitting it. So they're conflicted right from the get-go. And even if you look at their data, it's still not compelling. They separate, and we've had these conversations, relative risk from absolute risk, and they're misleading people. That's the misinformation that's going out. Yet if we want to talk about hydroxychloroquine or ivermectin or any host of other things, that's considered misinformation. Yeah.

Dr. Lee Merritt: Yeah. And your point is really good. People don't realize the number one funder of the FDA are the pharmaceutical industries. They pay them a fee to actually review studies they do. So I make a drug, I'm a pharmaceutical industry. I create this drug. I pay the people to give me a review of it. And then when you get done working for the FDA, I might give you a job of millions of dollars salary to work for us. It turns out it's a revolving door between the FDA, the CDC and the drug companies. There was a study done that 70% of the regulators at the FDA have either come from a pharmaceutical industry or going to pharmaceutical industry.

Dr. Patrick Gentempo: And that's another thing that shouldn't be permissible. I mean, right now there's a former FDA commissioner on the board of Pfizer. This is what we can't talk about on social media or in the mainstream media, which is why we have to make films, and release them the way we do, and let people find them the way that they do, because we can't do it through normal means when we're doing these films.

Dr. Lee Merritt: Well, and when you, on social media, you get canceled and get banned and get your thing knocked down just for putting up the package insert that the drug companies supply doctors. They don't even want you to be... that's considered disinformation. What? I mean.

Dr. Patrick Gentempo: Where's the logic in that? I mean, it makes no sense saying this is the insert that goes with it, and all we're doing is posting it. Or I've had friends have their accounts canceled for posting links to the CDC website to show some of their own data. It's like, so that gets me banned? I mean, it's so nonsensical. And that's what speaks to the conspiracy or the agenda, saying we can't let people have any hesitancy in getting this vaccine, even if it's valid reasons to have the hesitancy.

Dr. Lee Merritt: Right. Now, the real issue is, the other thing is I think it depends, there's a lot to be said about worldview. And I've been starting to talk about worldview because I realize that going through a lot of data, which you can do, I mean, there's tons of data, and it's all bad about these agents, except for the profit margin to the drug companies. But the data doesn't ring with people. People that are in a cult, they don't care about the data. But there is a worldview. I mean, I tell people it's like being in Sarajevo when a war breaks out, and you don't realize you're at war. So you walk out, and you're going to go have a

cappuccino like you normally do at the corner store. And you're shot by a stray bullet because you don't know what's going on.

Dr. Lee Merritt: And what we have to do, there's two things to say here. One is that our military knows about this, and the Chinese military knows about this, the concept of unrestricted warfare, where warfare is not just against... is not just like the Napoleonic battles anymore. It's not even like the Taliban anymore. We're at the point of warfare where you might not even recognize you're at war. It's not just that you don't recognize the enemy and it's weird warfare, but it's you may not even recognize you're being attacked systematically because you're at war with somebody. And that somebody's not known to you. But the Chinese, they have doctrine, and they've written about it extensively. Qiao and Wang wrote the book Unrestricted Warfare in 1999, two PLA colonels. And they talk about multidimensional, it's economic war, political war, psychologic war, bio war, chemical war, nuclear war, all of these things. I mean, religious war. Whatever you want is on the table.

Dr. Lee Merritt: It's no longer there's a Geneva Convention. It's all off the table. We can do whatever it takes and we do it subtly. And when it comes to things like this, they have a great quote. I was just quoting it. Let me see if I can find it really quickly. This is from Colonel Qiao and Wang. And they say, "Some morning people will awaken to discover with surprise that quite a few gentle and kind things have begun to have offensive and lethal characteristics." Now, what they're talking about there, it could be many things, but I think part of this is, what started this was a contact pathogen. I don't think we started this with a virus that was airborne. I think the spike protein was made into a contact pathogen that got it started in three cities, Wuhan, Lombardi and New York City.

Dr. Lee Merritt: And then it went through this phase of shedding, just like they knew how to do with the mice, so it looked infectious, and then it kind of died out because that's when we had the death curve went down. But now we had the psychologic operation take place. And then we're in the psychologic phase of the war, and we're being attacked psychologically. Classic psychologic manipulation. Albert Biderman wrote this book on brainwashing. This is the Chart of Coercion. It's exactly what happened to us. We all got isolated, lockdowns. Now, think about the word. Lockdown is not what we do in medicine. We talk about quarantine, and never once since time immemorial and Hippocrates have we quarantined the well. We always quarantined the sick, not the well. But lockdown, that's a term we use for prisoners.

Dr. Lee Merritt: So we were put into lockdown and then we were monopolizing of the perception. Now we were fed nonstop. People that might have watched CNN or some news thing for 30 minutes a day now were watching it nonstop because they're afraid. Right? And they're cut off. It makes you afraid because you're cut off from your friends and relatives, and you don't have somebody whispering in your ear, "Don't worry. It's just BS." You don't have any counter arguments. It's all this stuff coming off the mainstream media and you're getting more afraid. So you're isolated, you're afraid. And then what happens? Then we have Dr.

Fauci whose, his first job was the bagman. He was the guy that funneled the money to all these hospitals to get them all controlled. And if they'd step out of line and talk about hydroxychloroquine, they lose their funding next year and will go crashing down.

Dr. Lee Merritt: So he's got the whole control system going. That was his primary job. But his secondary job was the doctor of confusion. So he starts talking about how, "Oh, only medical people need to wear a mask. No, actually everybody needs to wear a mask." And then, "But you only have to wear it six feet into the restroom. Then you could take it off and you could ..." It's just nonsense. "Oh no, you need several masks. And we might need to be masked up forever, even when you get vaccines." So that kind of confusion added to fear gives you anxiety. And that's what produces Stockholm syndrome. That's what produces people that are so afraid, they'll do anything that their captors want them to do, including running out and getting a vaccine they know nothing about, they've read nothing about. They do more research on a used car than they did on these vaccines because they were afraid. And they're pushing, sadly enough, their children or their unborn to get this vaccine.

Dr. Lee Merritt: It's terrible. But that's because that was a psychologic operation. It was right by the book and extremely effective. In the course of all this masking nonsense, do you know that there was a major, I think it was a New England Journal, it may have been JAM, I got to look that up. But I read the publication, and in big bold letters, it's talking about the utility of mask for healthcare workers. And it said, even though they really have not been shown to stop the disease or diseases of this kind, they act as a talisman. They make our people feel better. So essentially in the middle of all this mask nonsense, when people are being mandated to do it, they're publishing medical literature saying, "We know it doesn't work. It's just a good luck charm. It's just a rabbit's foot."

Dr. Patrick Gentempo: I mean, published in scientific literature. I mean, the absurdities continue and every day there's more of them. For one, I'm glad you came out of retirement and that you're talking about this. It's important because the only way I believe that this madness gets reigned in is if people start to rebel and start to basically resist tyrannical measurements that are based on nothing that's real. Hate to say nothing, but based on half truths, lies, misinformation, et cetera.

Dr. Patrick Gentempo: And as soon as you take away a First Amendment, and as soon as you take away people's right to have autonomy over their own bodies, that's where we start to end up in a situation that becomes quite scary. And thank goodness people like you are speaking out, and doing so quite rationally, and calling out the things that don't add up. And with enough of that going on, we should be able to maybe turn this tide. So I appreciate you taking the time, not only for being here and sharing with our audience, but also just for what you're doing every day right now. I know you've been really busy on this.

Dr. Lee Merritt: Well, I appreciate it. And you said that it's hard because they make it real sciencey and confusing. But there's a couple things that shouldn't be hard. If

somebody mandates you to put something in your body, whether it's the government or your boss, then it means you don't own your body. They do. And by definition that either makes you a slave or makes you a part of a herd of cattle, which I'm thinking that's the way that we're being looked at. But that's a simple one. There's two situations in the world. You're free or you're a slave. And if you accede to the notion, they can do this to you. If people want to get the vaccine, that's their business. I'm not here to babysit them. But if they don't want it, there's no ethical, moral world reason that you could ever mandate a vaccine. It violates the first principle of freedom, and that is your body autonomy. If you don't own your body, you're a slave.

Dr. Patrick Gentempo: I can't disagree with that. And I think enslavement is what we're experiencing right now. And we can't tolerate it. So thank you for taking a stand and for inspiring people to do the same. So thanks for being here.

Dr. Lee Merritt: Thank you so much.

Dr. Patrick Gentempo: That completes my interview with Dr. Lee Merritt. Thanks for being here. She's such a purposeful voice in this whole COVID chaos, and I'm glad that she is out there speaking in the way that she is.

Dr. Bryan Ardis

Dr. Patrick Gentempo: Welcome to part two of my two-part interview with Dr. Bryan Ardis. If you saw part one, you saw some startling information when it comes to treatment protocols for COVID. And we are not done yet. There's more ground to cover, so let's get into it, so you can see the full story that Dr. Bryan Ardis has to tell. Now we're getting into, I think, your world as far as nutrition and support and so on. So if we follow where you're saying, saying, avoid the hospital at all costs-

Dr. Bryan Ardis: I would.

Dr. Patrick Gentempo: ... what should they do? What should they do if they stay home?

Dr. Bryan Ardis: Yeah. So number one, early treatment's always the best. I found this amazing. This is the first time in history, of the 140 years of our pharmaceutical medical history in America, that there's ever been a disease where we said, "Wait till you're really sick before you go get treated." This is the first time ever, ever, ever. In fact, I joked around with doctors all the time. I'm like even a parent or a coach of a Little League team without health training of any kind or education, if a kid sprains their ankle, they don't look at that kid and go, "You know what? You should wait four days till that gets really swollen, and then ice it." No. It is start treating it immediately. So you definitely, even in the case of COVID-19 or the flu or anything, you should always start treating it early.

Dr. Bryan Ardis: So what are your options? A lot of people want to know, well, if they're only going to mandate these treatments in hospitals, and they're not going to give me the early treatment proven safer drugs like hydroxychloroquine and ivermectin, which by the way, I went on a database, a medical database about a week ago, and you can actually look up side effects of drugs, and it'll give you the percentages of everybody treated with those drugs. You can look up every drug. I just typed in acute renal failure, dexamethasone in hospitals, 4% of all people they give it to, it causes renal failure. Remdesivir, it's 31% of everybody they give it to.

Dr. Bryan Ardis: Do you know what drug wasn't on the entire list, the database? Ivermectin. It wasn't even on there. So that you got these drugs that are safer, proven to be beneficial against COVID. In 18 different countries, there have been like 60 different research studies proving the safety and efficacy against COVID-19 infection and transmission with ivermectin. So there are resources I would actually recommend everybody look into. And I recommend these all day long to people. Get them, so you can have them at home if you're going to be worried and fearful about coronavirus or different variants coming in the future, to stay out of hospitals. Early treatment's always best.

Dr. Patrick Gentempo: I'm hearing also that there are some doctors and pharmacies who will give you a prescription. So-

Dr. Bryan Ardis: Yeah. This is very important, by the way, when I give you this recommendation, because there are pharmacies right now who are denying a group of medical doctors that I'm inside of, who are trying to educate early treatment and get them prescriptions. They are finding that big retail corporate pharmacies are passing down mandates to their employee pharmacist, telling them not to fill ivermectin or hydroxychloroquine prescriptions written by medical doctors.

Dr. Patrick Gentempo: I had to get mine in Mexico. It's sold over the counter there. That's what something people should know. It's like, this is so safe, it's sold over the counter in other countries.

Dr. Bryan Ardis: And it's so safe, we give it to all of our military personnel around the world every year. Every year. And they don't die.

Dr. Patrick Gentempo: Yeah. But now if you're in United States and you want access to have this, what would you do?

Dr. Bryan Ardis: Yeah. So this is what I recommend. There's several groups that I've worked with to help get people these meds. Pharmacies right now are currently being restricted on how much ivermectin and hydroxychloroquine they can actually purchase. They're actually putting restrictions there too. The federal government, our federal health agencies have actually put bans on importing ivermectin from India, which is actually one of our largest suppliers. They're trying to restrict this proven, safe alternative to COVID. They're trying to even not allow it into this country. But there's some things you can do.

Dr. Bryan Ardis: If you go to Synergy Health DPC dot com, Brian Weinstein has created this foundation. You actually pay in a fee, and they actually give you a seven to 10 window day of time where you'll get a phone consult. You actually talk to a human. And they direct mail you your actual prescriptions that you don't have to go to a pharmacy. He has compound pharmacies in 49 states who actually can get wholesale ivermectin and hydroxychloroquine still, and then compound treatments for you and send them directly to you. That is the best option right now that I have found, period. You can also pay an additional fee and get a call within 24 hours, which you can do. It's a brilliant model. And then there's also groups like My Free Doctor dot com, and there's 25 or so MDs in that group, like Peter McCullough, Zev Zelenko, Risch out of Yale University, Ben Marble. There is actually 17 Nobel Peace Prize nominees of MDs in this group.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: And they are doing free telemedicine, free prescriptions. You can make donations when they provide them to you. But you still have to go to a pharmacy. Compound pharmacies are going to be your safest bet. Find a compound pharmacy, tell them which one you want that prescription written for, and your best chances of getting ivermectin or hydroxychloroquine there are key. One thing your audience needs to also know. The huge benefit of

ivermectin and hydroxychloroquine, they are not antiviral drugs. They don't kill viruses. They kill parasites, and they're brilliant at it. But they have a protective mechanism on the outside of our red blood cells at protecting the heme, which binds oxygen, so red blood cells can carry oxygen.

Dr. Bryan Ardis: Ivermectin and hydroxychloroquine are proven to protect the heme particles on the outside of red blood cells from being knocked off by spike proteins and parasites. That's their benefit. The number one thing to protect you against all viruses is zinc. So zinc supplementation is key. And if you really want ivermectin and hydroxychloroquine to benefit you the most, you have to be supplementing zinc. The benefit from the two of them is not only do they protect heme particles on the outside of red blood cells. Those two drugs are called zinc ionophores. They force zinc into the cells. When a virus gets inside the cell, it cannot replicate if zinc is present. So it stops the actual virus from replicating or diseasing that cell. So this is the beauty of ivermectin and hydroxychloroquine. But everybody should be supplementing zinc if you really want to get the antiviral benefit of those two.

Dr. Patrick Gentempo: What form of zinc? Liquid? I see a lot of times mostly it's in droppers. And how much should they be taking?

Dr. Bryan Ardis: So the most research studies ever on zinc have been on zinc gluconate and one called polynicotinate. So those two forms are by far what I recommend the most.

Dr. Patrick Gentempo: And do you recommend it prophylactically? If you're somebody who's vulnerable, say you've got comorbidities, do you think it's a good idea to just be taking zinc anyway?

Dr. Bryan Ardis: Yes. I actually recommend everybody take zinc for life. Zinc deficiency in all Americans and all humans, zinc deficiency is the number one cause of estrogen dominance. Estrogen dominance leads in males to enlarged prostates. That's what low zinc and high estrogen does to the prostate that causes it to swell. All prostate enlargement is actually caused by zinc deficiency.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: Zinc deficiency in females causes estrogen dominance, which is hugely problematic and correlative to every cervical cancer, ovarian cancer, uterine cancer and breast cancer. They're all zinc deficient. The FDA actually recommends 30 to 40 milligrams of zinc a day.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: That is nowhere near sufficient, unless you want to have lots of cancers, lots of prostate enlargements. If you want that, follow the FDA's recommendation of 30 to 40 milligrams a day. I recommend everybody gets 100 milligrams of zinc.

When we're talking about this COVID viral infection scenario, it would be best to get 100 milligrams of zinc every day, because the more zinc you can have in your body to get absorbed into your cells, the less likely the virus is going to be able to replicate or create disease inside your body.

Dr. Patrick Gentempo: Is there a toxicity challenge if you take too much zinc and at what levels does that happen?

Dr. Bryan Ardis: That's a great question. So yes, there's a toxic level of everything.

Dr. Patrick Gentempo: Yeah, of course.

Dr. Bryan Ardis: Everything has a toxic load. In fact, water will kill you. You can drown to death if you drink too much water, right? Water's essential for life. So yes, everything has its limits. I don't recommend anything over 200 milligrams a day of zinc. But I actually take 200 milligrams of zinc every day. I just don't go over that. But that's what I recommend, staying below 200.

Dr. Patrick Gentempo: So we talked about zinc. On the nutritional side, vitamin D, vitamin C, IVs? What do you recommend?

Dr. Bryan Ardis: All right. So there's four nutrients I've been actually promoting galore to make sure that all people understood that there is the potential for four basic nutrients to protect the outside of every cell in your body from the damage of spike proteins from any coronavirus, from viruses at all, from poisons, even like alcohol poisoning and ionized radiation poisoning. There have actually been basic nutrient elements from food that they have found actually protect the outside of every cell from damage from those things.

Dr. Patrick Gentempo: Go ahead.

Dr. Bryan Ardis: So for those who are actually being vaccinated, we know there's certain ingredients in those vaccines that are dangerous. I wanted to make sure I could give them a protocol that could be protective against what's in those shots. And then if they're shedding or transmitting things that we've heard about that they are doing, for those who are unvaccinated, they should be following the same protocol. So there's four basic nutrients that protect every cell in the body from having an abundance of or an acute reaction of oxidative stress or damage to start the process of disease. And those four things are vitamin C, selenium, magnesium, and apple pectin. Now I'll take you through the four of those because these are very, very important. The dosing is specific.

Dr. Patrick Gentempo: Go ahead.

Dr. Bryan Ardis: So for vitamin C, if you want to protect every cell on the outside of your body from invaders of viruses of any kind, the actual minimum dose is 5,000 milligrams a day, and you should work up to 10,000 milligrams. Go up 1,000

each week, or go up to what's called bowel tolerance and stop there. Bowel tolerance would be, I took 7,000 milligrams a day and had diarrhea. Okay, great. Stop and just stay there. Don't go up from there. So you want to do that to bowel tolerance. You also want to split it up throughout the day. You actually eliminate all the vitamins that you take in. It's water soluble. So you pee it out every two to three hours.

Dr. Bryan Ardis: So I personally take 3,000 in the morning, 3,000 in the afternoon and 4,000 at night, every day. And that's the amount of vitamin C I take. But I recommend 5,000 minimum. I also have childhood dosaging for all of these two. But magnesium is the second nutrient, and that's 500 milligrams every day. If you want to get real specific, in the 1920s and '30s, there was research studies done to prove just how much magnesium all of us needed to protect ourselves from diseases. And it's 10.6 milligrams for every kilogram of body weight daily. So for me, I'm 200 pounds. That means I take 963 milligrams every day. And I do, and I will for life.

Dr. Bryan Ardis: Selenium is 200 micrograms. Selenium is brilliant. 200 micrograms is the dose. Selenium tells your bone marrow to produce more white blood cells. Your white blood cells then circulate in your body, which are your antibodies to fight infections. When they're circulating throughout your body, your thymus gland behind your sternum differentiates those white blood cells into antibacterial cells, antiviral cells, anti-cancer cells. They're called T-cells. And these T-cells are proven to handle every coronavirus in history and every influenza virus in history. So 200 micrograms you want. But the reason why I put it in this disease prevention cocktail is because of the shots and their ingredients. Selenium also tells your liver, you have to have selenium to make glutathione, which is an antioxidant. It actually coats the outside of your cells and protects from spike protein damage. So that's why it's included at 200 micrograms every day.

Dr. Bryan Ardis: Selenium by nature, by the way, is the number one deficiency leading to hypothyroidism. That's just a cool note. Throw this in some other documentary. Every hypothyroidism in America is caused by deficiency in iodine, selenium and L-tyrosine. So everybody needs selenium. We have millions of women struggling with that. And then the fourth product is apple pectin. And apple pectin was proven in Chernobyl, with the nuclear power plant explosion and at Fukushima in Japan in 2011. Since 2011, there's been 11 years of leakage of Cesium-137 ionized radiation on all of the residents around it. They have found that every person who's been exposed to that radiation for at least a two-year period would start developing goiters and cancers in their thyroids, all children, adolescents, teenagers and adults. Scientists in Fukushima figured out that at Chernobyl, years and decades earlier, apple pectin would pull out the ionized radiation better than anything.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: And the Fukushima scientists figured out that ionized radiation, they could draw out 64% of all of it out of the human body of children, teenagers and adults in less than four weeks.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: So if apple pectin has the ability to bind to ionized radiation and pull that of your body and detox these individuals, we know how toxic ionized radiation is. I included apple pectin at the same dose they're using to detox ionized radiation, residents of Japan and Russia. It's 700 milligrams twice a day. And I'm using it because I want to pull out the polyethylene glycol 2000 inside the Pfizer and Moderna shots and the polysorbate 80 that's inside the Johnson & Johnson shot for all Americans. And if those things are being shed onto others, all of you need to be detoxing from these poisonous elements. They're all known to cause neurological damage.

Dr. Patrick Gentempo: That's actually a question that I've heard a lot is, if I got vaccinated, how can I compensate for the damage it might do? And-

Dr. Bryan Ardis: This is why I created what I call the disease prevention cocktail.

Dr. Patrick Gentempo: That's a great cocktail.

Dr. Bryan Ardis: Hey, thanks.

Dr. Patrick Gentempo: Now, thank you for sharing that.

Dr. Bryan Ardis: You're welcome.

Dr. Patrick Gentempo: But you mentioned an FDA meeting that happened prior to the vaccine being released.

Dr. Bryan Ardis: Yeah. This was the second most upsetting thing to me behind knowing Anthony Fauci knew remdesivir was so dangerous. So the date is October 22nd, 2020. And there's a division of the FDA called the CBER. It's the Center for Biologics Experiments and Research. Their job is to oversee vaccines for the FDA. And the CBER decided to have a internal meeting with all the heads of the FDA in October 2020, which is two months before the COVID-19 shots came out. This whole meeting is to discuss vaccine safety and monitoring for the coming COVID-19 shots. So the CBER division head decides to hold the meeting and provides a 25-slide presentation to the heads of the FDA.

Dr. Patrick Gentempo: Is this released publicly or no?

Dr. Bryan Ardis: It was on FDA dot Gov's website up until about three months ago when they took it down.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: But I have it. So I have been pumping it out to all Americans since October 2020, to make sure that everybody knows what the FDA knew. We're going to be coming serious adverse events from the shots.

Dr. Patrick Gentempo: Go ahead.

Dr. Bryan Ardis: So I'm reading through this entire 25-slide presentation, and they're determining things like this. What database we're going to select to review and do what's called rapid cycle analysis. And they decided they're going to do a rapid cycle analysis of all reported side effects coming into the government agencies, like VAERS, the Centers for Medicare and Medicaid Services. These are the places that doctors and patients are going to be reporting all their serious adverse events to the coming COVID-19 shots. And the CBER is telling the FDA these are the database options to review. We're going to do a seven-day rapid cycle analysis. Every seven days, we're going to look at all the injuries being reported. And we're going to determine which vaccines are safest, which ones are not.

Dr. Bryan Ardis: In this report on slide 15, they highlight that they have selected the Center for Medicare and Medicaid Services data. That's what they're going to use to do rapid cycle analysis on. And then they get to slide 16. And slide 16, as the world calls it now, the infamous slide 16, because I've continually projected this on TV screens and monitors around the world. They actually published 22 bullet pointed serious adverse events to the FDA that they knew were going to start being reported in December when they launched these COVID-19 shots. Those 22 bullet points include deaths, miscarriages, and over 110 different diseases that they knew would be caused by the shots.

Dr. Patrick Gentempo: Wow.

Dr. Bryan Ardis: One was acute demyelinating diseases. Can you name one of those?

Dr. Patrick Gentempo: ALS-

Dr. Bryan Ardis: Multiple sclerosis.

Dr. Patrick Gentempo: Multiple sclerosis, yeah.

Dr. Bryan Ardis: They know this is going to be a side effect of the shot, so they know there's going to be neurological issues. They also list five blood clot disorders. Out of the 22 bullet points, five of them are blood clot disorders that they know are going to be coming from the shots.

Dr. Patrick Gentempo: They listed on the slide 22... Were they potential adverse events or things they knew about from the studies?

Dr. Bryan Ardis: These are the "Possible Serious Adverse Events to be Expected to be Reported" as what the slides titled.

Dr. Patrick Gentempo: Okay, to be expected to be reported. So, they had an expectation that people are going to report this stuff.

Dr. Bryan Ardis: Oh, yeah. Number one on the list. I was surprised it wasn't deaths. Deaths is number 13...

Dr. Patrick Gentempo: Are they in order of frequency?

Dr. Bryan Ardis: You would think so. Or, I would've put them in the order of severity.

Dr. Patrick Gentempo: Death would be number one if it was severity.

Dr. Bryan Ardis: I think death should be number one.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: Why you put it at 13 and then miscarriages at 14? I don't know.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: But, number one is Guillain-Barré Syndrome. And so, I've been announcing this to the world. If you don't know what Guillain-Barré Syndrome is, just think about Polio. You have paralyzed limbs, paralyzed arms, half of your face is... It looks like Bell's Palsy. But, only 60% of these people recover from physical therapy, intense for a year. 40% of all people that get this Guillain-Barry Syndrome, paralyzed parts of their body, 40% of them have that for the rest of their life. They have Myocardial Infarction, which is a side effect of some blood clots. That's a heart attack. They also list Myocarditis in October. And, you've seen thousands of teenagers now being diagnosed with Myocarditis. Now, not in the mass media do you see it. But now, the FDA has made each of those three suppliers of vaccines, put a Black Box Warning on the inserts with the shots, in the last month or two, that say "Black Box Warning, Myocarditis is a rare side effect of these shots". They actually knew that, that was a side effect before the shots ever came out.

Dr. Patrick Gentempo: Why are the only black boxing it now then, do you think?

Dr. Bryan Ardis: Oh, because now, you've got so many people reporting it to the media. And then, you've got groups like, Children's Health Defense, that are reporting it out to millions of people around the world. Every Friday, they report on all of the updated VAERS data.

Dr. Patrick Gentempo: Alright.

Dr. Bryan Ardis: Myocarditis is a huge one. It's actually causing a lot of teenagers to experience inflammation of the heart. And some of them are dying.

Dr. Patrick Gentempo: Yeah?

Dr. Bryan Ardis: There's reports of deaths from these. Well, it's interesting to me too. I mentioned there's five blood clot disorders on this, slide 16, from October 2020. That the FDA was made known of, and they published those five blood clot disorders. If you remember in the media, in April, Johnson and Johnson, they were reporting there's been six blood clots. Well, if you looked at the VAERS data, at that point, Johnson and Johnson, on the same day that Anthony Fauci, was saying, there's six reported blood clots from the Johnson and Johnson shot. VAERS data showed 167, for Johnson and Johnson.

Dr. Patrick Gentempo: For that specific day?

Dr. Bryan Ardis: For that specific day.

Dr. Patrick Gentempo: Wow!

Dr. Bryan Ardis: On the same day, Pfizer had 400 reported and Moderna had 337.

Dr. Patrick Gentempo: So why'd Johnson and Johnson get shut down?

Dr. Bryan Ardis: So why Johnson and Johnson? It's a great question. Why did you pick on that one?

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: I'll tell you why I think so.

Dr. Patrick Gentempo: Go ahead.

Dr. Bryan Ardis: Anthony Fauci owns royalty rights and patent rights on Moderna. There's no way, that he was going to actually point out Pfizer having more blood clot disorders than Johnson and Johnson. Because, Pfizer's the exact same tech as what's in the Moderna shot, and the whole world knows it. So, if he brought attention to Pfizer causing blood clot disorders, the world would scream out, "What about Moderna's doing the same thing?", then his royalties would've been hampered and injured, unfortunately. But he owns a part of Moderna.

Dr. Patrick Gentempo: Is that factually...

Dr. Bryan Ardis: Yes.

Dr. Patrick Gentempo: Demonstrated that he's got ownership in Moderna?

Dr. Bryan Ardis: In Moderna, yes.

Dr. Patrick Gentempo: The conflict of interest is something that is allowable, from the regulatory standpoint? Are they allowed to do this?

Dr. Bryan Ardis: Does any of this sound like it should be legal? No.

Dr. Patrick Gentempo: Well, it should it be illegal, but it is legal.

Dr. Bryan Ardis: It is being legalized right now. In fact, I think it's illegal that the CDC owns any patent rights on any of the flu shots or children's vaccines, that they push the schedule for. All of that, should be considered a conflict of interest. Also, one other thing I want to mention on slide 16, that everybody should know about. Those 22 bullet points represent over 110 known diagnosable diseases, that are lifelong or terminal.

Dr. Patrick Gentempo: Hmm.

Dr. Bryan Ardis: One of the bullet points, it's actually number 12, is autoimmune diseases. My problem with that one is, autoimmune diseases, per our medical conventional complex, they're irreversible and uncurable. There are currently in this country, 80 diagnosable autoimmune diseases. That one bullet point just states, all autoimmune diseases can be side effects of these shots. Now, autoimmune diseases, for any of us who have been in health, or in clinical practice, or gone through medical schools, or alternative healthcare schools, you know that disease processes don't start overnight. You don't wake up one day with pancreatic cancer -

Dr. Patrick Gentempo: You anticipated my next question. It's like it could be years before we start to understand this. And again, attribution would be off because, people wouldn't equate their chronic autoimmune problem with a shot they got years ago.

Dr. Bryan Ardis: There is going to be a huge outbreak, is what it's going to look like. There's going to be a huge amount of autoimmune diseases, neurological diseases like ALS, Parkinson's, MS, that are going to be contributed directly to these shots. However, the time between the two of them is going to allow them to get away with liability.

Dr. Patrick Gentempo: Did... What was on that slide... I think you said it was slide 15, it had all the... All the...

Dr. Bryan Ardis: Slide 16.

Dr. Patrick Gentempo: 16. Okay. Had all the expected adverse events that might be reported. Did that make it onto the labeling or the insert for the vaccines?

Dr. Bryan Ardis: Yeah. This is why I went to the media in December, nonstop. I had to make sure everybody knew this. We're talking about one organization called the Food and Drug Administration, who we, as a society in America, have been told to trust their approval process on all health products, all pharmaceutical drugs that they've reviewed, and all medical devices. We're expected and have been taught, indoctrinated to trust this FDA approval process. The FDA had a discussion, where it was presented to them, by their own division, that there's going to be over 110 known different diseases, outcomes from these shots, including death and miscarriages. The same organization, the FDA, also published in December, to go out with all the vaccines of COVID-19 to all Americans. They produced, by themselves, the FDA, what's called the Fact Sheets. F-A-C-T sheets, to accompany every shot, going out to the public.

Dr. Bryan Ardis: The Fact Sheets is to tell you what this shot is. It's also to describe to you, and to disclose to you all the health benefits and the risks associated with the shots. I couldn't believe it, dr. Gentempo, not a single one of the risk factors on slide 16, the possible serious side effects they knew were coming. Not a single one, was listed in the risks part of the Fact Sheets that the FDA created two months later.

Dr. Patrick Gentempo: What did they list?

Dr. Bryan Ardis: To accompany all the vaccines. It actually listed only this, you might have minor pain at the injection site. Some people might experience an allergic reaction that might last a few days and a fever, maybe even accompanied cough. And then it says, these are not all the risk factors associated with the shots. That's all it says, no disclosure on deaths, miscarriages for pregnant women, blood clot disorders that we know are going to be happening and have been happening.

Dr. Bryan Ardis: It's disgusting to me, since December 14th, those Fact Sheets, that accompany all shots, that consumers are supposed to be able to take, read. So they have true informed consent.

Dr. Patrick Gentempo: Right?

Dr. Bryan Ardis: So, they know all the risks and all the benefits. That sheet, the Fact Sheet is actually updated and revised by the FDA every month. So now, we're into September. The last one is August 25th, I believe is the date. Every single one of those revised sheets, not a single one contains any, but the blood clot disorders for the Johnson and Johnson shot and the Myocarditis for all three of them. They still have 22 other bullet points they need to include on this. Because every single one of them, but one. There's only one, on that whole slide, that I haven't found reported to VAERS yet, in September 2021, and that's Kawasaki disease. But Kawasaki disease is defined as a myriad of symptoms like, fever, cough, flu-like symptoms, which is what they say are the minor side effects.

Dr. Bryan Ardis: But if you just have a fever and a cough, most MDs or medical professionals, aren't going to call it Kawasaki disease. They're just going to call it cold or flu-like

symptoms. But, it's actually, numered, entitled, Kawasaki disease on that slide. Now there's one other thing that really bothered me, that got the attention of Dr. Reiner Fuellmich, in Germany, and his group. They wanted me to talk about this FDA slide and documentation. So I did, and I showed him. I gave them to him all, the entire 25 slide presentation. Slide 16, the second to last bullet point, is a disease that never existed before 2020. It's called Multiple Inflammatory Syndrome in Children.

Dr. Patrick Gentempo: In chil... It specifies in children?

Dr. Bryan Ardis: Hmm-mm. It's actually titled "Multisystem Inflammatory Syndrome in Children", abbreviated MIS-C. In very rare cases in 2020, the Mayo Clinic, for example, had a few kids that they found, that had multiple organs in their body, that became so severely inflamed, from getting COVID-19 infection. The spike proteins from SARS-CoV-2, they alluded, were the problem cause for multiple organs, in the body of children, to be inflamed. But, on the FDA's document, they actually listed Multisystem Inflammatory Syndrome in Children, is going to be a reported side effect from the shots. Now, if you go to the Mayo Clinic, which I provided the definition for. The Mayo Clinic defines, that in children, this is a rare condition in which severe lethal inflammation of the brain, the heart, the kidneys, the spleen, the liver, the skin, the gastrointestinal tract, and the children's eyes, occur, all at once.

Dr. Patrick Gentempo: Wow!

Dr. Bryan Ardis: What are the serious complications of this? The Mayo Clinic states, on their website, death. Now, I went to VAERS data. VAERS data has had none of those reported, so far. So I went to cdc.gov. Remember, there's 11 reporting systems for vaccine injuries. So, I went to cdc.gov. cdc.gov, if you go there and click the search tab, and type in MIS-C, there's already been 4,400 reported MIS-C diagnosis, in children, in America, and over 40 deaths. Now what's crazy...

Dr. Patrick Gentempo: Attributable to the vaccine or just in general?

Dr. Bryan Ardis: No, you would think it was related to the actual infection by itself, because they haven't started supposedly vaccinating all children in America, yet.

Dr. Patrick Gentempo: Okay.

Dr. Bryan Ardis: Okay. This is September 2021. But, when you look at the graph... They actually have a graph of when it peaks for all the 4,000 diagnosed children, reported to the CDC with MIS-C, and the 40 dead. It all started in December 2020. And it peaks in January. Do you know, what's interesting about that?

Dr. Patrick Gentempo: What's that?

Dr. Bryan Ardis: That's when they started vaccinating all adults, in America. It was in December, starting December 14th. You don't see any major peaks in all of the year of 2020, when the pandemic was rampant. You see it start in the middle of December and then peak off into January and beyond. There's been this talk, nonstop, about the ability of the SARS-CoV-2 infection and the vaccines that were actually getting to create what's called shedding or transmission to those that we are exposed to.

Dr. Patrick Gentempo: All right.

Dr. Bryan Ardis: Now, where this idea came from, was the Pfizer trial documents, which is 174 pages long. On page 47 through 49, it actually states for all vaccine participants, "When you get the shot, if you are in the same room, during the trial period, with a pregnant woman and that pregnant woman, who is not in the trial, breathes the same air you do, or comes in contact with your skin, that is to be reported to the Pfizer safety board, as a serious adverse event to the pregnant woman and the baby". And in the Pfizer's own documents, they state that, the sponsor, the guy overseeing the vaccinated people in the trial, that sponsor for Pfizer, is to report to the safety board and monitor this lady for six months and see if the baby has birth defects, she loses the baby early, or miscarries. We know there's some shedding, either through air, or through skin contact, because Pfizer's admitting this is a serious adverse event that needs to be reported. So, we know there's this shedding thing. So, I want to get into this.

Dr. Patrick Gentempo: Just so we're clear. So what happens is, someone who is vaccinated, can shed the spike protein to an unvaccinated person. So, if I'm drawing together, what you're... Asserting here, is that grownups, parents were getting vaccinated, going home with their children and shedding it to the children, even though the children weren't get vaccinated, that could explain why the spike had in that particular data that you saw.

Dr. Bryan Ardis: That's exactly right. This is why they could list MIS-C, as a side effect coming from the shots, because they are specifically shooting, into these children, are going to be, these mRNA particles, which is genetic snippets of the SARS-CoV2 virus, that, when they insert themselves in your own DNA, they actually make your DNA elicits a spike protein. And these spike proteins, are what we know cause MIS-C in all children, or in the children that get it. All right. So in the shots... These shots are designed, and we know they're going to create shedding, because the human body has to shed, or transmit any toxins, or infections that are inside of it. So, when we talk about shedding and we talk transmission... I love explaining this to people cause I've done it for the last 20 years.

Dr. Bryan Ardis: The moment you get the shot, they're going to be introducing you with 50 billion particles of mRNA, in the Pfizer and Moderna shot, and Johnson and Johnson shot. 50 billion mRNA particles of virus. Now, just so we're clear, in nature, none of us were exposed to 50 billion particles of SARS-CoV-2. But in these shots, they're you with 50 billion of them. Your own little mRNA particles,

50 billion of them, are in your body now, circulating through your body, and inserting themselves inside of your DNA. Which are creating diseased, or virus looking DNA. Does the human body like viruses? No, the body wants to shed or transmit viruses. So, the body has five ways. Every human being has five ways in which they release toxins, or shed, or transmit infections, from you to others. So, you get a lot of infection inside of you, get a lot of spike proteins being made inside of your body from these shots, and all females...

Dr. Bryan Ardis: There's five ways it's going to emit them. You're either going to poop it out, and get diarrhea to poop it out, or you're going to pee out the excess spike proteins, or you're going to sweat it out through your lymph system and your sweat glands, which is why in the Pfizer document, it says, if people touch your skin, that's a serious adverse event to the baby or the pregnant woman. You can actually transmit or shed infections through your skin. This is why people with the flu, at night, get these sweats. Your body's actually heating up and sweating the virus, right out of your skin. This is how the body works. The fourth way everybody emits, or transmits, or sheds infections, or spike proteins, or toxins is through our breathing. We cough it out. So we all cough out infections, which is why they said in the trial, the Pfizer documents, if you're breathing the same air with a pregnant woman, this could be a serious adverse event, because they could be breathing in those spike proteins.

Dr. Bryan Ardis: And then the fifth way, in all females, that men don't have, is they shed through their menstrual cycle. They bleed it out through their uterus. So, you are having tons of reports of children, from the moment their parents, or their breastfeeding mothers of children, are actually getting the vaccines within days, their babies, six months, a year, two years are reporting vaginal bleeding and clots, from the children. Which is totally abnormal before puberty for these females. But, this is how the body works. It's going to shed as fast as it can, all viruses, all bacteria, all parasites and all toxins as fast as possible. This is what the human body does. It has been doing this our whole life.

Dr. Bryan Ardis: So when we get, for example, the flu, which is another virus, your body's going to get diarrhea. If your body decides to pee out the infection, you're going to get urinary tract infection symptoms, burning when you pee, thrifty urine. This is great news! Your body's peeing at out the infection. There's not something scary there. You don't want to stop your body from doing that. If you have diarrhea, you want the body to release the infection as much as possible, as fast as possible. And then if you sweat it out, great, your body's, actually lymph system, is sweating it right out of the body. If you're coughing it out, even more brilliant. One of the worst things, I think, you could do, is if you had a virus, or a bunch of spike proteins and your body's coughing it out, why would you take a cough suppressant? All you're doing is keeping the actual mucus inside of you.

Dr. Patrick Gentempo: Right.

Dr. Bryan Ardis: Stop doing that. You're keeping the infection and toxin inside of you. Your body's trying to emit it and get it out of you. So, this is how the body transmits,

or sheds, the excess spike proteins. You're going to be making at least 50 billion in your body from these shots. You're also going to be producing 50 billion antibodies to attack those 50 billion spike proteins, which are your cells. Your body needs to get a rid of this abundance. You've heard this term, antibody dependent enhancements, with mRNA shots. In the early two thousands. They found when they injected all animals with mRNA vaccines, when they exposed them to a wild virus, their immune system, overreacted to the virus and they died, from excess mucus being produced in the lungs. Which you're hearing about in COVID sometimes, right? So you're hearing or seeing these results in animals. All the animals died, as a result of being exposed to the wild viruses, they were actually vaccinated for, with mRNA shots.

Dr. Patrick Gentempo: Right.

Dr. Bryan Ardis: Our problem, as a medical community, scientific community is, mRNA shots never made it to human trials, because they never were successful in animal trials. But now, we're mandating, the FDA says, we're going to mandate all of these mRNA shots now, on all of our populous, that have never been used on humans before successfully.

Dr. Patrick Gentempo: Well, they clearly, did human trials before they released it this time. But you know, there's a long history of trying it and it not being successful. So I understand of what you're saying.

Dr. Bryan Ardis: Yep. Particularly with mRNA vaccines. Yeah.

Dr. Patrick Gentempo: Yeah. Disturbing to say the least.

Dr. Bryan Ardis: And very upsetting. You've got a non-FDA approved Remdesivir being mandated, and you're being lied to as a public, that it was safe and effective in two trials. No, it wasn't. It was only proven effective at shutting down multiple organs in people, and killing them, so that was not okay. Now you got this shot coming out. That's not FDA approved, being pushed, since December, and that's not FDA approved either.

Dr. Patrick Gentempo: And can we trust the approval process even if it was?

Dr. Bryan Ardis: It's been odd, right?

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: That they threw the whole FDA approval thing that the society accepts and loves and appreciates. You just threw it out the window, and we're supposed to be okay with that. I think it's a brilliant blessing to find out that almost half of Americans haven't done it. Haven't done the vaccines. I think that's amazing.

Dr. Patrick Gentempo: Yeah. Well, it's with all of the push, all of the fear, all the propaganda and still, there's something inside people saying, something not right it here. But, what's great... I don't know why you have to do the job of the press. In a sense, of being an investigator, and you're following the trails, and actually, holding people to account for what's being done. It just seems like people are blindly, running down these, these alleys and following this. And then, of course, making pretty horrific accusations around people who decide that this is not a good thing. I guess... It kind of, as a final question, since you started speaking up about this, what kind of attacks have you been receiving, if any? What, been going on for you?

Dr. Bryan Ardis: It's very interesting. I know medical doctors, who are in the media also, like Peter McCullough and Ben Marble. They actually called me and tell me, "Are you being threatened? Are you being sued?" Like Peter McCullough is, right?

Dr. Patrick Gentempo: Yes.

Dr. Bryan Ardis: Are you being sued? Are you being threatened? No! They're getting 10 death threats a week. And I tell them "No, no one's ever said a word to me." And I said, "Do you want to know why I think it is?" All I do is give you research studies, and FDA documents, and CDC documents. How are you going to argue with that? I'm just throwing it up on screen, for everybody to read. People, ask me, even if I didn't have credentials of being a doctor, or a certified acupuncturist, or a certified nutritionist, or a licensed chiropractor. If I didn't have those, people ask all the time, "Well, what are your credentials, to be able to speak on this topic?" And I go, I can observe and I can read.

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: I mean, what else do you need? And as long as you can read, and you can observe, you can come to a lot of conclusions on your own.

Dr. Patrick Gentempo: This is, I think, an important point. Because, certainly, there are people... Peter McCullough is in our series, Robert Malone's in our series, many people who have great academic credentials and clinical credentials, to be able to speak to a subject like this, and give an opine around it. That's one thing and that's important. And, having discourse and debate around, is what science is supposed to be about. But the interesting twist here with you, is that you're basically just reading the published data or reading conversations are happening at our FDA, and saying, this is what they're already reporting. And nobody's saying anything about this. You're not giving an opinion. You're sharing data that was publicly available. What starts to disturb me, is you said, that slideshow has been taken down since, right?

Dr. Bryan Ardis: Oh yes. So, I was actually giving out the link directly to fda.gov on all audience people requesting my documents. It was actually in the body of the email. About three months ago, everyone started writing in that link doesn't work. So,

now I just attach the entire document versus just going to that one slide of a 25 slide documentation. But, I actually download everything. I'm not going to throw it away, because I know they're going to try to cover their trails.

Dr. Patrick Gentempo: Because, taking it down also say, "I have something to hide". Why else would you take it down?

Dr. Bryan Ardis: Why would you take it down?

Dr. Patrick Gentempo: Right.

Dr. Bryan Ardis: Yeah.

Dr. Patrick Gentempo: So the plot thickens. We're not done yet, obviously. Hopefully we'll get some updates from you in the future, but I certainly appreciate not only time and effort you're spending on trying to get truth out, the facts and truth, meaning, this is actual stuff that exists in the world. That's what I mean by truth. It's published. It's right here. You can go see it. And, I appreciate the fact that you care enough to continue in this quest. So thank you for taking the time to come here.

Dr. Bryan Ardis: You're very welcome. My number one largest concern still, is not even the vaccinated. Currently, right now there's 680,000 dead Americans, 680,000. That's more than the entire civil war, which had 660,000 people, Americans died.

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: All the other wars that America has been in, if you add them all up, and take out the civil war, you still don't have as many deaths, as you do from COVID-19 protocols and ICU's. Right now, you're up to 680,000. We still have more dead people in America being treated for COVID-19 in hospitals, than any other country in the world. So, what I'm doing is continuing to educate you. And we're getting thousands of people telling us, thanks to you, Dr. Ardis, and your reports and your data, we're taking this to the hospitals and getting our loved ones switched off, of their protocols. Or, we signed against medical advice to get our loved ones out of the hospital. And they're thanking me for saving their loved ones lives, because they were going into acute kidney failure, and being vented or being threatened to be vented.

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: They don't need to be vented, if you're not causing acute kidney failure. This has been the common theme, and it's still go going on right now. So, as we look at things that are disturbing to me, 6 million Jews were killed during the Holocaust. We're looking at less than 16 months of Remdesivir treatment, for COVID-19 patients, just in America. And we're at 680,000 dead already. So, when's it going

to stop? This is only in a year and a half. We're looking at astronomical amounts of what I consider genocidal, ill-advised hospital protocols, that not only killed my father-in-law, they're now using, just horrifically, across hospitals and ICU's around America.

Dr. Patrick Gentempo: Yeah.

Dr. Bryan Ardis: Now this is not just America. And, this doesn't even include the deaths from the vaccinated individuals. We don't even know what those reported numbers are. Harvard told us in 2010 that the VAERS data reporting system, is less than 1% of all vaccine injuries are reported to those document agencies, or to those reporting agencies. That's less than 1%. So, if you're hearing currently 14,000 are dead in VAERS, being reported, you have to add two zeros to that number to even get close to the numbers Harvard gave us in 2010. So, we're looking at well over a million people, possibly, just in America alone. Just remember at the end of 2020, there was only 2.2 million people that died in the entire world from COVID. 550,000 were in one country, the United States of America, that only has four and a half percent of the entire world's population. And we were the only country using one drug, to poison all of them, Remdesivir.

Dr. Patrick Gentempo: Well, I'm, glad that you're pointed this out and you're unabashed. It doesn't seem like you're going to get deterred on this, which is important that somebody sticks to it. So thank you for doing that.

Dr. Bryan Ardis: You're very welcome.

Dr. Patrick Gentempo: That completes part two, of my two part interview, with Dr. Bryan Ardis. Man, this information is just startling, isn't it? So I'm glad we were here that we could share it with you. And I appreciate the fact that you care enough to join me for these conversations and learn all about this.

Outro

Dr. Patrick Gentempo: That completes episode eight of our nine episode docuseries, COVID Revealed. As you can see, we weren't kidding when we said we had a lot of information. It's very comprehensive. It explores this whole world of COVID, like nothing else out there in the world. So, I appreciate you taking this journey with me. Just know also that if you haven't already checked out, the varying packages that we have, for COVID Revealed, now is the time we're going to be getting to episode nine, coming up here soon. So, you should be checking it out now. If you already did invest like so many others have, thank you. Just thank you for supporting this work. It means the world to us, I'll see you in episode nine.

Dr. Robert Malone: The method that the CDC is using to report risk, right now, is obsolete and inaccurate and not sensitive. And it's not the preferred method. It sure looks like somebody is attempting to minimize the signal here. The federal government asserts any information, whether true or not, which would cause vaccine hesitancy, is to be suppressed. So we're now in this Orwellian world where truth is whatever W-H-O says it is.

Dr. David Martin: People are not reading the actual science. The only way I can get a population to agree to the transaction, is to create the illusion, of the contagion in the first place. It never existed. I like to file the money called life insurance payments. You know what hasn't changed? The number of claims that are paid, which means people haven't died more. If we were going to see the all cause mortality creepy, scary statistics, we would also seen life insurance companies losing their mind about all the death benefits they paid, except for the fact that they actually paid less during the pandemic.

Bonus Interview: Stephen Petty

Dr. Patrick Gentempo: No investigation into COVID is complete without the subject of masks coming up. Masks are very controversial, people are arguing about whether they're effective, not effective, whether children should be sent to school every day in a mask, what the deleterious effects might be of masks, et cetera. It actually has caused people to break out into fights in public situations over this mask issue. The ironic thing is that most of the people who are commenting on masks really have no background or expertise to be able to speak to it in an authoritative way. So we went out to find someone who actually has the credentials to clarify this mask issue once and for all. And that's Stephen Petty. Let's get into this interview. Stephen, thanks so much for having this conversation. Man, there's a lot of controversy around the subject of masks and I'm glad I have an expert that can clear it up for us. So tell us a bit about your background, kind of your academic background, how you got to be doing what you're doing right now.

Stephen Petty: Sure. I guess my formal training was undergraduate and graduate degrees in chemical engineering at the University of Washington in Seattle. And then I did an MBA with a focus on behavioral marketing, finished with honors and first in my class, long time ago, I've been doing this for over 40 years. So as they say, I'm closer to the end than the beginning, which I think is kind of humorous. In the last 20 years I've been named, that is disclosed, as a testifying expert in over 400 cases with the primary emphasis on exposure, calculations, exposure control, personal protective equipment. Used to call it PPE, but now everybody he knows what that means. As well as warnings, how to adequately train and warn people about the hazards they might encounter. So currently I'm one of the named experts in, for instance, this Monsanto Roundup litigation. And I'm served an exposure PPE warnings expert in those cases. I think I've been in 33 of those.

Stephen Petty: So I've been doing this for quite a while. The biggest issue is that the area of industrial hygiene is not well understood by the public. I think it's maybe working at a dentist office or something. And my biggest complaint, if you were, is that the media and the public tend to go to medical doctors for expertise on exposure and exposure control. And that's really not their sandbox. What we do is we go out into the field and when people are feeling bad, sick, et cetera, it's the definition of an industrial hygiene to anticipate, recognize, evaluate, and control things that will make you sick or even kill you. And so that's what we do. And there are not a lot of us, especially certified, and so we have medical doctors talking about exposure and exposure control and that's really not their sandbox.

Stephen Petty: I mean, it's kind of like having a heart physician doing your dentistry or dentist doing your heart surgery. Both of them might be fully qualified for what they do, but you don't want one doing the other guy's job. My biggest complaint is that I spent my entire life trying to protect workers and the public, and my position overall is that masks essentially don't do that. They take the air out of the room

for things that would actually help. And that's been my position now. I started going public really in March or so, and it's picked up steam and I even generated a whole bunch of podcasts to try to get information out to people. And first YouTube and they didn't care for that, so then I went to Rumble.

Dr. Patrick Gentempo: What I'm hearing in your voice, and I think rightfully so, is a sense of frustration, right? Around the fact that, as you said, this is a area of significant specialty and many people who are commenting on it really don't have the background training or professional experience to know properly what they're talking about when it comes to this issue. And incidentally, kind of outrageous that you are an expert with the right qualifications and you're being censored. I mean, is that kind of incomprehensible to you?

Stephen Petty: Yeah. I wrote a podcast called The Great Gapsby or The Holy Mask, talking about the gaps around the mask. That was actually kind of funny. But proving pretty much that masks cannot possibly work at the micro level. And it was censored as medical misinformation, which is quite ironic because I'm not a medical doctor, I'm an exposure expert. So I wrote the folks in the basement that no, it wasn't medical misinformation because it had nothing to do with medicine, it had to do with exposure and exposure control, but they weren't impressed. And then I had a second podcast, number six, which was on things that would actually work. And they took that down as medical misinformation as well. And what was kind of sad is I had upwards of 20 or 30,000 views in less than a week. Basically, if I used the word mask, then that was medical misinformation and I was censored.

Stephen Petty: A little bit sad because the things I was talking about were all based on actual literature, which I listed at the bottom of each slide or graphic, and most of the science I'm talking about is over a hundred years old. So I wasn't really talking about rocket science, I was talking about some very basic fundamentals. That wasn't going to stop me, so I continued to speak out regardless, just made the job a little more difficult.

Dr. Patrick Gentempo: Well, we're here to help you with that. So now let's take these down one at a time. Let's talk about why masks don't work. And then later we can talk about what would work. So let's look at the whole mask thing. So there's been a lot of controversy about masks. It seems to have been politicized. The idea of masking, some people are saying it's just virtue signaling and that's why you need to wear them. Other people saying that no, they absolutely have a positive effect on helping to prevent the spread of coronavirus, et cetera. Can you kind of walk us through masking, maybe understanding difference between a mask and a respirator and what the truth is from a scientific standpoint around this issue.

Stephen Petty: Sure. I'll tackle it in three levels. And when you read and if you've seen the material I put out there, I believe the CDC and OSHA, for example, the scientists really know better, they know masks don't work, but they're pinned between the science and the politicians. And in my view, it's simply an opinion, but based

on reading how they've changed... Since I started going public, you see a lot more language at CDC saying, "Well, masks aren't really respirators, they're respiratory protection. Engineering controls would be better." It's been quite remarkable that little old me is, I believe, having an impact because I had a person associated with the CDC write me and wasn't so happy about it. But here's the bottom line, at the macro level, I testified Monday in a case in Michigan and the public health officials said that masks were the most effective way known to stop the coronavirus.

Stephen Petty: Well, that was just garbage. And I said, okay, well, let's bring up the State of Michigan cases for the last two years where you have a mask mandate. And I said, "It looks like the lumpy mountain and to me it looks like you have mostly cases in the colder months when people are indoors, that's when you expect people to get sick." But I said, "If you buy into the mask are the most effective thing you could do," which I don't, it's the least effective thing, "Wouldn't you expect the cases would drop the time? I mean, wouldn't that be the logical extension that if these masks were so effective, wouldn't you think cases would drop with time?" And I pulled up chart after chart for the US as a total, for Sweden. Sweden, it turns out, didn't ever wear a mask and they have lower case rate and it's pretty much gone away.

Stephen Petty: But on the micro level, we have what we call hierarchy of controls. And it's an inverted pyramid. And it's been around since 1950. And what it shows is how one can control a hazard, including diseases from the most effective things to the least effective things. And there are some of them that don't apply, but the one that applies the most is engineering controls. And that would be where we either dilute with fresh air or we destroy the virus. And then the next one's administrative controls, which means we'll limit the time in the area. Sometimes you can't do that. And then the least effective is what we call PPE and for protecting the lungs, inhalation, that would be respirators. And I point out that masks don't even fit in the hierarchy. They're below it. They're not even respirators. And the reason that PPE, which is even better than masks is the lowest is because we know from decades and decades of experience that putting masks or PPE on people is very uncomfortable and as a consequence, they won't wear it properly. So it doesn't have its effectiveness.

Stephen Petty: So we typically want to use PPE in emergency situations and then go up to engineering controls and do things higher up on the hierarchy to get rid of them. And so I point out time and time again that masks don't even fit in the hierarchy as something to control things. And this is basic industrial hygiene science. The other thing just to illustrate it is I point out that if you look at people wearing masks, almost invariably, there'll be big gaps, you could probably put your small finger on either side of your nose and below your eyes. And then it usually crinkles up on the edges. And the virus, and people will debate this, but it's on the order of 0.1 microns. And if you compare that to a human hair, you find that the virus is on the order of a thousand times, up to a thousand times smaller than the diameter of a human hair.

Stephen Petty: And up to 40,000 times smaller than the area of a human hair. And I asked everybody, can you slip a human hair around your mask? Of course, we got a lot of men that are wearing them with beards, they got lots of human hairs slipping by their mask. And I said, well, this little virus it's like a super freeway. So regardless of whether you thought the mask did any good at all, if you've got gaps around it, it does no good at all. Especially if the gaps are two to 3%, it effectively wipes out any effectiveness the mask might've had, which is very low. And so I just asked the question over and over again, can you slip a human hair by your mask? And of course, the question is yes. And that was The Great Gapsby Podcast that I did on rumble. The bottom line is with masks, unlike respirators, you cannot seal them. This is in the literature, you cannot seal a mask. That's why I pointed out that respirators, at least you have seals, you got to have medical printers to wear them, you can't wear facial hair, you got to be fit test to make sure they work, et cetera. None of that occurs with masks.

Dr. Patrick Gentempo: And I just want to be clear about one thing. Saying as a general statement they don't work, but is there any mitigating effect at all? Or it's pretty much worthless as far as... I'm talking about masks at the moment. Let's say that it was fitted fairly well, as you said that they can't seal at all, you could always find a way to get something as thin as a human hair around the edges. But is there any mitigation effect or is it just basically it's nonsense?

Stephen Petty: Well, I get asked that question a lot at litigation, "Are you saying it's zero?" And I always use this parable. I said, let's imagine that you have a mathematician and an engineer in a room, and the moderator like yourself ask them, "Look at the far wall and have that distance and have it again and have it forever." And then the moderator asks both of the gentlemen or whoever they are, "Did you get to the wall?" And the mathematician says, "Theoretically, no." And the engineer says, "Yes, close enough." And so my answer is basically, well, it might not be zero. It's really, really, really close. Especially when you consider the fact that real mask worn by people are always going to have gaps. They're never going to be sealed. And when you see these studies being done by people that say mask work, what they do is they fix them on mannequins or fixtures where they're perfectly sealed.

Stephen Petty: And then they show, well, they might have 20% efficacy. But here's the thing, there's also literature that says if you get to about upwards of 3% gap area, then whatever effectiveness that mask add a zero. And there's also some interesting literature that I've just recently been citing. The American industrial hygiene association on September 7th of 2020 put out a graphic that talked about the fact that just because something has a little bit of efficacy, doesn't mean it's something we would do. In other words, I would never put somebody in a mask to protect them from asbestos fibers. And they're on the order of 50 times on average larger than these COVID virons. So what they showed was that in order for something to be recommended as something to help control or reduce risk, they looked at relative risk reduction. So let's say we want to reduce the cases of COVID from a hundred percent of exposure scenario to whatever, they said that whatever you use, you should have 90% relative risk reduction.

Stephen Petty: If it's not 90% or more, then we don't think that's an effective solution because we don't want... Even their world is saying 10% of the people could still be at risk. So what did they show in their graphic? They showed that masks were only five to 10% and this was assuming much better fits than now the new literature shows. And there was also a paper up by Shaw doing the same thing with perfectly sealed masks that somewhere between 10 and 15% effectiveness. So these things are effective at the five to 15% level if their perfectly sealed, which they aren't in the real world. But that's way below a 90% effectiveness of something we in our profession would recommend to actually help people. So that whole argument about, well, it'll do something.

Stephen Petty: Well, would it be acceptable if us in the exposure control world said, "Well, we'll give you a solution that that stops 5% of the asbestosis cases, but 95% of the people get it." I think people would be outraged. So mask can't possibly be a solution that you would look at. You want to look at things that have 90% effectiveness or so in terms of relative risk reduction. And even our trade association says that. And I can tell you having been in the field almost 40 years and having testified at many, many cases that that's just common sense. It makes sense. We're not going to provide solutions that don't help the vast or the super majority of people.

Dr. Patrick Gentempo: Is there a downside to wearing masks in other words? So basically, you're saying there's very little if any upside to it, but if people are wearing mask all day, is it known to have any adverse effect on their oxygen levels if they're wearing the same mask all day long, kids going to school and wearing them all day, there's a lot of speculation around adverse effects that might occur. Do you know anything about that?

Stephen Petty: Yes. There's some areas I could testify to and some I can't. But there was a paper out by Kisielinski, they went through over a thousand studies on the negative effects associated with masks and they reduced it to 109 qualitative and 44 quantitative results. And there are probably 20 to 30 effects that are known and recognized in the literature, at least according to their work. But I can comment on a couple of them directly. For instance, I'm not a board certified psychiatrist, so it probably isn't appropriate that I talk about those areas. Although I will tell you that the first time we implemented engineering controls was in a special needs high school of 750 students mixed with regular students and autistic children. Because the children cannot learn according to school master wearing masks because they read facial expressions, plus they tend not to want to wear them.

Stephen Petty: We put in engineering controls and did not wear masks in beginning in August of 2020 in a school in Westerville, Ohio. And as a result of that, they went through the school year pretty normal. I think they might've had two or three cases, I think they were actually brought in. So there are better solutions, but we know that that children have a hard time learning if they can't read facial expressions. Now in my field, I've testified many, many times on mold. And what happens with a mask is that it's a perfect breeding ground for mold and

bacteria. And by that I mean the temperature and the humidity or moisture levels in the mask are perfect amplification breeding grounds. And let me give you an example, if you look at a wall and you don't see mold, the spore count level will be less than 10,000 spores per square inch.

Stephen Petty: Whereas if you can see visible mold on a wall or on an object, a mask, it's going to be over a million. So it doesn't go up from 10,000 or less than 10,000 to 12,000, it goes from less than 10,000 to over a million. The problem is when you get that amplification is now you're going to rebreathe in those toxins, right? At much amplified levels, like orders of altitude. And so now you've got that issue. And we also know from fit testing of respirators, we have a medical clearance that you're restricting breathing. And when you do that, especially COPD people and people with other respiratory elements, they're not allowed to wear a respirator. And the reason for it is that if you start to restrict oxygen flow, then their oxygen levels and their bloodstream are reduced. And that has an impact on pulse rate and blood pressure because your body wants to get oxygen.

Stephen Petty: Those are things I can talk about because I work on respiratory fit tests and we have to have the medical clearance before we do anything more. There was a study out of Florida that showed there was amplified mold levels and bacterial levels on masks. It was done by some parents and it was criticized because the parents did it. But I can tell you firsthand that given the conditions that are more likely than not to exist on a mask, that is a perfect breeding ground for mold bacteria.

Dr. Patrick Gentempo: We've been getting mixed signals even from Fauci or the CDC, relative to mask. You need a mask, now you don't need a mask, now we should double mask. Did you find it absurd that, oh, well, one mask isn't enough anymore, now you need two and two would do the trick. What were your thoughts around that when that was being promulgated?

Stephen Petty: Well, my first thoughts were he's an infectious disease doctor, he's not an industrial hygienist. He's not an exposure controls expert. So I think he got it right the first time.

Dr. Patrick Gentempo: When you say he got it right the first time, what did he get right?

Stephen Petty: Masks don't work. They're not effective. You don't need to wear a mask.

Dr. Patrick Gentempo: And that was the first statement, right?

Stephen Petty: Yeah. And you always say to people your first thoughts are usually the most correct ones. I can't say what's in his head, but I think we can. I don't think that his subsequent positions are justified by the science.

Dr. Patrick Gentempo: So now if they were to talk about, and they don't yet, but they talk about respirators and you see N95 respirators and maybe other forms of respirators.

What's the difference between those and kind of the surgeons mask that you see?

Stephen Petty: Well, the primary difference is that respirators are defined in terms... There's a whole protocol and standard on respiratory protection and the use of respirators. And it's under OSHA under what they call the Respiratory Protection Standard. The federal registered name for your folks is 29 CFR 1910.134. I've testified on this hundreds of times. And it has very specific requirements about medical clearance. You have to fit test it. Initially, you have to fit test it annually. You have to know how to clean and store them, how often to replace them. But the big difference between a respirator and a mask in my opinion is that by definition a respirator can be sealed and by definition a mask cannot. And in fact, if you look at my podcast, I have my wife on it, there's a 20 second initial clip that it's a little bit subtle, but I have her in a half face respirator and I'm fit testing her with an irritant smoke. And then I fit test her with a mask and her reaction, which is very organic, when I hit her with the irritant smoke is like she got hit with smelling salts.

Dr. Patrick Gentempo: Wow.

Stephen Petty: And I had a standard offer that I would offer anybody in my offices here because they were arguing with me a year ago. I'll give you 30 nights of steak dinners if that cloth mask you won't smell irritant smoke. And I didn't have anybody take me up. That's the primary reason is that, yes... And appreciate that the irritant smoke, you can see the smoke, at least you can see portions of it. If you can see particles with normal light, there are at least 50 microns are 500 times greater than invisible particles. It's obviously getting around the gaps. So we say, okay, let's imagine that you have a wall that's just insulation, but it's got windows or doors and those doors are open and you're going to run smoke or you're going to run some sort of contaminant against that wall system. Where do you think the contaminant is going to go? Is it going to try to go through the highest resistance area or the lowest resistance area? Well, of course it's going to go through the open doors and windows, just like COVID is going to run right through the gaps.

Dr. Patrick Gentempo: With then saying there are other solutions, maybe engineering solutions to the situation, what would work? Okay. So basically, we can conclude masks don't work. People don't really wear respirators, if they do they're probably not properly fitted, they're probably not properly managed and cared for, et cetera. There can be a downside to the masks as you cited as far as it being a breeding ground potentially for maybe mold or bacteria. But now what would work? What would potentially help as far as saying that we can do something to mitigate the amount of coronavirus that might be in an environment so that people are less exposed.

Stephen Petty: Yeah. There's really two categories of solutions. One is increased fresh air dilution and the other is... Well, there's really three. Dilution, increased fresh air, filtration, and then destruction technologies. I'm reminded and I won't quote it

exactly right, and I've said this before general Sherman, he is a civil war general and when he finished, actually he wrote two additions of his memoirs, but at the end he had lessons learned. And he had a line that said something to the effect that I learned that the men who were sick and wounded healed much faster on our giant shade tree than in those toxic enclosed buildings. And when he talked about people in high density multifamily area like New York city, don't go out to the parks, don't go to the beaches. I wanted to pull my hair out. Last place you want people where there's infectious diseases is all congregated together indoors. Best thing in the world is for them to be outdoors where you get maximum dilution.

Stephen Petty: And so I've told people over and over again for the last 18 months, if you're concerned, crack your doors or windows when people come over. If you do that, you'll probably dilute the concentration of whatever's there by at least a factor of a thousand. Or a hundred, I should say. And maybe up to a thousand. And I said, "Yeah. You'll use some more energy, but that's a better thing." And in fact, the school, when I talked to the teachers there because they were concerned about no masks. And I said, "Well, crack your windows a little bit. Yeah, you'll you'll increase..." Especially when it's warmer, you have to do humidity control and you'll use more energy, but in these times, why not? In large commercial and industrial buildings, they have what they call dampers, which control the amount of fresh air into the systems and it's mainly done before energy code reasons.

Stephen Petty: And I said, "Well, let's override those dampers and have them maximum open, so we get the maximum fresh air. Yeah, we use more energy, we're going to have some humidity control issues, but until we get our handle on this for other solutions, let's do that." You can use filtration systems, but they have to be pretty high level of what they call MERV, probably 14 to 17 or higher. So it's going to put a little more pressure drop on your systems, you're using more energy on the furnace fans and you have to have somebody that changes them out from time to time. On the destruction side, there's a whole host of technologies that are... And I just rewrote that section yesterday because there's more material that just came out in a good paper in September of 2021 in ASHRAE Journal, the American Society of Heating, Refrigeration and Air conditioning Engineers. And the bipolar ionization technology is recognized to have upwards of over 90% destruction of the virus, along with molds and other bacteria.

Stephen Petty: I have those in my homes and my businesses and they can be purchased for about $400. They'll treat six refrigerate tons, which is 6,000 square feet. And they were also put in the school that I mentioned. There's hydrogen peroxide systems that aerosolized that, there's UV and plasma systems that can be put in that have higher effectiveness on the order of 90% removal. So I list about six or seven technologies that could be used and their pricing. And then I also list some that are emerging as well. So those have much more potential. I've always said to everyone, what if we'd offered the bipolar ionization technology to everyone through HVAC contractors, heating, refrigeration and air conditioning

contractors. And say 500 bucks, we'd give the contractors a hundred bucks to put them in because right now you'd buy them for 400, they charge you 800 or so. I said instead of giving people $1600 or more to sit at home and do nothing, to me it just seems like... And then some people will say to me, "Are you sure these things are all super effective?"

Stephen Petty: And I said, "Well, as best as I can tell they are, but wouldn't it have been nice if we spent a portion of these billions of dollars evaluating these technologies? I mean, why is it up to me as an individual to do that on behalf of the whole country?" I mean, I have nine patents on HVAC systems and I was a senior research scientist for 20 years. I've looked at the material and as best as I can tell there aren't side effects and it appears that it does work. And in fact, in September, there was another study looking at that technology that says, yeah, it looks like it works.

Dr. Patrick Gentempo: Well, makes almost too much sense, right? And it just seems that if something is not pointing toward, the only solution is a vaccine, then they don't want to spend any money on it. But you're right. I mean, it wouldn't be very difficult to do some research to test systems as you just described and it's fairly measurable and something that maybe could provide a great benefit. So the irrationality seems puzzling, at least to me. Does this feel that way to you?

Stephen Petty: Well, my conclusion is always... Because remember, I was trained in behavioral marketing. In fact, I testify on the art of persuasion in these roundup trials and I'm qualified to do so because I finished first in my class in that. I always say people are rational in their own minds. And when you look at the issue of mask and you realize there really isn't a science basis for it, you kind of say, well, then what is the basis for it? And my conclusion, and it's pure opinion, is that it's a control issue. That it has very little, almost nothing to do with science. Now there is this rationalization, I mean, you're the popular kid on the block with CDC. If you produce a paper that says mask work, but there was recent one where a bunch of people sent it to me out of Bangladesh that said mask work, but if you look at the data, it actually shows mask don't work.

Stephen Petty: And it was so poorly controlled that now even various people said, well, that's pretty much a garbage study. The best study that's out there was the Danish study where they looked at about 6,000 people, half wore mask, half didn't, it was double blind. These folk. And it basically concluded that whether you wore a mask or didn't wear a mask within the statistics it didn't make any difference in terms of getting disease. And they had a heck of a time getting that published because it wasn't a popular thing to say beginning of the year. And CDC on their website, in fact, I got to ask this, well, CDC criticizes this. And I said, "Yeah, there two major criticisms are questionable." The one is what only looked at 0.1% of the population of Denmark, which if I do the math right, would mean that Denmark has 6 million people if they looked at 6,000 people.

Stephen Petty: And I said, "So are you saying that only in the United States of 350 million people that mean that the only study that's relevant is if you use 35,000

people." I said, "Well, that's nonsense. Epidemiology doesn't require you to look at a percentage of the country's population." And then they said, well, basically they didn't do a study that they should've done, which is kind of weird. In other words, they did the study they did, does wearing a mask affect disease rate or not. And they said, "Well, you really should've done a paired test where one person wore the mask and the other person didn't and they were together." I said, "Well then how is that a blind study?" And I said, "Where do you find 3000 pairs of people that are going to do that?" So it was kind of a nonsensical criticism in both cases. And yet that's what's put out there because they don't like the results.

Dr. Patrick Gentempo: I might mention, you said with the United States it would correlate to about 35,000 people. Well, that's how many they had in the vaccine studies. So it's exactly that amount, if I'm not mistaken, it was 35,000. Yeah.

Stephen Petty: But there's no requirement on to do a... I mean, obviously, more people is better often time in terms of the power of the study, but there's no requirement to base it on the percentage of the population of a country. I mean, that's just kind of weird to me.

Dr. Patrick Gentempo: Yeah.

Stephen Petty: Whenever you look at a mask study and I went through all the CDC ones at the time. They've added a few since I criticized them. What you find in all these studies is that they either don't have a control group, and by a control group I mean, if you're going to say mask work, that's your hypothesis, then you need a group that's as similar as you can that isn't wearing mask, right? And then you look at the difference and see if it made a difference. There's almost no control groups in all these studies they cite. Or there's a confounding situation where they're looking at multiple things that are affecting...

Stephen Petty: In other words they'll say, "Well, we mask people, we did social distancing, we changed air conditioning." And as a consequence of all three of those, it made a difference. And I said, "Well, how do you know if the mask was any part of that?" You can't. There's no way it's confounded. In other words you got to separate these. Now to my knowledge, there's only one and maybe two studies that have done this in schools. And there was one that did it in Florida, where the only factor they looked at was masking. In one case, they had a group of students that were masked and another case they didn't. And this had to do with the teachers and the students. And that study shows within statistics that it made no difference.

Stephen Petty: You can look at this mask from three levels. You can look at the macro level. Well, if we want to plot cases with time, and you look at places where they've had mask mandates, like California, Los Angeles, and you see the rates go up and they move all over the place. So it doesn't look like masks are doing much there. Then you look at these paired studies where they actually just look at mask versus no mask, and both studies that I've seen don't show any

differences. And I think there's one in Washington State that also shows that as well, but I haven't really reviewed that study. But they constantly pull these studies out where they don't have it controlled or they mix a whole bunch of things at the same time, so you don't know whether that had any difference or not. And then you look at the micro level and you say, well, look at the gaps that are on these masks that the viron's a thousand times smaller in diameter than a human hair and you could probably put dozens of human hairs by the mask in places. So at three levels, it doesn't make any sense.

Dr. Patrick Gentempo: Yeah. And I guess they could also do maybe more basic science research as far as saying let's have somebody with a mask on as it's typically worn, and I imagine if they could just breathe or cough or whatever, see what comes out and maybe measure that and say it's actually retaining it or things are getting out. I imagine they have some sort of sensors that could be able to detect particles or is such a thing possible?

Stephen Petty: Well, yes and no. And in fact, CDC cited a study that "did that," that one of the big things that is misinformation out there is this whole concept of droplets. We remember when we first heard about COVID it was surfaces, surfaces, surface, let's wipe down everything because that's a problem. And then they went to droplets. There's been a number of people, including myself that have said, no, no, no, this has always been about aerosols. And the distinction is that aerosols are particles less than are equal to five microns. And droplets are five to 10 microns and greater. Well, there was work by Edwards looking at monkeys that showed that well over 99% of the particles emitted from monkeys that were first healthy and then made sick were aerosols. And that only a tiny fraction were droplets. And so they constantly will say, "Well, droplets can be stopped by masks."

Stephen Petty: Well, I said, "Well, the problem is that the aerosols are the vast majority of it." And the problem with the droplets is they fall to the floor within minutes. And I've shown this, whereas the aerosols can stay in the air upwards of 50 days. So you've got a couple of problems. People have to be informed on the difference between droplets and aerosols. And you see CDC now commenting, "Well, if they're aerosols, then you have to have PPE," which means a respirator. So as soon as you say they're aerosols, the six-foot rule is destroyed because there's no way in the world that something that can stay suspended for upwards of 50 days is going to stay within six feet. And I used to call those dots in stores the dummy dots. Somebody thought that an aerosol was going to stop at six feet, had to be a dummy.

Stephen Petty: And I see now at Walmart where I went they got them removed because there is real no... I actually looked to try to find the science and you see that Gottlieb came out publicly on CBS last week and said, "We didn't have any basis for that six-foot number." Well, I knew that because I looked at all the literature and I couldn't find it. But the real problem you have is that once you agree that it's an aerosol, then even CDC will admit that you've got to use a respirator. So once you admit that these particles from COVID are primarily aerosols and not

droplets, the six-foot rule has no meaning and the mask really has no meaning. And so they've tried to play this game of telling everybody that mask stop drop droplets, but that isn't the problem. It's the aerosols. And everybody says, "What about these droplets?"

Stephen Petty: I said, "Well, there's study after study that show the droplets fall to the ground right away. And secondly, they get stopped by your respiratory tract, like your silica and your mucus tissues. And thirdly, they don't carry as much of the virus as the little guys." So the little guys, the aerosols will reach deep into your lung, they get around the protective things, they stay suspended for days to multiple days and they reach deep into the lung and they're the particles that are associated with infection or disease. So at multiple levels, the public has been misinformed. I've always said the magic word's aerosols because once you agree that the vast majority of the particles are aerosols, then masks in the six-foot rule are rendered meaningless.

Stephen Petty: I had a couple of people criticize me and say, "Well, you know Mr. Petty, it's not really 0.1 microns, it's 0.2 or 0.3." And I said, "Well, they're way less than five." I said, "We're having this argument about rearranging the deck chairs of the Titanic. I'm looking for the iceberg." And the iceberg is that these little particles are the problem and we got to attack. We got to provide solutions that will actually work.

Dr. Patrick Gentempo: If everybody suddenly went to respirators because the respirators are also made of cotton, right? They're different shaped.

Stephen Petty: Well, yes and no. I call it the bottom of the barrel respirator is an N95. And then after that you have a half face, full face, you have air purifying respirators and then you go to powered respirators that actually supply oxygen like Scott Air-Paks. I was actually in trial on Monday and the public health official kept referencing N95s as masks. And I said, "No, no, no, no, no. N95s are respirators. It was stunning to me that the public health official that issued an order that all the kids had to wear masks didn't know the difference between a respirator and a mask. And she kept referring to the fact the mask would stop the droplets. And I said, "With all due respect, are you aware of the fact that the droplets aren't the issue, it's the aerosols? And I'll show you the studies that prove that."

Stephen Petty: And she said, "Well, I was following the science, I was following CDC." And I said, "Well, I guess you were following the Cliff Notes because you didn't really read the science." And she said, "Well, I rely on CDC." And I said, "Yeah. But you're issuing an order that impacts thousands of people. Don't you have an obligation to read the documents you're citing?" And she said, "Well, it was an emergency order." I said, "Yeah. It was an emergency, but you've had 18 months." It's not like I will issue an order on the forensic side, if a building's ready to collapse, I'll say, "You can't put people in that building until we fix it because that's imminent hazard." Or if you have a big spill of a toxic chemical, yeah, in hours or days, you need to stop people from being exposed. But I said, "COVID, we've known about for, gosh, we're coming up on two years." I said, "So you've had plenty of time

to read the science. This isn't like you need to issue the order because you've got something happening tomorrow." So it's all sort of bogus arguments. People haven't done their homework.

Dr. Patrick Gentempo: And it's interesting because it's as if saying, well, following the CDC and following the science is the same thing. And I think it's been pretty clear, no, not necessarily. And so it's funny because it says I'm following science, but I'm doing it dogmatically, which is kind of a contradiction.

Stephen Petty: Yeah. Well, I mean, even CDC for a period took the mask mandate off, right?

Dr. Patrick Gentempo: Yeah.

Stephen Petty: I mean, when everybody says to me, "Well we're going to follow the science." I want to kind of throw up as a scientist. I said, ""Well, first of all, that presumes that the science is monolithic, that everybody thinks the same thing." And the science, in any topic, there are a variety of opinions about the science. And secondly, the science evolves with time. And thirdly, the science is always paid for by somebody that has a vested interest. So it gets pushed one direction or the other. I say to people go back and read all the cigarette studies in the '50s that show that cigarette smoking doesn't cause cancer. They were all paid for by the tobacco companies. Most of them. When I did my MBA and I had a very good professor in behavioral marketing and he told me that... Not to insult used car salesman. But the study after study had showed that used car salesman had the same reputation as scientists. Well, being a young, senior research scientist, I was kind of appalled and combative, to say the least, about saying, "I don't think so."

Stephen Petty: And he liked me, so he brought out all those studies and here I am, 30 years later and I'm like, you know what? The public probably had it right, unfortunately for us in the scientific field. I mean, I think the damage to science by what's going on at CDC and NIH and FDA is off the charts because it's been politicized and as a result, people don't trust these organizations. I think that's obvious. And they have good reasons to not trust them. If you listen to what I've had to say just about the mask issue. And that's unfortunate because people do rely on these people for good information, but right now it's questionable. I guess that's being kind.

Dr. Patrick Gentempo: You're making a really good point because the public trust and public faith in its institutions, I think, is completely destabilized. And it is unfortunate, especially for people who are scientists that do good work to now suddenly be sort of guilt by association, in the circumstances is very unfortunate for people who've really taken pride in their careers and tried to act with integrity. So, yeah, you're making a point I hadn't considered before, but that's kind of a casualty of this whole circumstance, which is unfortunate.

Stephen Petty: And I've been in a number of trials on the stand. In fact on the DuPont CA trials, I was on the stand 12 days, four cases. And people criticize juries all the time, they're blue-collar, they're not educated or whatever. But I will say in cases whether we won or lost, I have a lot more faith in humanity than I probably did at one time sitting there in front of juries. And whether we won or lost, I could understand their decisions. I know there are rogue cases out there, but the public may not have all the initials after their names, but they have good common sense and they smell a rat. And I think in general I have much more faith in the public than I might've when I was younger. In general, I think they figured it out. They may not have all these scientific reasons why, but they sense something isn't right. And generally, they're right.

Dr. Patrick Gentempo: I know that you have some slides that you feel like the visuals might be really informative for our audience. So if you don't mind, can you take us through those?

Stephen Petty: Sure. And bear with me as I slide through them. So the first one is sort of a macro slide and this is sort of from 2020 to 2021. Remember, I don't think there's much argument about this, that CDC and other public health agencies were really concerned about surfaces as transmission and then droplets. And I'll say maybe they're starting to get religion on aerosols. I've always felt it was an aerosol issue and I'm pretty sure I'm right. And this is a little busy, but this is a slide of where we're with time across the bottom and with cases per million. I think it's cases per million or a hundred thousand on the right. The upper line or slope is cases in Los Angeles. And you'll see that the mask in the red box is where they had mask mandates. And you know that the cases dropped like a rock, right? After the mask mandates. Not. They went up.

Stephen Petty: And if you look at the lower curve, that's in Sweden where they never had a mask mandate. So not only the cases went up, but they didn't peak nearly as badly on a normalized basis. And they never had masks. Now I'll tell you a true story. This is a plot of cases in New York City versus mask mandate. And this is what I call a disease progression curve. Most diseases have a situation where they take off, reach a point, and then they decay away. And I call it a disease progression curve. And so New York city imposed a mask mandate after we're already going down the backside of the curb, right? And there was a paper that came out that I pretty well trashed, that looked at that point from April 17th, down the line and said, "See, we put masks on and look, the number of cases dropped like a rock."

Stephen Petty: And I said, "That had nothing to do with mask. You were in a disease progression curve and it was just dying out naturally." So this is the kind of things you see going on. I want the audience to see the difference between a mask. These are masks on the left and respirators on the right. N95 and a half face. And I say on the bottom, "Masks are not respirators." And the big difference is sealing. Even an N95 has trouble getting it sealed, but it's technically a respirator, but it's kind of a bottom of the barrel. And it's interesting when you look at... See, this is from a CDC website and I blew it up

and they actually have a comparison of masks versus respirators. Although I couldn't find it recently, but I have the... And anything I cite across the bottom, I make sure it's publicly available and I give you the URL.

Stephen Petty: But know what it says about mask and based on what I've already been saying to your audience. "Does not prepare the wearer with a reliable level of protection from inhaling small airborne particles, aerosols, and is not respiratory protection." And then, "Leakage occurs around the edges of the mask." Well, I've been saying this for months. And even CDC will admit it, but you got to go... They'll say I recommend a mask. And then you got to go pages and pages in to find this sort of language. These are the effects that they quantify. They found in papers that quantify it. Internal diseases, COPD. It affects COPD. Sleep apnea, renal failure, obesity, cardiopulmonary dysfunction, asthma. And you've got the psychiatric issues, you've got the neurological issues, you've got the ear, nose, and throat issues, dermatological issues, and pediatric disease issues.

Stephen Petty: And in pediatrics, asthma, respiratory, we've talked about that. Cardiopulmonary, neuromuscular, and epilepsy. So these are documented effects associated with mask wearing. It's interesting to note that even the WHO, the World Health Organization says that one should do a risk analysis. And the risk analysis usually means are the benefits of doing something outweighed by the benefits of not doing it. So if you wear a mask and you say the benefits are that it stops disease or stops illness, then you look at how much illness has stopped, but on the other side, what kind of illnesses are created? Well, even the WHO says you got to do that before you issue a mask mandate. I've never seen somebody actually do that analysis of all these effects on the negative side in terms of risk analysis.

Stephen Petty: A true story here. And this picture is a picture of, as I said before, N95s are the worst in these. This is yours truly in the middle of this graphic wearing a respirator on a plane. I almost got kicked off of two planes because I wore a respirator, a half face respirator. And they said that I had to wear a mask. And I said, "Well, that would unprotect me. I'm wearing a protective device. And I'm an expert in this area." And the pilot said, "Well, we're going to have to kick you off the plane because you're not wearing a mask." And the only way that they allowed me to fly two times in a row was if I put a mask inside my respirator. How crazy-

Dr. Patrick Gentempo: You can't make this up.

Stephen Petty: You cannot make this up.

Dr. Patrick Gentempo: Wow.

Stephen Petty: And the only time I didn't wear my respirator, I got COVID.

Dr. Patrick Gentempo: Wow.

Stephen Petty: Yeah. This graphic is very powerful in that it shows... This black circle with the white inside represents a diameter of a human hair cross section. The red dot here isn't a COVID particle, it's a one micron particle. The COVID is 1/10 of that size. So I always ask people, "Can you get a human hair pass the side of your mask?" Well, if you can, those little guys are having a great time.

Dr. Patrick Gentempo: Geez.

Stephen Petty: And to compare things, visible dust is on the order of 50 microns, 500 times bigger or more. A thickness of a sheet of papers is about a hundred microns, for point of reference, or a thousand times bigger than the viron. People say all the time, and this was worked by Edwards, that we need to talk about droplets. Well, taking the data from Edwards, and this is across the top days after infection, then the particles that are aerosols and the particles that are droplets, and what percentage are aerosols?

Stephen Petty: The minus one means this was before they were infected, the monkeys. Between monkeys. So a day before they're infected, they met on this order about 11,000 particles versus aerosols versus one and a half or so droplets. And then as you would expect, as they're infected, they admit higher levels of aerosols or droplets. But the aerosols based on that study are always greater than 99.9% of the particles. And this is where they're plotted. And I'm like, how can you say that this is a disease about droplets? You can't.

Dr. Patrick Gentempo: It doesn't compute.

Stephen Petty: So what did they find? This is National Academy of Sciences Press, 2/23/21. The majority of the parties that excelled on all subjects were aerosols. And that the very small droplets or aerosols would far exceed conventional social distances of two meters. Well, two meters is about seven feet. And this is the critical one. The exhaled aerosol numbers are a marker of disease in risk, non-risk infected people. In other words, it's the little guys that cause the disease. So the other thing that I show people all the time, this was a plot looking at what happens if you have a hole in a mask. In other words a gap. Drewnick was an honest broker in a sense that he looked at the effectiveness of all kinds of masks. But these are always done with perfectly sealed masks on the mannequin or the fixture. And that's not reality. So he said, "Well, why don't I simulate gaps by putting small holes in the mask and seeing how effective they are." And what he did is he took holes by as a percentage of the total mask area. He started with 0.5% area, then one, and 2% area.

Stephen Petty: And what he found was that when he got to 2% of the area here on the right that almost 75% down to 0.25 of the effectiveness of whatever it was, was lost. So I said to myself, "Well, that's interesting. These curve on these little particles looks pretty linear. Why don't I just project it out to see when I get to zero." And low and behold about 3% mask area, whatever effectiveness that mask had goes to zero. So then I asked the next question, remember my infamous mask from Spirit Airlines? This is yours truly. I measured the gaps above, below the

eyes, on each side of the nose, and then the little triangular area. And I found that that gap area was 9% of the mask area. Remember, if I get to three at zero, no matter what this mask does, it could be a hundred percent effective, which they never are. They're 5 to 10%. So if that's 9%, that mask with those gaps has no effectiveness. Anyway. That's all I wanted... I could go on and on, but I won't bore with the rest of this.

Dr. Patrick Gentempo: I think the visuals are very helpful. So thanks for sharing those. So this is an area I think of great contention. And I think in summarizing here, we have non-experts pontificating about it on an ongoing basis. We have confusing and contradictory information that's been coming out of the CDC and other agencies and individuals. So I'm very grateful for the fact that you, who has specialty expertise exactly in this arena, you have come to shed light on this and that you're willing to speak publicly about it because I know that's probably bringing some heat and negativity toward you from certain factions. So I appreciate the fact that you're doing this in general and I appreciate the fact that you're spending time here with us right now.

Stephen Petty: You're welcome. I think it's important information get out.

Dr. Patrick Gentempo: Well, hopefully that settles the mask issue for you. I know it did for me. Thanks for joining me for this interview with Stephen Petty.

Episode Nine

Dr. Robert Malone: The method that the CDC is using to report risk right now is obsolete and inaccurate and not sensitive. And it's not the preferred method. It sure looks like somebody is attempting to minimize the signal here. The federal government asserts any information, whether true or not, which would cause vaccine hesitancy is to be suppressed. So we're now in this Orwellian world where truth is whatever WHO says it is.

Dr. David Martin: People are not reading the actual science. The only way I can get a population to agree to the transaction is to create the illusion of the contagion in the first place. It never existed. I like to follow the money called life insurance payments. You know what hasn't changed? The number of claims that are paid, which means people haven't died more. If we were going to see the all cause mortality creepy, scary statistics, we would also seen the life insurance companies losing their mind about all the death benefits they paid, except for the fact that they actually paid less during the pandemic.

Dr. Patrick Gentempo: Welcome to episode nine of our nine part docu series, COVID Revealed. What a journey it has been, and it's been my honor to take this journey with you. COVID is a big subject, and it's a very important subject. And we didn't hold back at all for episode nine. Right now, I want to remind you, we are in the free viewing period during this free viewing period, you can invest in COVID Revealed at a significant discount. So many of you have already raised your hand and said, "I'm in." You've already purchased it. You get the bonuses with it. Thank you for that. I can't tell you how much it means to us and what gratitude we have for you supporting this work.

Dr. Patrick Gentempo: We are passionate about this work, I think you can tell that, and we don't want to stop. We want to keep going. And your support means the world to us. So thank you for doing that. If you haven't now is really the time to check it out, we're still in the free viewing period. Look at the bearing packages, find the right one for you, make that investment and know that you have our gratitude. Episode nine is a very important episode and it's coming up right now.

Dr. Robert Malone

Dr. Patrick Gentempo: Welcome to part three of my three part interview with Dr. Robert Malone. I am sure parts one and two really got your attention, but we're not done yet. Part three completes the entire conversation, a conversation that is absolutely critical and pivotal in today's world. Let's go. One of the things that I think we can conclude from what you're saying, it's being asserted, now look, hundreds of millions of people have been vaccinated and here's the data on injuries, which separate topic on it. Are they reported and is there a lot more injury than what is reported? Et cetera on VAERS, but you are asserting that there's a possibility that there could be long term chronic effects of this vaccine that hasn't been out there long enough to even know if we have that yet or not.

Dr. Robert Malone: Well, it's not just me fantasizing it. Okay? So we now know that Guillain Barre syndrome is a problem. That's an autoimmune disease.

Dr. Patrick Gentempo: We know that with this vaccine, that this is-

Dr. Robert Malone: Yeah, with these vaccines.

Dr. Patrick Gentempo: Okay.

Dr. Robert Malone: Okay. Specifically with the Adenoviral vector vaccines, but it's being reported also with the mRNA vaccines. So there's an underlying issue and this is another one I get fact checked with... Well, no, that's not the official position. That's not yet an officially recognized adverse event. Okay? Well, I was saying that the cardiomyopathy was there. It was discovered by a biostatistician from Oracle, not paid by the FDA who was seeking an FDA grant, by the way, to do a better type of data analysis on things like VAERS. So Bill Moushey, not through CDC with CDC approval, looking at the VAERS database in association with some of my colleagues that are outside of the review branch at the FDA, that first found the signal of the cardiomyopathy and cardiotoxicity, they then notified the CDC. The CDC said, "Oh yeah, you're right. There it is."

Dr. Patrick Gentempo: Wow.

Dr. Robert Malone: Okay? And there's some nuances about database analysis that are kind of another higher level thing, but it's hard to accurately query a database without compromising the statistics if you're looking for lots of things all at the same time, so you can't just say, "Any associations?" It fails statistically. And the other problem with that kind of database analysis is it's called Confounders and masking. It's if you have a relatively rare event in a data structure that you're looking for, if somebody tipped you off and they said, "God comes from on high out of the clouds and says, you shall look for this." Okay? If it's a rare event, it can be hard to find if there's a high background of similar events. If a rare event attributed to like a vaccine, but if you don't have background events, then it becomes fairly easy because you can say, "Oh, I'm seeing cerebral venous

thrombosis in these patients post vaccination." And we never see cerebral venous.

Dr. Robert Malone: There might be two that happen in all of America per year. And now we're seeing 15. And they're temporally associated with vaccine. You say, "This is another walks like a duck and quacks like a duck." So in the case of finding the cardiotoxicity signals in the adolescence, adolescents have almost no background cardiac events. And so it was easy to discern those data in the background, in the setting of no background signal. Does that mean that they aren't occurring in the adults? Talk to cardiologists, pathologists that are looking at this, of course, they do, but they're not detecting the signal officially. CDC then notified the Israelis. And up until that point, the way I heard the story from my colleagues at FDA was that the CDC and the FDA were very aware of the compromised nature of the VAERS and V-safe databases. They're very limited utility as self-reported. Okay?

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: And their chronic under reporting associated with those. But they took solace in the fact that the Israeli database seems to be so much more rigorous. And so when we found ourselves in a situation where it's an outsider, a high end biostatistician working at the front edge of biostatistics theory right now from a company called Oracle that knows something about statistics.

Dr. Patrick Gentempo: Yeah, indeed.

Dr. Robert Malone: Yeah. A little bit. And they pick out the signal and then it's only after two levels of kind of, "Did you know this? Did you know that?" That suddenly the Israelis find it then suddenly we got a problem because we were hoping the Israeli database and the Israeli data scientists were going to notify us of adverse events. And so now we're in a situation where there's a little bit of a free fall, and I have not seen the actual Pfizer contract, but there are Israeli scientists that have repeatedly reported that it's known that terms and conditions of the Pfizer contract executed with the Israeli government included clauses, which prevent the full disclosure of adverse events detected during deployment and safety follow up of the vaccines deployed in Israel. You remember that Israel basically got Pfizer early as a special deal with the government, but there were terms and conditions associated with that.

Dr. Robert Malone: And so we have been assuming that we could rely on the Israeli database, but it appears if these scientists are correct in what they report, then in fact, there are barriers to us to full disclosure of risks and adverse events being identified in Israel. And yet, because of the decision by the FDA to not require prospective rigorous capture of adverse events, as well as other safety and efficacy signals during this emergency use authorization period, we're left arguing again and again, unprovable things about whether or not a given adverse event is occurring because the data are so horrible.

Dr. Robert Malone: And what we have now is a situation in which docs can't talk about it. Patients can't disclose it on Facebook, right? There was the whole Facebook group that was set up for people who believed they had experienced adverse events, post vaccination, that was deleted by Facebook. Okay? So those people no longer had a forum to even talk about what they were experiencing. When you think about that, that's a huge tragedy because they're sitting there just in terms of human. The human factor you've experienced something, whether or not it truly was an adverse event that's vaccine related you believe it is. And I've had these calls-

Dr. Patrick Gentempo: Well, there's a temporal relationship, these should be reported and then they can-

Dr. Robert Malone: But beyond that, just think about the consequence. If you're a young woman and you've experienced a cascade of events after vaccination, I've had these calls and you've gone on Facebook and tried to talk about them, all of your neighbors, because all the messaging is the vaccines are perfectly safe. You recall? That's gone now. Now they're in their modified limited hangout. Well, we never said they were perfectly safe. Okay. But they did.

Dr. Patrick Gentempo: Yeah, they did.

Dr. Robert Malone: And they also said they were perfectly effective. They said, "No, we didn't say that." But they did.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: Insert clip Dr. Fauci. Right?

Dr. Robert Malone: We have a great vaccines more than one, three, and they're safe and they're highly effective.

Dr. Robert Malone: They're there. Okay. You can find them. So think about these poor souls. They're surrounded by their friends and neighbors and family members that all tell them that they're crazy.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: They couldn't possibly be experiencing this and they go on their favorite social media site. And they say, "I experience this." And these days, if you say, "I experience this adverse event." You're immediately blocked by Facebook. It goes no further. And back then there was a Facebook user group of many hundreds of people sharing their adverse events. And they all got deleted. I've said, this is like the ultimate gaslighting. You are told that you are crazy.

Dr. Patrick Gentempo: If you question this, so-

Dr. Robert Malone: Right.

Dr. Patrick Gentempo: So censorship, that's the next topic I want to get into because there's implications here and it ties into not only that, but then bioethics and other such things that we have to inform consent, et cetera.

Dr. Robert Malone: But back on track.

Dr. Patrick Gentempo: Back on. So let me ask this question first though. And then I want to get to censorship. I read a report on The Lancet article that was published on comparing the relative risk reduction versus absolute risk reduction.

Dr. Robert Malone: Oh, this, yeah.

Dr. Patrick Gentempo: And they don't report, they don't talk about the absolute risk reduction. And again, nobody's fact checking the numbers. The numbers are there. They're right. They're reported from the original research that was submitted. But can you explain your thoughts around relative versus absolute?

Dr. Robert Malone: I do not have the sophistication as a statistician or as a mathematician to follow that argument, but it came up for me the other day, again, about risk ratios versus absolute relative risk reduction.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: And the way a strong case could be made that and is made that the CDC in reporting risk has elected to use a variable, which is outdated, has been demonstrated in peer reviewed literature, to be the least sensitive to detection of changes at relative risk. And for some reason, has tweaked that system in such a way that it minimizes the appearance of risk. And it's not consistent with current thinking in biostatistics and epidemiology, why they would do that is another one of these oddities that we can speculate about. It seems awfully convenient if your goal is to try to position these as fully safe.

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: So the nuances of the mathematical ratios, I'd have to reread the paper and then we could talk about it. Okay?

Dr. Patrick Gentempo: Right.

Dr. Robert Malone: But for sure, I verified there's a circulating piece by a mathematician. And I was asked to do some more diligence on this. And I pulled up multiple peer reviewed publications that say flat out that the method that the CDC is using to report risk right now is obsolete and inaccurate and not sensitive. And it's not the preferred method in the world of epidemiology. Why they do that? It's one of these

oddities that is sprinkled throughout this where you just have to say it sure looks like somebody is attempting to minimize the signal here.

Dr. Patrick Gentempo: Well, the way they're reporting it does enhance the sense that this is safe or how much protection-

Dr. Robert Malone: That it's safe and effective. Yeah.

Dr. Patrick Gentempo: So basically, if they're saying that in this article I read at least that they're always saying, "Oh, it's 95% effective." They don't describe what effective is. And what does that mean?

Dr. Robert Malone: Yeah. So they're defining effectiveness in those papers. That's another one of this nuance that I said, what they seem to be prosecuting is death and disease, not infectivity and transmissibility. Okay? And yet out of the other side of their mouth, and there's a quote from Gates directly that he believes that a vaccine that 60 to 70% effective will be sufficient for containing the outbreak. So this has been the party line. You have not been able to go against that party line. I've put out the calculations of what that means in terms of the reproductive coefficient R naught, everybody's an epidemiologist now. I bet your audience knows what R naught is and could say it on a test.

Dr. Robert Malone: So the reproductive coefficient for this vaccine has been such that you would have to have basically full saturation to get even close to herd immunity at a 70% protective vaccine. And then the bomb dropped. And the bomb was the CDC slide deck that was released to the Washington Post was leaked. And there's two panels there that have comparative graphs and you have to have the secret decoder ring to be able to read those, but I kind of do. And I've talked about this in prior podcasts and what it clearly shows... So there's some slide of hand in that slide deck, even though it's internal that-

Dr. Patrick Gentempo: And they didn't mean this to get exposed?

Dr. Robert Malone: Absolutely. It's marked as confidential. Okay?

Dr. Patrick Gentempo: So what was in it?

Dr. Robert Malone: A ton of stuff, just a ton of bombshell mic drop moments.

Dr. Patrick Gentempo: Wow.

Dr. Robert Malone: One of them was that the reproduction coefficient for Delta is about the same as chicken pox by their own words and text that's an R naught of eight and that for the alpha strain, it was 2.5. So it's about threefold, more infectious. Okay? And this is something that just blew the whole narrative apart. And so what they've done since then is-

Dr. Patrick Gentempo: But finish that for a second. So you're saying the R naught was two and a half-

Dr. Robert Malone: Two and a half, two and a half fold more infectious. And has an R naught of about the same as chicken pox, about eight. Okay? And this is Delta, Lambda as likely to be higher, by the way.

Dr. Patrick Gentempo: So what's the implication as far as the vaccine is concerned?

Dr. Robert Malone: Because by their own graphs with a vaccine that we now know to be about 60 to 70% protective against infection-

Dr. Patrick Gentempo: They're asserting that-

Dr. Robert Malone: That's the CDCs numbers.

Dr. Patrick Gentempo: Yep.

Dr. Robert Malone: Okay? And that's based on Israeli data. Best we have right now. We cannot stop the spread of Delta in the United States even if we had a hundred percent vaccine uptake and full compliance with excellent mask use N95, it's sealed all the way around. Every time you go out and everybody else. Okay? Even if we did all that, we could still not stop the spread of this.

Dr. Patrick Gentempo: So this is internal for the CDC and they don't want anybody to know, but it leaked.

Dr. Robert Malone: But it leaked. Okay. And the press hasn't really examined it even the Washington Post. Washington Post in their one article about it had an interesting statement that now the CDC is going to have to pivot from its messaging previously in full view of the public. Okay. And they basically have disregarded it. Is your viewership aware of what I just said?

Dr. Patrick Gentempo: No.

Dr. Robert Malone: Okay. Instead, what we've heard is that the infections are all occurring in the unvaccinated, right?

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: That's a lie. I'm sorry. It's just a flat out lie.

Dr. Patrick Gentempo: Why is it a lie? Or how do you see-

Dr. Robert Malone: Is it by convenience? I don't know. We're not tracking what strains are infecting in the United States, but other countries are. Okay? And so if you look at the great British data or you look at the Israeli data, you see that even if you correct for the fraction of patients that have accepted vaccine, versus those that

haven't accepted, the levels of infection as you know, they're low, good news is that Delta is not putting people in the hospital in the same way that alpha was. And how much of that, it's being asserted, that's all because of vaccination, also natural infection, also the characteristics of Delta. But the Israeli data show very clearly that a large fraction and some scientists and physicians now are claiming the majority of patients in Israeli hospitals are previously vaccinated. Some are saying that not only are they previously vaccinated, but that those who have received vaccine are showing more disease, that would be ADE.

Dr. Patrick Gentempo: I was about to say, we're back to ADE again. So we're seeing more evidence of it. And now if the public started to get a sense that being vaccinated might actually increase their probability going to the hospital, because the whole point goes, "Oh, this is going to blunt the response right?"

Dr. Robert Malone: Well, if nothing else, Joe Public, in good faith has accepted vaccine and they've bought the storyline that this vaccine is going to protect them. They're now out of the woods. They've taken risk. Most of them know there's some risk. So at least now they know that there's some risk with vaccine, but they've accepted that risk. They've done their good thing for their community, because that's what they've been told to do. And they assumed that they were going to be protected. And now boom, here comes the CDC slide deck and it says, "No, I'm sorry. You're not going to be protected from infection. If you get infected, the levels of virus may be at least as high, if not higher from what you would've had, if you were not ever vaccinated. And if you are infected, it's not going to protect you from infecting your children or your grandmother or whomever else might be around you." Okay. So it's not providing full protection from infection. It's not providing you from virus replication if you do get infected and it's not protecting you from infecting others.

Dr. Patrick Gentempo: Which for the people who said, I'm taking one for the team, that's a whole other conversation. They actually may be super spreaders.

Dr. Robert Malone: Yeah, well put.

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: Okay. Because they have less disease. So that's another one of the big lies now that's being chalked up.

Dr. Patrick Gentempo: And then now take that one step further, at least the article I reviewed in Nature said that if you've got the disease naturally, they didn't say a hundred percent, but you're very likely to have lifetime immunity. Whereas now we're looking, saying they want booster shots already for some of these people-

Dr. Robert Malone: Okay. So that was another one of the things that I just got fact checked on, on The Washington Times, op-ed that Navarro and I put out, was some post-doc in Singapore is asserting that the data is clear that vaccine produces better

immunity than natural infection. And they're challenging that the durability of the vaccines is poor a statement I made in that. Okay, well in my world, if Pfizer and Tony Fauci both say that you're going to have to get boosters at six months because the duration of time that the vaccine is providing, even that modest level of protection is expiring at six months, which is also what the Israeli data show I would call that poor durability.

Dr. Patrick Gentempo: Yeah.

Dr. Robert Malone: Most people would. And then as you correctly say, this is a new kind of idea battleground is whether natural immunity provides better, worse equivalent protection from infection and disease than vaccine induced immunity does. And now we're back in kind of more media wars, idea wars because the official party line, as stated to day by the World Health Organization is that the vaccine induced immunity is better and more prolonged than the protection afforded by natural infection.

Dr. Robert Malone: Yet we have, you mentioned Nature, multiple, multiple articles now, as one would expect that the breadth of immune response after natural infection is greater and the durability is quite long and the levels of disease, if you get reinfected are no worse than you would get, if you had been vaccinated and in many cases appear to be less. So we've got the WHO posting on Facebook, what is inconsistent with multiple peer reviewed publications and common sense. And Facebook is not fact checking the WHO by definition, they are the purveyors of truth. So we're now in this Orwellian world where truth is whatever WHO says it is.

Dr. Patrick Gentempo: Or CDC.

Dr. Robert Malone: Yeah, exactly right.

Dr. Patrick Gentempo: Or Tony Fauci.

Dr. Robert Malone: As enforced by the Trusted News Initiative and all of the tendrils that have come from that, including all of these funded fact checker organizations, that is part of that whole apparatus, has been set up.

Dr. Patrick Gentempo: So traditionally, with other infectious disease, I mean, mumps, measles, what have you, you get the disease, you're going to have immunity for life. And suddenly, that's no longer true, or maybe it's not true, but we start to see that these lies are being propagated or it's misinformation yet they're accusing everybody of what they do, which is the misinformation. Is it absurd based on risk that we should be vaccinating kids right now and have the agenda to get all kids vaccinated?

Dr. Robert Malone: To my reading of the data. And I disagree with the evaluation of the advisory committee that the CDC is relying on. To my eyes and that of many physicians

and data scientists all over the world, the risk benefit ratio, even if you only take into account the cardiomyopathy and pericarditis is upside down. The total deaths in the United States in infants through 18 is less than 400 since the beginning of the outbreak. And again, Nature article has dived into those data and checked the preexisting conditions for every one of those reports. We're talking about infection related deaths is less than 400 in that age cohort.

Dr. Robert Malone: And the number of children adversely affected according to VAERS with these cardiac damage events is in that same number or greater. We know that VAERS grossly under reports, adverse events, and that's only one of the many adverse events that occur. So that's just taking one tiny slice. And when I look at those ratios, they're both small numbers, small numbers of kids that die and small numbers of kids that get these cardiac events. Now, I've spoken to pediatric cardiologists that suggests the numbers are far higher. Likewise, pathologists reporting about adults in Germany and the United States. But even if we take that to face value, the risk in children is extremely low for hospitalization and death. And the risk from vaccine is not trivial, it's also low.

Dr. Patrick Gentempo: It's also unknown.

Dr. Robert Malone: It's also unknown. Even focusing on the tiny slice of the known that we have, it doesn't seem to make sense to me and to most other objective third parties, in my opinion.

Dr. Patrick Gentempo: Have you ever in your life and career seen this type of censorship, where qualified experts are speaking about their view of things, giving expert opinion, if you will based on what's happening, and it's completely shut down. People are applauding the fact that the censorship is happening because they don't want to scare people or spook people away from getting the vaccine, that's the only thing that matters is that people get this vaccine.

Dr. Robert Malone: That we get universal vaccination. No, it's unprecedented. I've never seen it. My peers have never seen it. In the Federal Register, honest to God in 1984, there is a section speaking about polio vaccines, in which the federal government asserts that any information, whether true or not, which would cause vaccine hesitancy is to be suppressed.

Dr. Patrick Gentempo: Wow.

Dr. Robert Malone: This is out there. It's documented.

Dr. Patrick Gentempo: In 1984.

Dr. Robert Malone: It's been U.S. policy for a long time. I assert that what we've got is 20th century thinking, about communication and information management coupled to amazingly powerful 21st century technology. Fueled by this cross-horizontal integration of the pharmaceutical industry. The tech industry and media is able

to enforce a narrative, and they're doing it in a way that's never been possible before. That's where we're at right now and there's a lot of scare going on. It drives people to want to accept authority.

Dr. Patrick Gentempo: Which has been assumed by people like Anthony Fauci, who's driving this bus in many respects. Do you find that you disagree with a lot of what he promulgates?

Dr. Robert Malone: Yes and I have for years, and that gets me nothing. It doesn't get me any NIH grants. That's one of the problems. The thing Tony plays an interesting game. He's given out huge amounts of money and among other things, he allocates it by congressional district. It's all tracked. In a sense, he has an ability to lobby the legislature that is unprecedented. He gives money to district. The most notable example is the Biodefense Centers of Excellence.

Dr. Patrick Gentempo: Isn't that a breach of his position?

Dr. Robert Malone: It doesn't matter. He's given cart blanche. He breaks rules that I would lose my license for or my ability to serve as a principal investigator. He does it routinely, he has for years. He's never held accountable for it.

Dr. Patrick Gentempo: In bioethics research, medical ethics, there's a thing called informed consent. There's many things, but that's one of the critical ones, which is basically saying before you do a procedure on a given individual, you have to inform them of what the potential risks are of the procedure and they have to accept that before you go ahead and do it. There seems to be no informed consent. As a matter of fact, the option informed consent. We're trying to hide information from the people who are receiving this thing, who are basically being told by entrusted leaders that you do this and it's almost a patriotic duty that you do.

Dr. Robert Malone: More than almost, if you don't do it, you're killing people. If you share information as I do, that is grounded in science that's the dirty dozen, I think they called it. These people, I've ever seen phone calls asserting that I'm killing people by speaking out. You may or may not be aware that one of the things that catalyzed me being on the stage was having woken up one morning after listening to a Canadian physician and talk about his experiences in Canada. My wife and I writing a bioethics piece that was posted in TrialSiteNews that speaks to exactly what you're saying. Right now, we have unlicensed products being provided under emergency use authorization. Therefore, it is medical experimentation. I'm sorry, that's what it is. They're not approved products. They're still in a research phase. To my eye, the federal common rule, that's in the code of federal regulations applies.

Dr. Robert Malone: That goes back to the Nuremberg Code, the Helsinki Accords, the Belmont Report, and is written into federal law. It requires three fundamental things. There has to be full and complete disclosure of risks akin to the detail that you might see in a package insert. All that fine wording, full disclosure. There has to

be comprehension of that. Typically, that has to be communicated in eighth grade language is what that usually means for adults. Adolescents by definition are not at the age of consent. They can't provide informed consent. Only parents and guardian can. There has to be full and free acceptance of those risks. We fail to meet all three of those criteria currently.

Dr. Robert Malone: I raised this, it's circulated. I don't know if it was just because of me, but a few weeks ago, the Justice Department came out with a formal determination that the FDA is not accountable to the common rule, and does not have to comport with those guidances, which are the bedrock of bioethics in Western culture. Doesn't apply in China, but it applies here ever since World War II. We're now saying, "Well, we don't have to do that. It's inconvenient." To leave you with this last comment, I feel like the ground has fallen away. I don't know how deep the hole is. I don't know what the rules are because there seem to be no rules. They're whatever they want them to be. There are no consequences to any of these things.

Dr. Patrick Gentempo: Probably the most dangerous moral philosophy is the ends justified the means.

Dr. Robert Malone: Which is explicitly what is being deployed here. We haven't gotten into the logic of what's wrong with universal vaccination. Many of us believe that universal vaccination because of the things I've talked about, remember I gave you that pointer, original antigenic sin and the fact that we're tuning both the B, T and innate compartments all to the same exact antigen. What we're setting up is the selection of a super escape mutant that'll spread widely through the population and be unrestricted by prior vaccination, who cares? Is that any different? Well, what it means is that for those that are highly susceptible to disease, like our elderly and our obese, and people with vascular leak syndrome, their vaccines are no longer going to protect them.

Dr. Robert Malone: They're going to be gone. That's what that sounds like if it goes there. Let's hope it doesn't, but many responsible virologists believe that this policy of universal vaccination is very ill-founded. To do this into the teeth of a pandemic, when the virus is already circulating with the leaky virus is highly likely to cause evolution of vaccine escape mutants. We will lose the last bastion we have other than drugs. Let's hope that we succeed with repurposed drugs. Let's hope my clinical trials work, our clinical trials, and that Ivermectin fulfills its promise and Hydroxychloroquine, et cetera. Other than that, if the vaccines go down because of this misguided public policy, I don't know what we've got left.

Dr. Patrick Gentempo: This precedent for that worry. You look at the superbugs even with the antibiotic world.

Dr. Robert Malone: Marek's Disease is the classical example with vaccination and chickens. It's the veterinary virologists that have dealt with this for years. They're the ones jumping up and down saying, "Are you crazy? What are you doing?"

Dr. Patrick Gentempo: Universal vaccination into a pandemic is heresy up until now. It's within heretical approaches.

Dr. Robert Malone: Why is that knowledge and experience being disregarded is a question for your next interviewee.

Dr. Patrick Gentempo: Well, thank you. Thank you so much for taking the time to sit and having the courage to take a stand on this and to speak truth in the face of lot of adversity that you're facing. I can't tell you how much I admire you for doing so. Thank you.

Dr. Robert Malone: Thank you for having me.

Dr. Patrick Gentempo: That completes part three of my three-part interview with Dr. Robert Malone. Everybody and when I say everybody, I mean, everybody needs to hear what he has to say. I'm glad you were here right now to get this information. It is vital. Thanks for being here.

Dr. David Martin

Dr. Patrick Gentempo: If you saw part one of my interview with Dr. David Martin, you know that this is a guy that doesn't mess around, who has extraordinary intelligence and is connecting dots that other people aren't connecting. They're important when it comes to understanding this whole story around COVID. Now, we have part two coming up and let me tell you, it just keeps getting better. Let's dive into part two. Let me ask this because now in this patent world, and there seems to be this series of patents that are filed, the first thing is that it seems unbelievable is that you can patent viruses.

Dr. David Martin: That does seem unbelievable.

Dr. Patrick Gentempo: You can't patent something that occurs naturally, right? You can't patent gold. These things are patentable. How do you patent a virus?

Dr. David Martin: Well, you pay off the patent office and it's pretty easy to do that. You actually literally pay them fees to the point where you pay them enough. They give you the patent.

Dr. Patrick Gentempo: Give me an example.

Dr. David Martin: Well, the CDCs patent on SARS coronavirus in 2003.

Dr. Patrick Gentempo: The CDC has a patent?

Dr. David Martin: Yeah, they got it in 2003.

Dr. Patrick Gentempo: In 2003. On a SARS coronavirus?

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: The same thing we're dealing with today?

Dr. David Martin: Well, according to them, no, it's this very uber different thing that allegedly all happened in 2019. There's a tiny problem with that story. It's not true. That's the part of the story that's a little bit of a problem. In April of 2003, the CDC filed a patent on SARS coronavirus. I have been criticized all over the world by legal experts who take issue with what I'm about to say. The problem is legal experts A, don't read, which is the first problem B, don't understand genomics, which is the second problem. Besides those two problems, they're probably right, but here's where those problems create a problem. The patent application that the CDC filed in April of 2003 was rejected as UN patentable by the patent office, not once but twice.

Dr. Patrick Gentempo: Under what grounds?

Dr. David Martin: Under what was called Section 10235, U.S. code Section 102, which is a rejection based on the fact that the information was already in the public domain. Did you hear what I just said? It was already in the public domain. Meaning that people already had the information that the CDC was trying to patent, and it was public. Now, here's where we have to take a little diversion into the official press statements by the CDC. We're filing a patent on SARS coronavirus so the world can do research on it. That's their statement. They made the public statement that's their justification for getting their patent. Here's a tiny problem with that story. About the same time they were making that statement, they were paying the patent to keep their application secret. They didn't want the world to know what they were publicly saying they wanted the world to know. That's a little tiny problem. Literally, they were writing a check to the patent office to keep it secret, when they were telling the world, "We're trying to make it publicly available." I don't know if you have a problem with that. I have a problem with that.

Dr. Patrick Gentempo: You don't need a patent to make something publicly available.

Dr. David Martin: A, it was already published, which was the evidence that the patent office used to reject it and they rejected it twice. Then they paid a fee to get it appealed. The cool thing about the appeal is they actually told, and I wish I could make this up, but they actually wrote on the side of their application to have the examiner back date their filing. That the story I'm telling you doesn't look as damning, but they wrote it in pen on the side of the document that they submitted to the patent office.

Dr. Patrick Gentempo: Why would they need that?

Dr. David Martin: If you're an ethical, upstanding, moral citizen is there any problem with, I don't know, violating federal law by backdating a federal document that has a statutory provision that says when you have to do a thing, could that be a problem?

Dr. Patrick Gentempo: Well, I think, yeah.

Dr. David Martin: It feels like it could be a problem. They get a patent on SARS coronavirus. Now, here's where all of the legal experts love to lose their with what I'm about to say. They say you can't patent in nature. The Supreme Court held that twice in 1980, they held it in a very famous case about modifying a bacterium and they held it again in 2013. Judge Clarence Thomas in 2013 was very clear on saying the patent office is long-held. That's his words, long-held. You cannot patent nature, which is what pretty much everybody knows. What the CDC did was they altered the only issued claim of their patent. The only issued claim says that they patented not the virus, but they patented a sequence identification number. Sequence identification number one, that's the only thing that says in the claim. If you only read that, you'd go, "There's what's called a hand of man test in patenting nature, which is if you can show that a person had to do effort

on nature to do the thing, then you can get the patent, but you can't get the patent on nature."

Dr. David Martin: Here's the tiny little problem. If you actually look at what Sequence ID 1, which is the thing that's actually listed in the claim. If you go back and look at the defined term, what is Sequence ID 1? It is the DNA for SARS Coronavirus. The natural thing. It's not any hand of man. It's not any human manipulation. They actually misled the entirety of the world by the cunning use of a definition of a term that no one went back and looked at and go, "What's Sequence ID 1?" It turns out it's the whole DNA sequence. Now, here's where the problem comes in 2019 and early 2020. I say, CDC has a patent on SARS. That's a true statement because they do. Everybody else comes along and says, "Well, but Sars-cov-2 is a subclade, which means a sub component of the general classification of SARS coronavirus. That's a true statement almost, but to get to the sub classification, you have to pass through the classification. CDC owns SARS. Sars-cov-2 is a subclass of the things CDC owns.

Dr. David Martin: At no point has anybody bothered to go back as we have and gone to the published sequence of Sars-cov-2 and found that in fact, the CDC's patent is the anchor of SARS coronavirus that is in fact fully present in the Sars-cov-2. Now, there are modifications in the Sars-cov-2. Technically, we could say, well they're distinct because they are. If you go back and look at the fragments of the gene sequence that are distinct, it turns out all of those have already been published. That's in the public domain. The fact of the matter is CDC got the patent on SARS coronavirus. Patent was awarded in 2007, but its priority, meaning the date they sought the protection was April of 2003.

Dr. David Martin: The thing we're calling Sars-cov-2 today is in fact the CDC's patent plus published modifications. In other words, the hand of man because man has been doing the stuff men and women, but I'm using the legal terms. That's the clause and by that definition, the CDCs patent is in fact still expressed inside of what we're calling Sars-cov-2. The whole regime after April 23rd, 2003 from April 3rd, 2003 to the birth of Sars-cov-2 in December of 2019, we tracked over 4,100 patents specifically to the treatment detection and vaccinations for Sars-cov.

Dr. Patrick Gentempo: 4,100?

Dr. David Martin: 4,100.

Dr. Patrick Gentempo: What types of things are they patenting?

Dr. David Martin: Vaccines, drugs, treatments, all sorts of other things. Everybody who pretends like, "Who could have seen it coming?" I don't know, 4,100 different people, companies, organizations, institutions, all of whom have a very common link back to the same funding sources.

Dr. Patrick Gentempo: Operation Warp Speed didn't start at zero and then move forward. This has been in the works for a long time.

Dr. David Martin: No, it's been around since 2010. There was a whole family of businesses that got started after the Asian outbreak in 2003, a bunch of them were equity funded, a bunch of those equity fundings collapsed without getting follow on financing. There was a big debt now to a lot of the SARS treatment and vaccine companies in 2008. For some reason, everything fell off the rails in 2008 may have had something to do with the fact that the world health organization said that SARS coronavirus had been eradicated.

Dr. Patrick Gentempo: They did make that statement.

Dr. David Martin: The horse is off the track betting on the horse feels like a bad idea.

Dr. Patrick Gentempo: No kidding.

Dr. David Martin: Am I going out on a limb here? Does that sound like a conspiracy theorist? I would say that if the raison d'être for the entire research program and all the funding is declared eradicated, it would be very hard to go and ask somebody else for money. Tiny little problem, in 2008, the defense department picked up what the public funding left off.

Dr. Patrick Gentempo: On coronavirus?

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: The defense department took an interest?

Dr. David Martin: Yeah. It sounds like a public health crisis that accidentally came out of Wuhan bat cave, doesn't it? I'd say that's pretty solid ground to stand on. This was all just an accident that happened in a wet market in Wuhan in December of 2019. It feels like it to me.

Dr. Patrick Gentempo: Are there any other smoking go guns along the way between 2008?

Dr. David Martin: Nothing like the fact that the company Moderna, which by the way, had never produced prior to November of 2019 had never produced a safe and effective anything that how'd they get tapped in. That's an interesting question. How did they tap with their 141 patents funded by National Institutes of Health and NIAID. How was it possible that they were in correspondence with university of North Carolina Chapel Hill in November of 2019. Remember this is a month before the bat and the penguin walked into the wet market bar, right? Remember that? A month before it makes perfect sense why they were given the RNA sequence for the spike protein for coronavirus a month before there was an outbreak.

Dr. Patrick Gentempo: Who gave it to them?

Dr. David Martin: University of North Carolina Hill under the auspices of NIAID. Anthony Fauci delivered to a company that had never built anything successfully the formula for Operation Warp Speed vaccines a month before there was even an outbreak.

Dr. Patrick Gentempo: Is there a relationship with Moderna and Fauci?

Dr. David Martin: Yes.

Dr. Patrick Gentempo: What's that?

Dr. David Martin: They only exist based on Fauci's funding. Moderna is a very insidious story. This one's going to creep you out because the story that Moderna doesn't tell you is the story I'm going to tell you. In 2010, when Moderna got started, Moderna was 10 years already in operation. We just didn't hear of them because they weren't a company at that time, they were a National Science Foundation grant. The National Science Foundation grant is entitled Darwinian chemical systems. Just sit with that, let it just settle for a moment because I'm going to give you the, "That's interesting." Darwinian Chemical Systems was a grant for funded by National Science Foundation to figure out whether you could get RNA to write into the genome of a single-celled organism to modify it, to actually see if you could recreate human life in a post-extinction event.

Dr. Patrick Gentempo: Who could even think of that?

Dr. David Martin: Well, not only a bunch of people, but the best news is that's where the company was born. This same company that tells you that RNA can never, ever, ever get to your DNA. That company was founded based on 10 years of NSF research, showing how RNA writes into the genome of an organism. Now, once again, I'm told, "Dave, but the lipid nanoparticle that wraps around the RNA that we're injecting into people can't get back into the DNA." Based on the evidence of nothing but 10 years of showing that you can do it. The best part about the Darwinian chemical systems grant that got started and I love this by the way. I love letting people know that people go, "Well, there can't be anybody that evil, right? That they would actually come up with a thing that was a computer code that could be injected into a single cell organism to restart the evolutionary process after we've killed off the world." That probably sounds like a happy bedtime story, doesn't it? I know before I go to bed, I think of what I'm going to do in my post-extinction events.

Dr. Patrick Gentempo: When you say computer code, I just want to make sure, is this RNA an organic thing or is it computer code?

Dr. David Martin: No. In fact, the best part about what people say they're injecting into the living human being that I find so fascinating-

Dr. Patrick Gentempo: In the current vaccine?

Dr. David Martin: Yeah. The current vaccine. It's not a vaccine, it's a computer code and it's a computer code and I don't mean that in a metaphoric sense, what Moderna and what Pfizer are using is fact a synthetic, read manmade, synthetic approximation of the mRNA required to build a spike protein synthetically. When you and I grew up and were probably roughly in the same genre, a vaccine was either the actual live virus or some attenuated part of that, or inactivated. You and I are young enough or old enough to remember when polio went from crazy shots to oral. Those were all things that we did. This isn't a SARS coronavirus being injected. This is the code to make the spike protein, but it's not to make a spike protein derived from an actual live virus. It's actually a computer simulation of what we think a broad spectrum spike protein would look like. There is no living system anywhere, by anywhere, I mean anywhere in this process. It is entirely AI, the whole thing is. I had a physician recently criticized me by going, "Well, it's basically the same thing as a vaccine." Using no criteria for what a vaccine is.

Dr. Patrick Gentempo: The FDA's got a definition of vaccines, don't they?

Dr. David Martin: It's not this.

Dr. Patrick Gentempo: I was going to say, it wouldn't legally or maybe it's not illegal, but from a regulatory standpoint-

Dr. David Martin: Yeah, It's a legal thing.

Dr. Patrick Gentempo: It is a legal thing.

Dr. David Martin: 21 codified regulations. It's actually the law.

Dr. Patrick Gentempo: It legally doesn't meet the definition of vaccine and this isn't, how could I put it, an abstract debate. This is literally just reconciling what it's this thing is with what the legal definition is.

Dr. David Martin: Let's unpack it because what I say has the technical scientific reason to be true, but we need to understand it because a lot of physicians who are advocating for the vaccine have actually bought the party line without actually looking at what's happening. When I introduce a protein, I'll keep it really simple, I got peanut allergy or a shellfish allergy, I'm introducing a protein. My body has a response to that. Anybody who has an allergy, anybody who has any of those kinds of experiences, what's happening is a thing of nature is coming into your body it recognizes as foreign agent, and your body has a response to it. That response can be inflammation. It can be allergies. It can be all sorts of other things.

Dr. David Martin: Typically, some form of a histamine-like response. Puffy eyes, watery nose, watery eyes, hives, whatever. Whatever your thing is. What's making that happen is a foreign particle of a thing is coming into your body and your body is reacting to it. That's been a part of the human experience for as long as humans have had experience. That's happened. Now here's the problem, what's being injected is not the thing that's creating the reaction. What's being injected is the instructions for your body to make the thing that's foreign. And I don't know about you, but for me, that's a big distinction. It's one thing to have the outside world encountering my body and then my body responds to the outside world. It's another thing to hijack my body, to create the pathogen-

Dr. Patrick Gentempo: And then has to create the response too.

Dr. David Martin: Which then has to create the response. And here's the internal logic problem, that's not a, Please don't mishear what I'm saying. But I'm saying, in good vaccine, old school pasture level, kind of old school vaccine, you're putting the pathogen into the person and the person's body is responding. And when we say pathogen, we mean protein or chemistry or whatever, there's a whole bunch of things that can live out there. And I don't like getting caught up in the metaphysical arguments of, is it germ theory, is it terrain theory, is it energetics. Setting all of that aside because we have to stay in their argument to make the argument. Their argument says, I'm injecting a code to have your body make the thing, which then we're going to hope your body actually responds by building immunity to the thing we told your body to make. That is not a vaccine. That is a gene therapy.

Dr. Patrick Gentempo: Which is a very different thing by definition.

Dr. David Martin: Totally different thing, totally different regime. And whether we call it genomics or proteomics, and I don't care which side you come out on, because the RNA that's coming in is a synthetic code to trigger the production of the spike protein. Your body then creates the pathogen, and then you hope that your body, having created the pathogen, responds to it as though it was foreign.

Dr. Patrick Gentempo: With the hopes of-

Dr. David Martin: But you made it.

Dr. Patrick Gentempo: Yeah. And with the hopes of saying that... Because to me, how do you modulate how much gets created? Because-

Dr. David Martin: Therein lies the holy crap chimeric problem.

Dr. Patrick Gentempo: What is chimeric?

Dr. David Martin: Chimeras are the multiple renditions of an expression that, if we go back in literature, usually are multi-headed serpents that are ready to eat sailors off of

ships. The Chimera is not a good thing, it's a thing that's a multi-headed, multi-energetic kind of thing that usually associated with Frankensteinian outcomes. So, when we call it Chimeric, Chimeric is not just, oh it happens to express itself a bunch of different ways, it's usually expressing itself a bunch of different ways for harmful effect.

Dr. Patrick Gentempo: Right. So now, because that's one of the things I've often wondered saying, "At what point does it shut off the factory?" And then once it does, what happens? I don't know that any of these things could be known. But I'm wondering how does the FDA authorize it as a vaccine under emergency use when it's not a vaccine?

Dr. David Martin: I don't know. I don't know. How does organized crime work? Listen under the 21 code of federal regulations under section 50 of the 21 code of federal regulations, there's a rule. The rule says that if you're going to have an emergency, use authorization. So, pandemic happens, we're going to have an emergency, use authorization. You have to impanel what's called an institutional review board. Now, you and I know what that means, most people don't. An institutional review board is a group of people who have scientific, usually philosophic, usually religious and sometimes some cats and dogs are just general observers. But you usually, you impanel a body, they get together, and their job is to ask the most important, basic question. Because the scientist is asking that can this be done? And the institutional review board is supposed to be asking the ethical question, should it be done? That's written into the law. So what I'm saying is not Dave's Theory of how society should function, it's actually written into the 21 code of federal regulations.

Dr. David Martin: Now here's where the problem kicks in, that impaneled body has to, under the law, include people with no financial interest in the outcome. Now the law was written that way, are you ready for this, to get rid of conflicts of interest. Do you realize that at no point, at no point has the department of health and human services, which is the agency under which CDC and FDA and NIAID and NIH all live, at no point as the department of health and human services ever impaneled that institutional review board, despite the fact that it's required at the outset. This, by the way, is the genie can't be put back in the bottle. You cannot go back and say, "Well, it was basically justified because our backs were against the wall. There was a pandemic. We didn't follow the law because we were just crazily trying to save the world." No, the reason why the law was written, was it said you had to make this decision before you started research.

Dr. Patrick Gentempo: So there was no IRB oversight for any of the research, even in the operation warp-

Dr. David Martin: Not under the federal statute that tell us how this has to work.

Dr. Patrick Gentempo: What about the prior research though? What about the stuff that actually predated that?

Dr. David Martin: Oh, I love this one. Yeah, that's a great question because at the University of North Carolina Chapel Hill, they got a letter from the NIH saying, "Dear UNC Chapel Hill, the work you're doing is actually part of the moratorium on gain of function. You're not supposed to do it."

Dr. Patrick Gentempo: So this was gain of function research-

Dr. David Martin: Yeah, in 2014.

Dr. Patrick Gentempo: There was a moratorium on it, meaning that you're not supposed to enhance the function of the virus.

Dr. David Martin: Yeah, exactly. So they get this letter and it says, "Here's the specific projects that you're doing," which happened to be Ralph Baric's projects on coronavirus. So in case you were wondering, it was like, "I wonder if they can guess what the project is that's the one that they shouldn't be doing." Yeah. They guessed because it was in the letter, so that's kind of easy. And then the best part about it, is in 2016, when Ralph Baric publishes this SARS Coronavirus Poised for Human Origins thing, in the footnotes of that article, at the bottom of the article, God forbid, once again if you read it's there, they not only had an IRB at UNC Chapel Hill to review the research, but they had an IRB to review the legality of the IRB.

Dr. Patrick Gentempo: Who's watching the watchers? Yeah. Wow.

Dr. David Martin: And they put that in writing. We know we're breaking the law, but there's a load of money in breaking the law, so we're going to put together another group to evaluate whether the breaking of the law is actually ethical because we're making a lot of money on this project. And by the way, I laugh at this in a way, but this is published. This was in 2016. This was long before there could have been a conspiracy. They were conspiring because they knew they were doing something wrong. So the researcher knew he was doing something wrong, so he tries to get the fig leaf of the, "Oh yeah, but the IRB approved it." The IRB goes, "We know what we're doing is wrong, so we're going to get an IRB on our IRB."

Dr. Patrick Gentempo: Yeah, We don't want to-

Dr. David Martin: And we're still supposed to believe that this whole story started in a bat cave in China. This is like a bank was robbed in downtown LA, there's robbers standing on the steps of the bank with bags of money and guns. Let's go ask the robbers if they think a bank robbery might have happened in Geneva. If that happened, we would all sit there going, "We are not that foolish." You do not ask the bank robber to investigate the bank robbery while they're holding the bags of money and the guns. That's what we're doing now.

Dr. Patrick Gentempo: So let's connect these dots. It's almost like you can't make this stuff up, right?

Dr. David Martin: No, I wish I could. I would be like a Dan Brown novel, like-

Dr. Patrick Gentempo: Yeah, the imagination required.

Dr. David Martin: Jack Ryan would be child's play and I'd have my own prime channel right now.

Dr. Patrick Gentempo: So let's connect the dots. So we're going back to early 2000s, maybe late 1990s.

Dr. David Martin: Late 1990s.

Dr. Patrick Gentempo: And we're finding that there's intellectual property or patent activity going on around coronavirus and using it as a vector in vaccines.

Dr. David Martin: Very first one, 1990 Pfizer.

Dr. Patrick Gentempo: Oh wow. Pfizer was doing it 1990?

Dr. David Martin: Oh, you heard me say that correctly. That's right. That was my out loud voice. I just said that.

Dr. Patrick Gentempo: This isn't funny but you're funny. Okay. So-

Dr. David Martin: But who could have picked Pfizer? I don't know.

Dr. Patrick Gentempo: It happens to be?

Dr. David Martin: It could've just been a fluke.

Dr. Patrick Gentempo: What a coincidence.

Dr. David Martin: Maybe the bat and the pangolin were hanging out doing kind of crazy Pfizer shit.

Dr. Patrick Gentempo: What could go wrong?

Dr. David Martin: I don't know.

Dr. Patrick Gentempo: So Pfizer's filing patents as early as 1990 in this arena-

Dr. David Martin: For a coronavirus vaccine.

Dr. Patrick Gentempo: For a coronavirus vaccine. Then we got late 1990s. And you said, I think, earlier that in the patent at the CDC... And obviously it's got to be an individual on behalf of the CDC because the CDC can't-

Dr. David Martin: In their case like 40 or 50. Paul Rhoda is the named inventor followed by, I don't know, 30, 40, 50. It's like a phone book of Atlanta. Everybody was in on it.

Dr. Patrick Gentempo: Just clarifying for people who might not understand intellectual property law. A company or an entity can't file patents, it's individual inventors, but then they are licensed to-

Dr. David Martin: Yeah, they assign it. The ownership is assigned to the agency.

Dr. Patrick Gentempo: To the CDC. And it might be just my ignorance around genetics, but you said that a part of the DNA was what was patentable.

Dr. David Martin: Yeah, the whole DNA sequence.

Dr. Patrick Gentempo: But viruses don't have DNA, do they?

Dr. David Martin: Oh, well there you go.

Dr. Patrick Gentempo: So how does that work? Okay. Yeah, that was a confusing point for me.

Dr. David Martin: That happens to be specifically what they say the source of the entire sequence was. Coronavirus DNA.

Dr. Patrick Gentempo: But coronavirus doesn't have DNA.

Dr. David Martin: Well, you know what all I'm doing is reporting the facts.

Dr. Patrick Gentempo: Now, it's confusing but nonetheless it got through.

Dr. David Martin: It was meant to be confusing. Remember if you're creating a theater, absurdities like this are where people intentionally put the absurdity, because what are you doing? You're going to have a 10 hour conversation with a bunch of legal scholars on whether or not this was, or wasn't legal or blah, blah, blah, blah. And you know what we're not going to do? We're not going to call into question the fact that a federal government agency violated federal law. And we're not going to talk about that, because we're going to be debating the merits of the color of the toilet paper in the bathroom. There are so many distractions woven into this thing where people can get dogmatic about masks and distance and what's a gene and what's a virus.

Dr. David Martin: You can break your pick on 1,000 of these and miss the whole point, which is a group of criminals who want to see a humanity that is turned into something replaceable with a series of automatons that never ask or answer or inquire into things. A small group of individuals have decided that's the future of humanity. And the way you do it is by taking every attribute of what you and I would normally do, which is, "Hey, that's interesting. I want to dig into that." "Well, I need to exterminate that impulse. Thank you very much."

Dr. Patrick Gentempo: There's one thing that you briefly alluded to that I want to reconcile. And it's this idea that you're saying there is no contagion, but now we're talking about this

series of the IP and the virus and what it's targeted to do and then the remedies for it, et cetera. And so are you looking at that as just smoking mirrors and here's no practical application of that or how do you reconcile these things?

Dr. David Martin: Yeah. So let's go back to Peter Daszak's quote, "We need to get the public to accept a pan influenza pan coronavirus vaccine." Okay?

Dr. Patrick Gentempo: Got it.

Dr. David Martin: Now think about this. We're not going to accept a vaccine without a pathogen being named. If I told you tomorrow that... And by the way I'm not making this up. Moderna has a vaccine in development for opioid addiction, funded by NIAID. Anthony Fauci's group. If I were to tell you that I need to give you a vaccine to prevent your opioid addiction, would you take it?

Dr. Patrick Gentempo: Of course not.

Dr. David Martin: How could you say of course not.

Dr. Patrick Gentempo: Me personally yeah, I just don't align with that particular model of-

Dr. David Martin: No. But there's a deeper problem, you don't have an opioid addiction.

Dr. Patrick Gentempo: Oh, well that too.

Dr. David Martin: I'm projecting but like-

Dr. Patrick Gentempo: I thought you meant if I had an opioid addiction would I take it. Okay.

Dr. David Martin: No. But the reason why you wouldn't do it is because the condition giving rise to the thing that I'm allegedly intervening, doesn't exist. There never was a contagion. The reason why we never measured for a virus was because it never was there. There was not a series of things being passed around populations.

Dr. Patrick Gentempo: Understood.

Dr. David Martin: There were conditions in which a bunch of people were observed to be getting sick, and I'm not diminishing that. But here's the actual model of why we need contagion. We need contagion to get a acquiescence to an intervention. We built the contagion model to sell drugs. Contagion didn't exist. It's a agency, it's a narrative, it's an ontology of fear which then says, "Now you accept the thing I'm telling you fixes this horrific monster that I told you I created, or I told you is real."

Dr. Patrick Gentempo: And it creates confirmation bias on our part?

Dr. David Martin: Absolutely.

Dr. Patrick Gentempo: Yeah. So we're looking for it. So what's the alternative, I want to say hypothesis, but the alternative explanation, if you will, of family of thought, all have the symptoms and the patterns of COVID-19?

Dr. David Martin: Right. So all of them also have 1,000 other things that they've done together. They went to the same restaurant. They have the same EMF exposure in their house. They have the same water system. They have the same all kinds of other things. There are tons of times where you have co-emergent symptomatology. Go to any sorority house, go to any women's dormitory, and a bunch of women begin their menstrual cycles in synchronicity. Is that some sort of deviant master plan of the universe or is it, oh, when people are in the same environment, some frequency emerges that actually syncs up different parts of people's systems? There are a few, probably thousand, cases of, "Oh my gosh, I went to church and 10 of us at the church got sick," therefore it must have been the church that was the problem.

Dr. David Martin: I mean, this story that came out of Washington State, which led to the anti-singing ordinances. There was somebody in a choir that sang and they were sick and then 15 other people got sick. Okay. All of it objectively, mathematically, numerically and phenotypically may be the case. Did they meet at Denny's for coffee before they went to church? We didn't ask that question. Did they actually leave the church and all go to meet up at a bar? We didn't ask that question. Did they have the same snacks or whatever? There's 1,000 questions that we didn't ask, but we wanted one single narrative to emerge. Somebody sang and the other people got sick. Now, here's a tiny problem with the story. I was a choir director.

Dr. David Martin: Guess who you'd expect to be the pathogen source in a choir, a base or a baritone. "Dave, why would you say that?" "Well, Dave, I would say that because it turns out that they're standing in the back rows and so they're vocal projection and expiratory gases would be flying over the altos and the sopranos." So mathematically, the certainty would be if the pathogen came from the choir, it came from a base or a baritone. Now that's not, Dave's mysterious mathematical wizardry that's. I was a choir director, I know how choirs stand. And the problem was, it was a soprano and alto that got baritone and basses infected. That story is full of it.

Dr. Patrick Gentempo: Interesting.

Dr. David Martin: Because they didn't sing in a circle, they sang in a choir. The problem here is we want so bad to get the confirmation bias. People were in a place, a cruise ship. Okay, cool. And they were exposed to the same salad tongs, they were exposed to the toilet seat handles, they were exposed to the bar, they were exposed to a ton of things. And what we want desperately is to say, "Oh my God, these people were in the same place at one point in time and this happened." And we fail to actually examine the facts and say, "Time out. A ton of people were there that nothing happened to. And, and here's the worst part, and the people who allegedly had an event horizon, themselves also didn't create the next event

horizon, which is the reason why, what we call are not the infectious rate of alleged pathogens and pandemics, didn't actually ever meet the calculated rate."

Dr. David Martin: We wanted desperately to tell a transmission story, but it didn't show up. And the reason is because we knew that the thing we were measuring was infectious and replication defective. People are not reading the actual science. We built the fragment off of a coronavirus that was in fact infectious, but not replication defective. And now we're trying to say there's a replication problem. It doesn't work because it can't work, which is the reason why to do the clinical trials, they killed off the idea of transmission right out of the gate. Because, if you actually had to measure that, the whole story would blow up. So you look at it and you see the architecture of it. But remember, and here's where it gets really important, what we are injecting is a pathogen. That is real.

Dr. David Martin: And the pathogen we're injecting is the MRNA strand to turn you into a S1 spike protein builder and you're not building a SARS-CoV-2 spike protein. You are building a synthetic, chimeric synthesized version of a computer code that we think is going to actually trigger the production of a spike protein. But we are not using nature to do that. The only way I can get a population to agree to the transaction is to create the illusion of the contagion in the first place. It never existed. The contagion never existed. And by the way, I bring up the syphilis case for a really good reason. It didn't exist then either. It turns out that during the mid '30s and '40s, it was very, very, very difficult to deal with, allegedly an outbreak of STDs. You know why? Because everybody was actually only having sex monogamously in their privacy of their own homes.

Dr. David Martin: The only reason why it worked is everybody knew that they weren't actually only having sex in their own homes. Right. But you pick the illusion, and how many people could have ended that whole contagion story by going, "You know what, I was sleeping with the neighbor." But we didn't tell that story. So it was the mysterious who saw it coming. Every time we're doing this, every time we play the cycle, the model is so tired and broken that I can't believe anybody can still fall for it. But the cool thing is because it's the same model. I actually can see the evidence and I can set my machine intelligence systems to detect when we see the pattern reemerge.

Dr. Patrick Gentempo: And I guess what ties in here looking at the macro data is that we're supposed to have had this pandemic that went on for as long as it did. But the all cause mortality death rates really haven't changed. So is that implying that what you're saying is true? Is that there's not suddenly this contagion that's infecting more and more people and more and more people are dying because that fact isn't existent?

Dr. David Martin: No. And we have the tiny little problem that I said on a show not long ago, which is, I always like to follow the money. And in this case, I like to follow the money called life insurance payments. Because you know who doesn't lie about life insurance payments?

Dr. Patrick Gentempo: Actuaries. Yeah.

Dr. David Martin: Life insurance companies.

Dr. Patrick Gentempo: Right.

Dr. David Martin: You know what hasn't changed? The number of-

Dr. Patrick Gentempo: Premiums.

Dr. David Martin: Claims that are paid. No, the number of claims that are paid, which means people haven't died more. Well, unless coronavirus cunningly has the ability to pick who to infect based on whether they're insured or not. Now, if you believe that you're seriously tripping off the wrong side of the globe here. Because the fact is that if we were going to see the all cause mortality creepy, scary statistics, we would also have seen the life insurance companies losing their mind about all the death benefits they paid. Except for the fact that they actually paid less during the pandemic.

Dr. Patrick Gentempo: So this gets more fascinating. Because I got life insurance right before the pandemic and I got more during and the rates didn't change. So, if there's no higher risk from an actuarial standpoint-

Dr. David Martin: Because they weren't paying for the deaths that weren't happening. I mean these things, the minute I say them, people go, "Oh, that's interesting. We should have actually looked at that because the people who are not going to lie are the people who actually have to pay for the lie."

Dr. Patrick Gentempo: That's right.

Dr. David Martin: And they're not paying for the lie. They're not even covering it up. They're not saying, "Our cost of business went up." No. In fact, they're reporting better profitability.

Dr. Patrick Gentempo: So we see this whole thing brewing and again, what an unlikely trail that you have uniquely followed, which is the IP trail. And then you reconcile what the activities are around getting protections legally for certain things. Simultaneously with proclamations of documented public statements, all of which predate this so-called-

Dr. David Martin: December 2019.

Dr. Patrick Gentempo: ... this so-called pandemic. And it leads up to it and then suddenly we think we find ourselves in this new scenario, but the scenario's been dreamt of for decades prior. And it's almost with chilling accuracy as far as exactly... I mean especially when you're talking about-

Dr. David Martin: There's no surprises. You're exactly right.

Dr. Patrick Gentempo: I mean, especially you're talking about a virus that's patented, that attacks the lung epithelium.

Dr. David Martin: Thank God they have good internet in bat caves obviously, because the bats figured this out. So they're like, "Hey, can you make sure that we get that epithelial?" Like that's pretty cool.

Dr. Patrick Gentempo: Wow. And then of course the mandates for vaccines and now, of course, the rhetoric around that and that everybody has to get it and then they're getting it into children, people who have no risks and so on, you start to see the whole thing unfold. So in the beginning, as we started this conversation, you talked about well, it's a fork in a road and a tale of two potential futures for humanity. And in the abstract it was like, okay, well you talk about the first one is a digitized humanity that's submissive and controlled by maybe a few. But then now we see how you get there because of all of what's unfolding along the way.

Dr. David Martin: It's an interesting human question, I think. Because I love to step back and say, "What are we missing in the conversation?" And it is an interesting human question. I don't know if you remember, but Elon Musk and Steven Hawking used to chat about kind of the future of humanity and when the machines would rule the world. And I think we all had the... And most people don't know this, but the term robot comes from a very dark Czech poet and author who invented the concept of a robot, which is a really weird thing. But they were really concerned about the future of AI when the robots would rule the world or machines would take over humanity or whatever else. And I think all of us, this kind of sci-fi view of this, which was at some point there was the Alexa voice that was inviting you to drink the Kool-Aid and kill yourself.

Dr. David Martin: That's, I think, where a lot of people go with that. But the mistake was, that if you actually look at that whole conversation, what was AI? So many of us were thinking that it was humans were going to go into a machine, right? We're going to have your brain on a stick, and you were kind of going to live in this virtual reality hologram. Some of the researchers were kind of propping that story up. And both Stephen Hawking and Elon Musk were very popular and talking about, "Oh, be careful of the machines ruling the world." I think we've missed the warning by the caricature of what that means. I think we missed the definition of what a human was. Because I think that we all thought it was, we were going to go into an AI, not we were going to turn our bodies into the AI, and that's a big distinction.

Dr. David Martin: And I don't think we've had that right conversation, which is, if I have authentically considered the, what my life is, what my sovereignty is, what my humanity is, whatever your language is. If I haven't considered the who am I really, then what is the line between me and a machine? If I get up every day, punch the clock, get my coffee, go to work, work for a job I hate, also that I have the privilege maybe if I survive to 65 of living my disease riddled, asthma

riddled, diabetes riddled, miserable existence in an RV, in a trailer park in Provo. If that's my definition of what my amazing human existence is, haven't I already become a machine?

Dr. David Martin: And I think we need to look at that from a foundational standpoint, because the reason why we can have a public who at 47 or 48%, if we believe their numbers right now, is accepting a vaccination, which isn't a vaccination, which is in fact a computer code to turn your body into a machine, to create a pathogen so that you then have the mechanism of immune response, respond to the pathogen you created. If that is your definition of humanity, then we left the question of humanity a long time ago. We already entered the machine age. And we're not engaging in the question that says, hey, hold on a second. Don't we have a moment now to reexamine the human question, not to figure out how to avoid the machine question, because maybe the machine question started on its journey in the industrial revolution, where you were part of a machine by what lever you pulled, and were you on the manufacturing line or whatever you were doing.

Dr. David Martin: If we lost our picture of humanity a long time ago, which I think we did, then the machine question is a different one. And where I think this invitation sits right now is we have roughly half the population who knows somewhere in some soul level, intuition level, we have a knowingness that says we're not going that way. And yes, we've been told it's the anti-vaxx, or it's the hesitancy, or the whatever else, I like to say, it's the choice to be human. And the cool thing is we have evidence that says that over half the population still has the echo, still has the memory somewhere in the cave of consciousness that goes, humanity is not about building pathogens and putting them in our bodies. Humanity is about figuring out how to increase our vitality, how to increase our connection, how to recognize the limitless nature of the field effect called the human experience.

Dr. David Martin: And I love the fact that for the first time, maybe in the modern story of humanity, we've been presented with this beautiful fork in the road to say, which choice do you want to make? Do you want to go down a pathway, which is the fatalistic machine digital pathway? Or do you want to go down the pathway of saying humanity has yet to build its greatest cathedral?

Dr. Patrick Gentempo: Well, I wonder, and it's, you're adding aesthetic beauty to the circumstance, which I think it calls for, which is really important if we're going to retain any sense of humanity.

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: Where's the beauty in it? It's always a good question. And I think that's a part of it is, saying that we now are forced to consider things that maybe we weren't considering.

Dr. David Martin: Exactly.

Dr. Patrick Gentempo: And that is the good part. The other part of it that is, I would speculate about, that becomes disconcerting, is that maybe there's more to the agenda, the dark agenda, meaning, okay. So you're injecting this stuff in and you're putting AI into your body, you're putting things that turn you into a machine. Is it possible that maybe there's a further agenda saying that this opens up the ability to continue to program you and do more to you?

Dr. David Martin: No question.

Dr. Patrick Gentempo: Oh, it's no question?

Dr. David Martin: Oh God. No.

Dr. Patrick Gentempo: So, it's a not limited to, so the idea is, this could be really sinister and, but I can't help, but have my mind start to go there now, is to say that you create this fictitious pandemic. And you create the fear mongering, you create censorship so that people like you can't be shown on social media talking about any of this kind of stuff, or other people like Robert Malone, who is an inventor of the mRNA technology who speaks out with concerns, shut him up. So all dissent goes away. Any other potential, less speculative and less harmful cures for this problem. Can't talk about them.

Dr. David Martin: Yeah.

Dr. Patrick Gentempo: Drive this agenda. But it's not about, the whole thing is created not just because we want to make money on a vaccine.

Dr. David Martin: No.

Dr. Patrick Gentempo: We want to create otamatones. Once this stuff is injected, maybe there's down the road control that can be imposed on people. So you think that, that's a foregone conclusion?

Dr. David Martin: Oh, I don't think it is. I know it is.

Dr. Patrick Gentempo: How?

Dr. David Martin: Well, because I've actually been in the meetings where those very things have been considered, and there's nothing like instilling the existential fear of death and you need to have an anonymous enemy to do that, by the way.

Dr. Patrick Gentempo: Yeah.

Dr. David Martin: You have to. The reason why we don't actually measure for the complete SARS-CoV-2, is if we did, we wouldn't have enough numbers. The reason why we do RTPCRs on fragments is because we can find fragments, we can't find the whole thing. We've not necessarily evidence that we isolated the whole thing, because

even when we say we've isolated the whole thing, we've only isolated fragments that we build into the thing we're calling it. So we actually haven't done what is required to say there is a thing. The more you can anonymize the agency of fear, the more effective the fear.

Dr. Patrick Gentempo: Don't know where it's coming from.

Dr. David Martin: I don't know where it's coming from.

Dr. Patrick Gentempo: I Could be attacked any moment from anywhere.

Dr. David Martin: When I get up to walk through a restaurant, I have to have my mask on because the coronavirus can't infect me while I'm sitting at the table, but it can on my way to the bathroom, absolute lunacy. Every single thing that meets the credulity test and you go, no, that's what they're doing. But here's what happens. Most people don't remember that from 1929 to 1936, we lived this exact experiment. The difference then was it was syphilis. It was for us to get to addicted to penicillin. Do you remember the story about penicillin? Where now we have penicillin resistant and then metho resistant. And then all of these pathogens that have been amplified by the virtue of our intervention.

Dr. Patrick Gentempo: That's getting function in itself.

Dr. David Martin: It is. We built a condition and people forget. We had an environmental crisis that period too. Remember? The Dust Bowl. People don't remember. They don't put their heads around the, oh, the same thing is playing out. We have a financial crisis based on broken public trust statements. Yeah. We've got that right now. We had living editions, the Roaring Twenties that couldn't be maintained, standard of living couldn't be maintained, sound familiar? You're going to have nothing and you're going to be happy about it by 2030, remember the World Economic Forum? We have an environmental crisis, then it was The Dust Bowl. Now what was The Dust Bowl? The Dust Bowl was a drought to be sure, but The Dust Bowl really was the consolidation of the agriculture production to make mega farms across the Midwest. And turns out the only way you can do that is actually manipulate the prices of the grains that are being produced so that people can't make bank payments.

Dr. David Martin: And so the whole freaking story around The Dust Bowl is this crazy story where it is the cover of an environmental thing that gave the cover for the consolidation of the agriculture infrastructure of the United States. Does it sound familiar that we have an environmental crisis that's going to reorient who owns what? It feels like I'm actually speaking as though I'm living in 1931 right now. You know why I'm saying that? Because I am living in 1931 right now. What's being played out on every single one of these little manipulations already has a playbook and we already know what the playbook is. And in this particular case, we had these interesting little innovations that take place during coronavirus. Think about this, aliens. We got those. Aliens are authorized now

that coronavirus is circulating, that sounds plausible. We didn't figure the alien thing out three years before coronavirus. No, you drop it in the middle of a pandemic.

Dr. David Martin: What is that doing? That's adding to the fact that we know that there's going to be some technological breakthrough that's about to come, and it's going to come from the covert work at Area 51, or wherever the area is going to come from. You watch, what's going to happen is we're going to introduce things. And then we have the anti-establishment movement. My favorite of all, my anti-establishment movement friends who go, let's get rid of fiat currencies and let's get rid of central banks and let's get rid of all that. And let's distribute the economy on a digital infrastructure. Sounds like a good idea. Doesn't it? Except for the fact that beginning in 1996, the US military realized that the fundamental problem with the internet was its susceptibility to electromagnetic interference. So I got a brilliant idea. Let's take an anonymized covert, federal reserve. Let's go ahead and put it on the internet through blockchain and crypto. Let's get everybody dependent on that so that we can do what? Bring down the web. You think coronavirus is bad. Wait till you see the electromagnetic pulse that happens.

Dr. David Martin: And now we're going to turn to who? We're going to turn to the savior that already told us they saved us through this injection and they're going to go, well, you know what? We don't know who has real money or not real money. So we're going to have to come up with a way to tell whether you're really the person who really has the money or not. So guess what? We've got this little thing that we're going to put in you, and don't worry about it, it's inert, and it's going to be RFID, or it's going to be whatever. And by of the way, you're going to line up to do it. Why? Because you trusted them with your life. Now you're going to trust them with your livelihood. And before long, we're going to find out that the orchestration of, and by the way, this summer, how many times have we heard this, internet failures?

Dr. David Martin: And the funny thing about the internet failures, if you look at who was brought down, banking, insurance, investment, were they brought down like you can't get back up? No, but denial of service for three hours or four hours. Anytime you see an outage that happens in equal measured time units, it doesn't sound like an outage, it sounds like an update.

Dr. Patrick Gentempo: Oh, interesting. That's right. It wouldn't be exactly three hours.

Dr. David Martin: How many times have you had a thunderstorm where power's knocked out at your house? And the power went off at eight o'clock and came on at 11 o'clock. The whole thing is being played out. That's why I don't have any, oh, I wonder if it's part of a bigger program. I don't wonder, because back in the spring of this year, I actually told audiences on camera, the dates the outages were going to start.

Dr. Patrick Gentempo: How were you able to anticipate that?

Dr. David Martin: Because I read the same material that I read back in 1999 about coronavirus. If you know whose material to read, they're telling you what's coming. And this is the point. The point is that the suppression, the part that you've talked about, which is the, how do we suppress the voices, merely by having this conversation, you know what we've done? We've screwed up their plan, because you and I weren't supposed to have this conversation, but we did. And the problem is cameras were rolling. And the great news is that somewhere there's going to be artifact of this conversation, which makes it much harder to tell a bat story about origins if you actually had a conversation where two guys were sitting in a studio, having the conversation before the surprise event happened. And that's the passion I have, which is if we can get ahead of the story, which we know is unfolding, it will feel more like it was exactly what it was.

Dr. David Martin: This was an orchestrated plan playing off a playbook. And the difference between the organizers of that playbook and us is that they have been singularly focused for a very long time. And if there is a lesson, if we want to go to the macro, macro intelligence, if there's a lesson to learn from this experience that I'm sure most people need to learn, is that those who think they are working in the light, have a fundamental fallacy, which is the absence of focus, because the reason why darkness wins is it has one plan, not 50 topics, it has one plan. And the cool thing is we get to learn from it this time because we get to see it.

Dr. Patrick Gentempo: So do you, I'm inferring by what you're saying right now that we're not too far gone.

Dr. David Martin: No.

Dr. Patrick Gentempo: No. Okay. That there's still hope to be able to overcome the circumstance and that the light will win.

Dr. David Martin: So, here's the thing. I really am not a fan of hope, just like I'm not a fan of belief, just like I'm not a fan of trust. I'm not a fan of a bunch of those things. Hope is a regression problem. It's a math problem. It's the uncertain future problem. I think that if we all have the integrity of accounting for our own life, we would go, most of our life has been monotonously good, none of us took a breathing break three minutes ago to get our diaphragm going again. We didn't sit there this morning going well, my feet are working and my legs are working, and oh, but I forgot to start my heart. Our experience of life is monotonously good. Every one of our next, almost always, is perfectly fine, not great, but perfectly fine. Hope is the byproduct of doubting that. What's going to come next is the conscious choice that we make. Not some nefarious plan of some sort of Uberdark lord who's trying to work its will across the universe.

Dr. David Martin: Our ability to manifest an amazing next is dependent on the conscious choices we're making right now. And if what we do is we start celebrating the artifact of a humanity that has the elegance and the beauty and the transcendence today

does in fact have, then all of a sudden it's much, much harder to intimidate a population into be afraid, be afraid. The likelihood is if we met somebody at the door who said, you are unsafe now walking out this door, you are unsafe. We'd go, actually, no, we're actually feeling pretty good. Oh, but there's asteroids in the universe. Okay, cool. And right now I'm actually feeling really good. And quite frankly, when we pick ways to go, an asteroid strike would be pretty damn fascinating.

Dr. David Martin: So, that's a perspectival thing. And so not only do I have what I think people call hope, I have certainty. I have certainty that the outcome of humanity will prevail, because we have faced darkness so many times, and darkness unfortunately has the same playbook, and it's overplaying its hand right now. It's appealing to this primal fear that it loves to exploit. But the problem is, it's angry now at itself, because it isn't working as well as it wanted to work. And so what do we have to do? We have to create new terror campaigns, but the problem is even those aren't working, because they're so self-evidently fallacious. So I'm not hopeful, I'm certain. And I'd much rather be certain than hope.

Dr. Patrick Gentempo: Well, I am heartened by your certainty. It is, at least for my lifetime, unprecedented as far as what's happening right now, it's shocking in many ways, and it's also shocking to me how many people just don't question and how they let fear rule them. But that's the game plan, right.

Dr. David Martin: I feel like there's a need for compassion in that situation. I've said to a number of people, if you grew up, and now I'm going to make an epigenetic inference. But if you grew up across the last 500 years and the stories that you were told were the people with special skills or talents were burned at the stake, or were ostracized, or were executed, or were penalized, or were left destitute. And many of those things were very public, it used to be the Town Square where you beheaded somebody, or you burned somebody, or you did whatever you were going to do. Epigenetically there would be a program that would be starting to be written into your experience. It goes, don't speak out, don't question authority. Don't do all these things, because it is an existential risk. Okay.

Dr. David Martin: Now the wonderful thing about this moment is I feel like epigenetically, some of those spirits of the courageous that stood on those piers and were burnt, and that had their public beheadings, and all of those things, I think there's an epigenetic energy that those energies also manifest, which is, you know what? They ended this phase of my existence, but my life moved on. Tertullian's very famous quote, "It's the blood of the martyrs that's the seat of the church," well, let's play that forward. The fact of the matter is there is, whatever we want to call it, the 47% that said yes to rolling up their sleeves. Okay. I lament that because they were the ones that watched the executions. They don't know the power, because they never saw the power of being able to stand in your own power and saying, you know what? You cannot take what I cannot give you. You can't take my life because I don't identify it as mine.

Dr. David Martin: When I wake up, and I seriously wake up every morning with a profound surprise of I'm blessed with another opportunity to have another day. Well, you know what? You might end the flow of those days, but you didn't take my life because living for me was always the interconnectivity anyhow. So you might take the Dave bald bow tie wearing crazy. You might take him out of the scene, but you're not going to take my life, because my life is the field effect that is in fact a persistent energy in the universe. And so what I love is, the invitation to have beautiful compassion to go, I want to find ways to embrace and love those individuals who didn't have the experience of knowing the persistence I just talked about, because I'd love to actually look at the people who acquiesce to those power systems and go, I know you said yes to the vaccine, but I think you would've rather had you given the opportunity to have the question, I think you would've rather had dinner at my table.

Dr. David Martin: And if the option had been given you, you can either take the vaxx, or you can hang out and be part of this conversation. I know half of the people that took the vaccine would've sat here rather than taking the vaccine. Why? Because they would've seen humanity. And the echo that they would've gotten in their own consciousness was, oh, hold on a minute. Yeah. That's what living was, living wasn't avoidance of death, living was the fellowship of that persistent energy of humanity. And they would've taken that every time. So our job is to actually in compassion, say how do we evidence that? So we're not going shame on you, that was a dumb decision, whatever else. No, we're just going, man. You know what? I'd love for you to see what it's like to choose life?

Dr. Patrick Gentempo: Well, I have to say through this entire conversation to land on the foundation of compassion and the intention of compassion is probably a perfect place for us to land. So I appreciate the extraordinary journey that you just took us on. And I am very heartened by your words, and also awed by your commitment to really spending the time. This is an intense amount of research and understanding that you had to go to, just to be able to sit in this chair and have this conversation. And that's something that I admire and respect very much. So thank you.

Dr. David Martin: You're most welcome. I'd like to leave you with a beautiful piece from a gorgeous historic narrative. When Joseph's brothers come to Egypt after the famine, or during the famine, there's this moment where the get even got you moment happens, where Joseph could have gone, you sold me, you threw me in a well, you traded me to whatever else. And his sentence was very simple. He said I was sent before you. I love that.

Dr. Patrick Gentempo: Yeah.

Dr. David Martin: I love the idea that all we are is people who were prepared. Was it a lot of effort to follow the threat of coronavirus since 1999? Yeah, it was. But I was prepared to be in a place where I could have a conversation where we take the fear out of it. And by the way, we also take the judgment out of it. We just go, you know what? There's some people that made a series of expedient decisions that

harmed humanity. But if we can have a conversation about this in a beautiful and respectful way, then what we actually realize is I just got sent ahead.

Dr. Patrick Gentempo: That's beautiful. Thank you.

Dr. David Martin: You're welcome.

Dr. Patrick Gentempo: That completes part two of the two part interview with Dr. David Martin. Man, I have to tell you, it's a real blessing to have people like him out there engaging actively in what's going on and pushing the truth forward and using their assets, resources and their own abilities to get the truth out so that people can make the right decisions for their lives. Thank you for being here for this interview.

Outro

Dr. Patrick Gentempo: That concludes episode nine of COVID Revealed. Let me tell you what an honor it has been, what a privilege it has been to take this journey with you. When we made this docuseries, there was nothing that could have prepared me for what we were going to learn along the way, it was beyond anything I could have imagined. And the whole time that we were recording, I was thinking of you. I was thinking about how you might respond to this in information, how it might impact your life, how important it might be. So taking this journey for me on a personal level was something very poignant. So I just thank you for being here.

Dr. Patrick Gentempo: We're still in the previewing period right now. So thank you if you already invested in COVID Revealed, so many of you have, you said yes to this information, you said yes to owning it, and you all also said yes to supporting us, which is really deeply meaningful to me. So not only has it been an honor to be with you here, it's also been something that has been rewarding for all the people that said yes to owning this series, getting this information into world and knowing how important it is. If that's something that you've done. Thank you. And if you haven't, I just want to encourage you, go ahead and take a look. There's multiple packages there with different bonuses. And I think it's affordable to basically, or virtually anybody. We love getting this out in the world for free, but for the people who think they want to own this information, we want to make it affordable for that too. Thank you very much for being here. This concludes episode nine.

Bonus Interview: Dr. Joel Hirschhorn

Dr. Patrick Gentempo: Dr. Joel Hirschhorn was in retirement. His career was behind him, he was getting ready to relax and enjoy these next phases of his life, and what did he do? He came out of retirement, wrote a book and had to speak out about what's going on with COVID, because he thinks it's wrong. Man, does he have a passion and a purpose behind what he's doing. I think you're going to really enjoy this interview. Let's jump into it. Joel, pleasure to be here with you and thanks for taking the time.

Dr. Joel Hirschhorn: It's my pleasure and honor.

Dr. Patrick Gentempo: Let's just start with your background, before we get to why you wrote the book, et cetera, but what led you, what's your background that led you to getting to a point where you felt like you needed to write your book?

Dr. Joel Hirschhorn: Well, for many decades, I've worked on health issues. I started out as a professor at the University of Wisconsin, Madison, and I directed a research program between the medical school and the engineering college. Stayed there for a number of years, very successful program, a lot of funding and from there, I went to work for the U.S. Congress, at was was then called the Office of Technology Assessment. I had a senior position there, and again, I directed a lot of studies for the House and Senate, relating mostly to health issues in one way or another. I testified over 50 times at Senate and House hearings, because I was... I became a very trusted expert on a number of issues. From there, eventually I ran a consulting company for a while and then I also worked on health issues there. Then I ended up as a senior officer at the National Governance Association, where again, I was directing work related to various health issues. Been retired for a while and active as an executive volunteer at a major hospital.

Dr. Joel Hirschhorn: The number of health related national and international groups that I'm part of and I got into this writing the book Pandemic Blunder, because in early 2020, actually around March of 2020, I began to see this data coming out, particularly from Dr. Zelenko, the wonderful Dr. Zelenko in New York, who wrote the actually forward for my book, and he was one of the first doctors who went public saying he had a lot of elderly patients, seriously ill with COVID and he was curing his patients if he gave them what we then called the Zelenko cocktail. Which was based on some simple available medications. At that time, he was using hydroxychloroquine, which was FDA approved and that had been around for many decades, maybe 50 years. That data that was also coming out of France, Dr. Didier in France, he was also curing COVID patients with his cocktail, which at that time also was using hydroxychloroquine. All this data was coming out and it was inconsistent with what the U.S. Government was doing and saying. If we had a cure for COVID, why wasn't the government pushing this? We called it early treatment, home treatment and I began to get more and more upset, actually. I was reading the scientific literature, medical literature,

and I could not believe that we had all this positive data coming in and it was being ignored, not just ignored. Eventually it was being rejected by Fauci at NIH, Dr. Fauci, and he developed what I call the wait for the vaccine strategy.

Dr. Patrick Gentempo: Right.

Dr. Joel Hirschhorn: It was an awful strategy. In many respects because, over the course of time, and I've said this in my book in lots of articles and now CDC data says over 600,000 Americans have died because of COVID. That's according to CDC. Now, if we had used the treatment protocols developed initially by Zelenko and Didier, and then others came along, we would've saved over 500,000 lives. We were killing Americans, in my opinion, because of the wait for vaccine strategy. Now people always ask, "Why did Fauci push that strategy?" My simple answer is, "Follow the money." I know the history of Fauci. I mean, I've been working in the Washington D.C. area for many decades in the political world and I can tell you that Fauci is a master bureaucrat.

Dr. Patrick Gentempo: What does that mean to be a master bureaucrat?

Dr. Joel Hirschhorn: Well, he was very successful at getting huge amounts of money for his division. He runs one division at the National Institutes of Health and he was usually successful at getting tons of money for his division. Okay. But as part of his long career at NIH, a very long career, he had developed very close relationships with the big drug companies. In fact, lots of money flows into NIH and his division at NIH, because of financial relationships that Fauci's group has with big drug companies. They have some patents, they give patent rights to the drug companies, but then they get royalties.

Dr. Patrick Gentempo: When you say, "They get royalties," does he personally get them or does his division at NIH gets them?

Dr. Joel Hirschhorn: Individuals and nobody's quite sure about, nobody's seen the data about Fauci, but we do know that individuals in his division definitely get money as part of this royalty arrangement. There's no doubt about that. The point I like to make, is that he gets so much money and this never gets said in the mainstream media. Fauci has a way of controlling the medical establishment in the United States. How does he control? I'm talking about universities, research laboratories, journals, medical journals. How does he control this?

Dr. Joel Hirschhorn: He controls it because he gives out every year, something like $3-5 billion a year in grants. Okay, NIH grants. Well doctors and researchers, medical researchers depend on these grants. When I was a professor, I used to go get those kinds of grants. He controls the whole medical establishment financially, not just through his political power. Okay, but through financial power and that people need to understand that Fauci is the key person in this whole, I call it evil story of how we have mismanaged the pandemic.

Dr. Joel Hirschhorn: I mean, wouldn't it be a big news story, if we had a legitimate mainstream media, if we said over 500,000 American lives could have been saved, if Fauci had not intervened? How he intervened was he put out guidance from NIH and also forced guidance from FDA about not using the treatment protocols that Dr. Zelenko and many others had developed successful outcomes. Fauci stopped, tried to stop it. Now they couldn't stop it entirely, but to put out the guidance meant that the formal medical establishment would not use the treatment protocol.

Dr. Patrick Gentempo: Joel, you refer to this as a blunder and now blunder might mean mistake, but it sounds like there might be some willful intent that you're implying at least. I just want to see what your own opinion is around this. In so far as saying, "Hey, there were these early treatment things showing promise, and they were stonewalled and shut down by Fauci, who was looking for this outcome of vaccine, way for a vaccine strategy." Do you think that he knew that lives could have been saved, had he maybe support some of these other protocols and purposefully, basically did a calculus saying, "Well, I want everybody to adopt the vaccine, therefore these lives are..."

Dr. Joel Hirschhorn: Expendable.

Dr. Patrick Gentempo: "Expendable." I was trying to find the right word and expendable is the right word. How do you see that?

Dr. Joel Hirschhorn: Oh, I absolutely, I'm totally a hundred percent sure. He was looking at the same data I was looking at. Anyone who was a serious medical researcher, had access to all of this data that was coming out. I think he did a calculus, that we'd have to sacrifice a lot of lives before the vaccines became truly available. In his mind, let's give him some credit, maybe he thought he could save more lives, if he could get the vaccines out. He convinced president Trump to do the accelerated Warp Speed Program. To get the vaccines developed very quickly, and I want to emphasize never in the history of vaccines in the world had vaccines been created, development and put on the market as quickly as the COVID-19 vaccines. I still think Fauci is basically an evil person because he's a physician. What's the first moral obligation of physicians? First do no harm.

Dr. Patrick Gentempo: Right.

Dr. Joel Hirschhorn: I don't know, I don't think there was any way, correct way to justify preventing most doctors in the United States from using these treatments. I have to explain that 80 and 90% of physicians in the United States work for corporations. They may be hospitals, they may be medical care healthcare organizations. There are very few doctors, actually, that we call independent physicians. It's only the independent physicians in the last 18 months or so, who've kept on giving these early treatments. Okay. Because the corporations, they follow the official government guidance.

Dr. Patrick Gentempo: They almost have to, don't they, from a regulatory standpoint, or no?

Dr. Joel Hirschhorn: Well, I'm not sure they have to in a legal sense, but they do. I know I did the experiment that many of us have done. I asked my regular doctor, "Could I get a prescription for ivermectin?" He said, "No away," couldn't do it.

Dr. Patrick Gentempo: Wow.

Dr. Joel Hirschhorn: Most doctors will not give their patients prescriptions for now the current widely used and proven generic ivermectin. Hydroxychloroquine still being used by many independent physicians. We have this crazy world in which we have maybe a few hundred, maybe just a few thousand doctors doing the early treatments. Dr. Fareed, George Fareed, who I love in California with his partner, have treated about 7,000 people with COVID.

Dr. Patrick Gentempo: Wow.

Dr. Joel Hirschhorn: All have been saved.

Dr. Patrick Gentempo: 100%?

Dr. Joel Hirschhorn: Yeah. I believe it's 100%.

Dr. Patrick Gentempo: Wow.

Dr. Joel Hirschhorn: There are others who said the same thing, that they save 100% of their patients with early treatment. Now, you got to give the hydroxy or the ivermectin. It's best to give within three to five at most seven days. The reason for this is, the disease that we call COVID now, COVID-19, that disease goes through three stages. The first stage is viral replication, where the virus replicates in very large numbers in your body. If you can stop the disease in the first stage, that's it. You're home free. That's what the early treatments do. Now later, we learned that the same drugs given for early treatment also work as what we call a prophylactic.

Dr. Joel Hirschhorn: As a preventive. Okay? Now you have many doctors, the same independent doctors giving their patients, maybe they prescribe one tablet a week of ivermectin, which is typical. Many doctors, I can tell you, I belong to I think four groups now, I belong to four medical groups, mostly physicians, but some PhDs like me. I know I can tell you factually that many doctors take ivermectin. Okay? They said so. Okay? It's a good prophylactic, a low dose once a week works apparently. We have proof from all over the world that ivermectin works. I was just looking at new data from India, which I've written about in some of my articles. It has been proven incredibly effective in India. But most of the industrialized countries, like the U.S., they follow actually what NIH and CDC does. Most of our industrialized countries, first world countries also do not use

or inhibit or prevent in some way the wide use of drugs like ivermectin and hydroxychloroquine.

Dr. Patrick Gentempo: Let me ask you this. You've got a vast background. You're full professor at a medical school, you have your PhD, you spent decades in healthcare, not only maybe in the academic side at a school, but also now on the regulatory side in Washington, D.C., where you're working with Congress and working with legislators to figure out what to do in healthcare. You're spanning decades of this. Have you ever seen, and I'm not trying to make this a leading question, I'm actually really curious, is there a precedent for what you see going on right now, at least in your experience through decades in healthcare as you've been involved?

Dr. Joel Hirschhorn: No, the answer is no. I've never seen anything like it. I've heard that question asked of some of my friends and colleagues and they answered the same way. Peter McCullough, a great doctor from Texas.

Dr. Patrick Gentempo: Yeah. He's in the series.

Dr. Joel Hirschhorn: He would say the same thing.

Dr. Patrick Gentempo: Yeah.

Dr. Joel Hirschhorn: We agree. In my book, I said probably 80% of all the lives could have been saved. He upped it to 85% at one point.

Dr. Patrick Gentempo: Wow.

Dr. Joel Hirschhorn: No, many of us on the same side, Harvey Rice from Yale University, another great doctor, epidemiologist. There are, again, we all belong to the same groups now, and we're in total agreement. What's amazing to me, is that we have so many highly credentialed physicians and medical researchers, all agreeing on the same big points. Okay? That we're headed for disaster. I was just looking at new data this morning from Israel. Israel is really interesting. It's like this laboratory. It was the only country, I believe, where one of the drug makers, Pfizer, did a contract which forced the country to only use their vaccine. No other vaccine. It's unusual. Most other countries like us have used several vaccines. Typically two or three. Israel only used Pfizer. The latest data is that 90% of the hospitalized, seriously ill COVID patients, 90% were vaccinated.

Dr. Patrick Gentempo: Is the amount of people being hospitalized in Israel growing right now, it seems too, right? It's not like it... Because, you can make the argument, well 70 some odd percent of their populous is vaccinated. Obviously, it would almost extrapolate, but it's the numbers that are alarming as to how many of these so-called breakthrough infections are happening. Correct?

Dr. Joel Hirschhorn: I want to emphasize, and I have long articles about this, people are going into the hospital, not just because of breakthrough infections. That is definitely going on. They're going into the hospital and they may or may not be officially characterized as COVID patients. They're going into the hospital, because of serious side effects of the vaccines.

Dr. Patrick Gentempo: Oh really?

Dr. Joel Hirschhorn: The biggest... I have a major article, I've done a few articles already, another one coming out. The biggest problem are blood problems. These are blood clots and the blood clots are very interesting because they take up, use up platelets, blood platelets. Okay? Which means your body no longer has the ability to stop bleeding. One of the very serious effects of the blood impact of the vaccines, and this is by the way, proven by UK research for all of the vaccines, is what we call blood clots thrombosis. Okay, what they're causing are we'll call brain bleeds or strokes. We have now countless cases. I mean, thousands of cases.

Dr. Joel Hirschhorn: I have looked at the data and my conclusion, and I've said this in print, is that at least 100,000 people have died now because of the "Side effects of the vaccines." They're dying because of the blood impacts and other diseases. Some are dying because of what we call breakthrough infections. Okay? But they are dying. Now, every time I look at a scientific paper, it's very amusing to me, because I read so many of these medical research articles and at the end of every article that has all of this totally negative data on how harmful the vaccine is that they've study, at the end of every paper, there's a little paragraph that they always write. If they didn't write this paragraph, they probably couldn't get the article published. That last article says, "Okay, we found all these terrible side effects, people dying, et cetera, but overall statistically, we're probably saving more lives through using the vaccine then we're killing with the vaccine."

Dr. Patrick Gentempo: Let me dig in here for a second, because I've seen the exact same thing. Somehow there's got to be that they're advocating for the vaccine, even when everything they're writing is showing that the vaccine could be dangerous. To your point, it probably wouldn't pass peer review otherwise. But let me ask this question, digging in here, because context is really important right now. You started out this particular part of our conversation, talking about Israel and their contract with Pfizer. One would ask a question, "Why would they sign a contract that would force them to use only this vaccine?" Are you also aware, because I've heard people say this and I haven't looked at the contract myself, I understand it's redacted in many places.

Dr. Joel Hirschhorn: Yes.

Dr. Patrick Gentempo: That it also prohibits Israel from reporting publicly directly some of what they're finding that they have to give that information to Pfizer first. Have you verified if that's true or not?

Dr. Joel Hirschhorn: I think it is true. The data coming out from Israel is not from the government.

Dr. Patrick Gentempo: Ah.

Dr. Joel Hirschhorn: It's coming from physicians working in hospitals, medical researchers.

Dr. Patrick Gentempo: They're not a party to the contract.

Dr. Joel Hirschhorn: That's right.

Dr. Patrick Gentempo: One has to ask the question, "Why would Israel sign such a contract?" Was that just to get the vaccine early? Or why would they do it?

Dr. Joel Hirschhorn: Yes.

Dr. Patrick Gentempo: Okay.

Dr. Joel Hirschhorn: To get it early and to get it in large enough quantities. So that they, I think it's been given now to over 80% of the population.

Dr. Patrick Gentempo: If we're sitting at the negotiating table or if we're observing the negotiation table, basically Israel saying, "We want this vaccine and we want it now and we want enough to vaccinate our populace," and Pfizer said, "We'll fulfill your request, however, you're going to have... You can only use our vaccine and we're going to restrict the government's ability to report data, if you want to get it early," that was the negotiation it seems like. Of course the details, I think specifically are unknown, because so much of that is redacted.

Dr. Patrick Gentempo: Now moving down the road, you're saying that there's this rise or this wave of increase in hospitalizations of the vaccinated, but you're saying that a lot of those people who are in the hospital are vaccine injured, not COVID breakthrough. In what's being reported, are they giving attribution, meaning are they attributing the hospitalization to vaccine injury or are they calling it something else?

Dr. Joel Hirschhorn: No, the data coming out of the hospitals is they connect to the vaccine.

Dr. Patrick Gentempo: Okay.

Dr. Joel Hirschhorn: What's a little bit unknown, is whether if somebody comes in with a blood problem. Okay? They may not and they have been vaccinated, are they being counted as any way related to being vaccinated?

Dr. Patrick Gentempo: Right.

Dr. Joel Hirschhorn: I have a long article out now, where I point out all the manipulation of data by CDC, mostly in our government. Here's one trick that they've used, not much

publicity about this, if vaccinated people die within 14 days of being vaccinated, they are not counted by CDC.

Dr. Patrick Gentempo: It's right there.

Dr. Joel Hirschhorn: As vaccinated people. They're counted, interestingly enough, as unvaccinated.

Dr. Patrick Gentempo: If they die of COVID.

Dr. Joel Hirschhorn: If they die within 14 days of taking the COVID vaccine.

Dr. Patrick Gentempo: But you're saying, they're not counted as a COVID death.

Dr. Joel Hirschhorn: No. They're not counted as a vaccinated person death. They are counted as a COVID death, but they classify it as a person being unvaccinated. That's why you've heard in the media in the last several weeks, "The pandemic of the unvaccinated."

Dr. Patrick Gentempo: Yeah.

Dr. Joel Hirschhorn: This is all a manipulation of data. It's a total lie. Okay. But what I'm also telling you, is that there are people going into hospitals with blood problems and there are countless cases of this. They often die within days of taking their vaccine, not 14 days, much fewer days. How are those people being classified by our government? We don't really know. CDC does not tell the truth about any of this.

Dr. Patrick Gentempo: This is, it's interesting, I had thought the rationale, because I'm familiar with what you're talking about, the CDC saying, "If there's a death within 14 days, it's not counted as..." I thought, because they're saying that the vaccine, it takes 14 days before your immune system is geared up, therefore if you die from COVID, you're not considered vaccinated because the vaccine hadn't had its time to work. But you're saying that if they die of other causes, maybe related to the vaccine, it's not going to be counted as a vaccine adverse event.

Dr. Joel Hirschhorn: That's right. That may be, and we have lots of data about this. We have, interestingly enough, why are so many nurses and doctors not taking the vaccine? That's a very interesting question.

Dr. Patrick Gentempo: Walking out on the job. Right? They've got to be seeing the vaccine injuries. Right?

Dr. Joel Hirschhorn: I was in my doctor's office yesterday. I'm looking at the screen. It's a part of a major medical system, corporate system. On the screen comes, they're proud of the fact that 80% of their doctors have been vaccinated. 80%, why isn't 100% at this time? The more you look, the more you find that there are nurses and doctors all over the country, who don't want to take the vaccine. The only

rational reason for them taking that position, is because they have seen personally, the ill effects of taking the vaccine. Those effects are very real. The number of people dying with blood problems and the biggest research on this comes out of the UK. I talk about in detail, all of these articles about blood problems in a couple of major articles I've written, it's unbelievable data. Okay?

Dr. Joel Hirschhorn: We have one new paper just out about a month, a physician in the U.S., look at interestingly enough, look at the data from all the trials of the three major vaccines used in the United States. We actually looked at their data. Okay? The Pfizer data, Moderna data, et cetera. He analyzed it a little differently. Okay. His analysis of their data showed that the vaccines were not safe, that the placebo group, okay, was much safer than the vaccinated group. Just by looking at their data in an interesting new way, where he collected all of the adverse effects, put it all together. This was an amazing result by a credentialed physician, got it published.

Dr. Patrick Gentempo: Oh, he got it published. Okay.

Dr. Joel Hirschhorn: Yeah. I'm hearing, I can tell you the story among people doing medical research is, they can't get articles published or it takes too long. It takes, oh, it takes a year sometimes to get an article out with a lot of this negative information about the vaccines.

Dr. Patrick Gentempo: What do you think is going on here? In so far as these major journals and publications and incidentally typically it would take some time to get an article published, but we have sort of an urgent situation here, but there seems to be, we're seeing sometimes things getting retracted after they're published.

Dr. Joel Hirschhorn: Yeah.

Dr. Patrick Gentempo: If it's counter to the agenda, if we can call it that.

Dr. Joel Hirschhorn: Right.

Dr. Patrick Gentempo: Let's call the agenda, "Do nothing else wait for the vaccine," and the vaccine supposed to be the single solution to the whole problem. Anything that might create vaccine hesitancy...

Dr. Joel Hirschhorn: Yes.

Dr. Patrick Gentempo: Seems to be squashed.

Dr. Joel Hirschhorn: Yes.

Dr. Patrick Gentempo: To me, it seems like the moral philosophy, which is about as evil a moral philosophy as one can have, is that the ends justifies the means. Which is, "If we have to lie, if we have to inhibit truth getting out, if we in other words, forget

informed consent, don't tell anybody the truth, because if you do, they might not get vaccinated."

Dr. Joel Hirschhorn: Right.

Dr. Patrick Gentempo: There's going to be a lot of people that are going to die based on a lie, but in the end, if you do the calculus on the balance sheet, it seems like we're going to preserve more lives than we... Is that kind of your conclusion from the book?

Dr. Joel Hirschhorn: Exactly right. The other way I would look at this, is what's called the risk benefit ratio. There are people who should take the vaccine. I took the vaccine early on. I must say way back in January. Why'd I take it? Well, first off, I'm 82, and I have a serious heart condition. When you look at the CDC data, particularly the death data versus age, there's a kind of cutoff. I think it's at 70 years. Some people might say 60, but I think it's more like 70 years old. When you are 70 or above, and or you have serious comorbidities. Then the benefit of the vaccine might be great enough to offset the risks of the vaccine.

Dr. Joel Hirschhorn: But when you're less than 70, in my opinion, it doesn't make sense because the risks are actually greater than the benefits, because 99% of the people who get COVID, interestingly enough, they don't die. They don't even go to the hospital for the most part. It's not a serious... We've created this fantasy about how deadly this COVID-19 disease is, but in actual fact, it's really not that deadly. Now, do a lot of people die? Well, they could have been prevented with early treatment. I always like to point that out, or we're not counting all the people who were dying, because they took the vaccine. The data, I think, is totally unreported in the United States about how many people are dying from the vaccines themselves. Okay? I think what we're seeing in Israel, is going to hit the U.S. in maybe two or three months. Israel is ahead of us. Because of when they got so fully vaccinated. We're going to start to see some of the same data. Okay? The hospitals get filled up. They're going to get filled up with vaccinated people.

Dr. Patrick Gentempo: Wow. Is it absolute lunacy that we're targeting this vaccine for children?

Dr. Joel Hirschhorn: Oh, it's insane. Of all of the insane things, the most insane that Fauci was promoting was vaccinating children, because all of the CDC data for forever has shown that children were never at high risk from COVID 19. Why would you vaccinate children? Now that brings up the topic, which we haven't said of natural immunity.

Dr. Patrick Gentempo: Yes.

Dr. Joel Hirschhorn: I've written a lot about this. People who've gotten the COVID infection, and many children probably did, get natural immunity. This is fundamentally different and better, I want to emphasize better, than vaccine immunity. Every what I consider distinguished doctor in the groups that I belong to like Harvey

Rice, and McCullough, et cetera, everyone agrees that natural immunity is more effective than what we call artificial or vaccine immunity. There are scientific reasons for this, but the work in Israel show that natural immunity was 27 times more effective than vaccine immunity.

Dr. Patrick Gentempo: 27 times?

Dr. Joel Hirschhorn: 27 times.

Dr. Patrick Gentempo: Wow.

Dr. Joel Hirschhorn: It's incredible. The problem in the U.S., nobody in the government wants to give credit for natural immunity.

Dr. Patrick Gentempo: How can they, because they want to vaccinate people who've had the disease? Now you can't parse the data.

Dr. Joel Hirschhorn: Exactly. But they don't even want to create a system where I could give a card that says, not that I have vaccine immunity, but that I have natural immunity. There are tests that you can do. Okay? That you can prove scientifically that you have natural immunity. Our government doesn't want to do this.

Dr. Patrick Gentempo: This is interesting, because I did review a one article that was published in Nature, where the authors concluded that if you had natural immunity, it was probably good for a lifetime, which is consistent with standard virology. I mean, if you, when you get a disease, typically your body has... Your immune system's got a memory that will allow you immunity into the future, not to mention that it probably is going to be a whole lot better for variants of this coronavirus as compared to the targeted vaccine induced immunity.

Dr. Patrick Gentempo: But is there, is there, have you seen anything, because this is really the big question, some people, and it makes sense from a molecular biological standpoint that some people would contend experts would contend, that if you have natural immunity and then vaccinate that you're actually at higher risk for adverse reaction. Is that, do you see, do you agree with that?

Dr. Joel Hirschhorn: I agree with that. It screws up your immune system. Okay. To put it simply. You do not want to take a vaccine if you have natural immunity. You don't need it, but it's also potentially very harmful.

Dr. Patrick Gentempo: Yeah. Because now, natures are pretty, pretty smart. Right? If you've got natural immunity, then suddenly you confound it or confuse your immune system by injecting something directly into it that cause your body to do something that it otherwise wouldn't have done. You can't even know the complexity of what the possible outcomes might be, but it's probably not something good.

Dr. Joel Hirschhorn: Yeah. It screws up. It makes your immune system counterproductive basically.

Dr. Patrick Gentempo: Yeah. Incidentally, you're talking about articles that you've been publishing. Where can one find these articles, if they wanted to go see them?

Dr. Joel Hirschhorn: I've never been on social media. They're all published on websites, publications that are free. Free from censorship.

Dr. Patrick Gentempo: Yeah.

Dr. Joel Hirschhorn: I have four or five websites that publish my articles. Noqreport.com, lifesitenews.com, trialsitenews.com and some other sites. When I put up a major article, it often gets published, not just on four or five, but it gets republished on dozens of websites. That are out there. Okay.

Dr. Patrick Gentempo: Yeah. I'm fascinated by you in many respects, because here you're 82 years old, you've been retired. Right?

Dr. Joel Hirschhorn: Oh, yeah.

Dr. Patrick Gentempo: I suspect you didn't anticipate writing a book and being publishing on an ongoing basis. What drove you? I mean, it's like, here you are, you're expanding a lot of energy right now, publishing all this stuff. What's driving you?

Dr. Joel Hirschhorn: Yeah. I'm working full time now doing the research and doing the writing, which I never expected to do. I feel a moral obligation to inform the public as best I can about the truth. It's all about truth telling. Okay. That's what I tried to do with my book and all the articles. Since I keep reading the scientific literature every day, there's so much data coming out, that there's always in my mind a reason to write another article. My current big article, which is up on lots of website, talks about vaccine dystopia. That we're creating a world, which if we keep going with this mass vaccination, the world is going to be very ugly. We're going to see terrible, terrible things happen in terms of huge numbers of deaths and serious medical impacts for millions and millions of people. This is, to keep going on this track, that's why we have so many doctors now. Dr. Malone has gotten more active.

Dr. Patrick Gentempo: Yeah.

Dr. Joel Hirschhorn: I did a podcast with him recently and he and others are trying to create a new organization to push early treatment, which is what I advocated. My book is the only book out there, it's been out for seven months now, and it got out at the end of last January and I was pushing early home treatment, outpatient treatment early on and I'm still pushing it. Now more doctors are coming along the same track saying, "We have an alternative to vaccines," and that's what... I mean, I write a lot of negative stuff about vaccines, but I try to balance it with saying, "Listen, we also have a good alternative to vaccines. We know that this stuff works. We know that ivermectin works." I think we know hydroxychloroquine work and there are a couple of other generic medicines

that also work. We know that we have a better solution. Why can't the government turn around? Now, some governments did turn around. They turned around in India for example. They started to use ivermectin on a large scale. Bang. Fatalities went down. Cases went down. Total success in major parts of India, where they used ivermectin.

Dr. Patrick Gentempo: How can we ignore that data? I mean, it's... Because that's a huge population of people. It's been seen, I think in other places too. I think there were intervals where they stopped using it, and I can't remember which countries and suddenly the death rate spiked. Where was that?

Dr. Joel Hirschhorn: It's in my book. Switzerland.

Dr. Patrick Gentempo: Switzerland. Yeah, exactly. Right? Because they, the death rate dropped, and then they, then I think there was that article that came out that said this isn't right. They stopped using it and then the death rates spiked back up. Did they reintroduce and did it go back down again?

Dr. Joel Hirschhorn: Exactly.

Dr. Patrick Gentempo: How can any physician of conscience look at all what you're seeing and deny their patients early treatment?

Dr. Joel Hirschhorn: I think it's immoral. I think it's unethical. I think it's evil.

Dr. Patrick Gentempo: Yeah.

Dr. Joel Hirschhorn: I think it's evil. I mean, we're literally, people are still dying unnecessarily from COVID. Because they're not getting access to the treatment. Okay. I don't know what else to say, except that it's an evil situation and there's no immediate solution because you got President Biden, who's pushing mandates and things like that. Okay. Forcing people, I feel bad for people, because they feel they have no alternative. If they want to go back to work, if they want their kids to go to college or school. Okay. They want to keep their jobs. They feel they are to get vaccinated.

Dr. Joel Hirschhorn: Well that, when vaccination causes so many ill effects and it doesn't work, I want to emphasize this again. Why are we seeing mounting cases of breakthrough infections? Because we now... In fact, there's some acknowledgement now, on the part of the medical establishment, that all of the vaccines are not effective after maybe six months, roughly. Okay. That's why people who've been vaccinated get breakthrough infections. Okay. It's serious and by the way, why are they pushing more jabs? More shots?

Dr. Patrick Gentempo: Speaking to which, have you investigated at all, why those FDA people resigned that were basically the top brass managing this whole vaccine program for the FDA?

Dr. Joel Hirschhorn: No, I haven't seen anything other than what's in the press.

Dr. Patrick Gentempo: Yeah.

Dr. Joel Hirschhorn: It was a great whistleblower who did, as part of a lawsuit, she came out with more accurate data on how many people were dying from the vaccines. She came out with a figure based on her access to the data of 45,000. Which is more than maybe it's two or three times greater than what CDC says officially. I say at least 100,000 people worldwide have died from taking the vaccine and that may be an underestimate. I just looked at new data this morning out of the European Union and their official data says 45,000 people have died. The EU only represents about half of Europe, by the way. When you look at all the numbers, I think my estimate of about 100 people, 100,000 people dying from the vaccine itself.

Dr. Patrick Gentempo: That's so far.

Dr. Joel Hirschhorn: So far.

Dr. Patrick Gentempo: And there's other people who are injured and sick, which is probably a much larger number. Right?

Dr. Joel Hirschhorn: Yeah. I want to emphasize an important medical finding. It was from a doctor in Canada, Dr. Hoff from Canada. He did a very smart thing. He had used Moderna vaccine, 900 doses. Okay. He tested his patients and I believe 64% had microscopic blood clots. How did he know this? He did a test which has been around for a long time called the D-Dimer test, but very few doctors is use it. He used it on his patients probably because he was following research. 64% had microscopic blood clots. Now we have lots of evidence that the people dying from COVID are dying from often microscopic blood clots in their lungs. These are different and big blood clots that we are familiar with, that people get in their legs, major veins. Okay?

Dr. Joel Hirschhorn: No, this is different. These are microscopic blood clots and a great pathologist has also put out slides showing what these look like. Okay. We know, from lots of data now, that when you get the vaccines, you can get the same kind of microscopic blood clots that the people get when they get serious COVID infection. Okay. The people who die from COVID, often, if they do... And that's another thing that's not going on. We're not doing enough autopsies of people. They don't want to do the autopsies, because they don't want to prove that the people dying have blood clots. If they got COVID or if they just die because of taking the vaccine. The microscopic blood clots, I want to emphasize, we don't know what the long term effects of those are. We may be seeing people with serious ill effects, not just in the months and years ahead, but in decades ahead, because of the blood issue. The blood issue to me from the vaccines, is the most important medical issue.

Dr. Joel Hirschhorn: Okay. Not just that they don't work, not just that they lose effectiveness, but the blood problems, which has been mostly researched in Europe, German doctors, UK, et cetera, is so serious. Okay. Would I take, another dose of the vaccine? No, I don't think I would now that I followed all the research. There's a lot of reasons, if people are well informed. You ask me, why do I write my articles in the book? I want to inform people so that there really is informed consent. Right now, there is no informed consent, because the vast majority of the public get their news and information from mainstream big media, okay, or social media. Virtually none of that information is complete and correct. There is no informed consent on the part of most people. I love to read the stories of the nurses and doctors who are refusing to take the vaccine because those people have seen firsthand the effect, okay, of the vaccine. Of course they know COVID can be bad, but by the way, those same doctors and nurses, they can't give their patients the treatment protocols. The whole point of early treatment, that point that was made by Zelenko early on, March of 2020, to keep people out of the hospital. Okay.

Dr. Patrick Gentempo: Right.

Dr. Joel Hirschhorn: What sense does it make, to let people get so seriously ill, that they have to go to a hospital? That's not good medicine. Okay. That's not first do no harm. I have a first chapter in my book is, in the entire history of medicine, what was the normal practice? Act quickly. In any kind of illness or disease, physicians were supposed to act as soon as possible to help their patients. In this pandemic, the vast majority of doctors are not acting as soon as possible to help their patients. That's why their patients go past stage one, into stage two and three of the COVID disease. They go to the hospital, they try to get serious treatment, but a lot of them die. They can't be safe, okay, because if you let this virus go too far, it definitely can kill you. I'm not denying the fact that the virus can kill people. My point is, we know how to prevent people from getting so seriously ill that they can die. This is what's crazy. McCullough made a great point. I don't know whether you've heard his point and he didn't... Maybe he said it early enough, but maybe not. He said, "If we had a good pandemic strategy, we would've only given the vaccine to about 20 million people."

Dr. Patrick Gentempo: Right.

Dr. Joel Hirschhorn: The very elderly, seriously ill people. Maybe 20 million. Well, how could Fauci push that? Because the drug companies would not have supported that strategy, because there was no money to be made if you were going to create these vaccines for only 20 million people. Now they have a trillion dollar global market, because they want to vaccinate billions of people. Okay. It comes down to McCullough scientifically made the right point. We should have used treatment and not vaccination for the vast majority of the public. Now that point is still trying to be made by Malone and other doctors trying to push the treatment. But it's so difficult at this point to turn this situation around. I want to emphasize we've gone so far down the road to relying on vaccines. Can you imagine that Biden and the federal government, CDC and FDA back tracking and

saying, "You know, we realize our mistake, we're going to stop the vaccination program."

Dr. Patrick Gentempo: Yeah. They're too invested now to be able to... I mean, it would be, it would destroy many, many careers and it should destroy many, but how do you admit you're wrong, especially because it's not like, "Oh, sorry we got this wrong. It costs us some money." We're looking at mothers and fathers and grandparents and people's lives that have been destroyed as a result. How do they admit they're wrong now? You're exactly right. They're too invested to pull out.

Dr. Joel Hirschhorn: Exactly. I'm not an optimist about, I think the only thing that may turn this around is more data coming out on the people dying. From the vaccine and from breakthrough infections. You can trust the data coming out of Israel. I trust the data coming, the organization is called Public Health England. I trust that data and the data from Germany, et cetera. The most of your... You can trust the data coming out of Europe and Israel, but not the U.S.

Dr. Patrick Gentempo: Wow. Well, this is all very chilling. All I can say is, I for one, I'm very glad that you came out of retirement and that you wrote a book and that you're continuing to write as new data emerges. Because and unfortunately you can't really be seen probably on social media because of the censorship, but it is posted on websites and it's alarming. But if anybody should have a context based on their experience of their lifetime, it's you and I appreciate the fact that you're doing the work you're doing and further that you took the time to share it here with us. Thank you so much for being here.

Dr. Joel Hirschhorn: The other thing I do by the way, is a lot of podcasts. I've done 40 or 50 podcasts.

Dr. Patrick Gentempo: Great. Well, I imagine if we can just search your name out there, you'll be able to find the varying place where it's coming up.

Dr. Joel Hirschhorn: Oh, yeah.

Dr. Patrick Gentempo: I wish you to stay very healthy, so that you can continue your work and on behalf of a lot of people who care about what you're doing, yeah, I just want to say thank you. Again, thanks for being here.

Dr. Joel Hirschhorn: Thanks for the opportunity, Pat. Thank you.

Dr. Patrick Gentempo: That completes my interview with Dr. Joel Hirschhorn. Incredible that he stepped up in the way he did, that he needed to share this information. Some people just can't sit by and let things like this happen and not take action. Thank God. I'm glad he shared what he knew and I'm glad he's doing what he's doing in the world today.

Episode Ten

Dr. Dan Stock: We're getting this much of the story out there and that's being twisted, and the rest of the story is just being ignored and suppressed actively. The PCR tests that everybody's relying on early on in this are being withdrawn from the market in December of this year because of their freaking high false positive rate. Depending on the population we see tested, 75% of the tests are false positives. First of all, can you prove in the short and long-term that the vaccine is better for the general population than just getting infected? Dr. Fauci's position on this is frankly ignorant. To say that there's no data out there is just dead false. If you've recovered from COVID-19 vaccine, it adds nothing to your risk of symptoms, a positive test, or hospitalization or death. It does markedly add to your risk of side effects.

Dr. Jeff Barke: I'm not anti-vax, I'm pro-informed consent and I'm pro-medical freedom. Patients need to weigh the risks, benefits, side effects of all these products, vaccinations included, and then weigh their own risk against where they stand, as far as getting COVID, if they get COVID. Congress said, "Okay, well, we need some sort of reporting system so we can be aware of and look at vaccine injuries." And they came up with this site, the Veri system, and they were supposed to update Congress about vaccine injuries, but that never happened. I think the last I looked at it, there's about 16,000 reported deaths from the COVID vaccines.

Sayer Ji: That somehow, we're able to convince the whole world that vaccines are not safe and effective when in fact, the research itself says that, and that this is an experimental vaccine that doesn't even have long-term clinical trial validation for safety and effectiveness. So it's like a huge ruse. It's like the emperor wears no clothing. Where's the research? Where's the science? They've literally weaponized this to the point where being human and having the most natural, homeostatic symptom of self healing could be weaponized to the point where they'll literally take you and put you in a green zone internment camp, right? They've literally rolled these out in places like Australia.

Dr. Patrick Gentempo: We are back. Yes welcome to bonus episode. Number 10. We have more content and this content is strong. Throughout the entire series, it has been strong, and episode 10 is no exception. Must know, must see content exists right here, right now. And we are still in the free viewing period. If you have not yet invested in COVID Revealed, now is your time. We have steep discounts during the free viewing period, special bonuses that go along with it. Thank you if you've all already made that commitment, if you've already supported our work and invested in COVID Revealed, but if you haven't, it's not too late. Now's the time. We're still in the free viewing period. I am really excited about the

content of episode 10 and I know you will be too, so let's go ahead and get into it.

Dr. Dan Stock

Dr. Patrick Gentempo: COVID has created some very unlikely heroes and celebrities through social media, especially when people are taking a stand. Dr. Dan Stock was giving a presentation to his local school board, and it was quite a passionate and articulate presentation that was very well reasoned. That presentation was video recorded. Next thing you know, it goes viral and millions of people watched it and he turned into an overnight hero as a result, and rightfully so. His comments were poignant. They were accurate. They were well reasoned. They were scientific, and he told the story in a condensed way and presented it, and the world took notice.

Dr. Patrick Gentempo: So when we invited him to get in front of our cameras and to have a conversation around his perspectives on COVID, he said yes, and this is one heck of an interview. You'll see that he is just the kind of doctor that any person would want to have, caring, intelligent, astute. And he is an amazing presenter when it comes to these things relative to COVID. So I'm excited that we can share his interview with you right now.

Dr. Patrick Gentempo: Dr. Stock, thanks so much for taking the time. You've created quite a stir of late, and I have to imagine you're a little startled by all this, but before we get into current day, let's go back a little bit and talk about your background. What got you decided to become a medical doctor, and kind of your academic trajectory and kind of your specialties?

Dr. Dan Stock: Sure. Well, I tell people my calling card is that I'm a terrible paste eating cell science geek. I really enjoyed going down to the basic level of, I can still do a calculus problem. I enjoy biochemistry and even regular chemistry. And as an undergraduate, I'd say, "Well, I like that. But you know, I like people too. And so I get to solve problems and work with people. And well, that sounds like medicine. Yeah, let's go do that."

Dr. Dan Stock: So I went through medical school and at the time, I didn't really realize how medical school was almost indoctrination by what they didn't teach you. For instance, our education on nutrition was 10 minutes long. So after practicing about, God, twenty something odd years as a family doctor and really enjoying it, somebody pointed out some things about cholesterol related diseases that didn't make sense, and I managed to run into a brilliant man by the name of William Cromwell, who made me a much better doctor and scientist by showing me all what was behind the curtain kind of thing.

Dr. Dan Stock: And slowly after that, started to deviate from the party line of what's now become third party payment medicine with Medicare, Medicaid, and insurance companies. By, I think it was 2006, I'd gotten a board certification in cholesterol transports diseases from the American Board of Clinical Lipidology. I was in the founding diplomat of their class, and a big game to realize that boy, what we're doing in medicine right now is a little superficial. And then I found out about

functional medicine training programs, which is basically, how do you get to the biochemical difference between people who are sick and people who are healthy?

Dr. Dan Stock: And that was the end of it. After that I was okay, now I'm just free to do and think as I want to, and there's good data here. Yeah. In medical school, they all told me, "Oh, there's no data about all that nutrient stuff and all, not over the counter stuff. There's no data on it." And then you begin to find out that, oh yeah, there's a lot of that data out there. And so then, it was after that things were just much more successful. When you've cured your first Graves disease person with zinc, selenium, iodine, and a gluten free diet and all their labs are normal and their eyes are back in their head and they're off all their medicines, it's kind of hard to go back after that.

Dr. Patrick Gentempo: That's pretty amazing. And you also, I guess, study anti-aging and look at, I guess, how to extend life, et cetera. So what was your training in that area?

Dr. Dan Stock: Well, that's part of the functional medicine training. And so I kind of tell people, I like people to know, when a doctor says it's your age, you know what he really means? He means, "I don't know what's wrong with you and I'm not going to go find out. And I want you to think I'm done." Because if you stop and think about it, if I went to your 10 year old kid and said, "Well, the reason he is sick, he's not five anymore", you'd fire me for that level of analysis. So that's kind of what the anti-aging thing is all about is, hey, let's find out the biochemical difference between you now and you when you were healthy, and see if we can find a path back to it. Many times we can't get back everything you've lost, but we can stop you from losing more.

Dr. Patrick Gentempo: Right. Right.

Dr. Dan Stock: And that's kind of the really fun part of medicine because that's kind what we're supposed to be doing, right? I mean, just maintaining your disease the rest of your life is not the same as cure. And nobody comes to me and says, "Doc, can you make me stay sick for the rest of my life comfortably?" It's never what they want.

Dr. Patrick Gentempo: So here's what's fascinating to me. So I'm experiencing you as this very bright, lighthearted guy who really enjoys medicine, enjoys working with people and enjoys finding solutions to people when maybe otherwise they're being told that they have to learn to live with it. But then you had this moment recently, I guess it was in front of... who was the presentation to that you made that got millions of people to witness the-

Dr. Dan Stock: It was my local school board, the Mount Vernon Community School Corporation. That is my local school board for the district I live in.

Dr. Patrick Gentempo: So you went from the school board and there was this extremely eloquent, but very, how can I put it, directed and serious presentation that you made. It wasn't a lighthearted conversation. You had something to say and you were going to say it, and it was well thought through. What motivated you to go give that presentation?

Dr. Dan Stock: Abject terror. And so I tell people, as a guy who likes biochemistry and scientific method, what I've witnessed since the beginning of this whole COVID-19 thing in January and February of last year, what actually got stupid in March, was just an absolute ignorance. It couldn't be explained as naivety, but absolute ignorance of scientific principles and the data. Where people were... It seemed like the people from the federal government kept trying to draw into an inside straight instead of recognizing, "Hey, you got two tens up. It's probably time to not draw another card." And this got worse and worse as the ignorance of non-vaccine alternatives actually moved to the point of suppression.

Dr. Dan Stock: And honestly, it reminded me very much of what I saw happening in Nazi Germany. My dad was a bomber pilot in World War II, so I've been a kind of aficionado of the rise of Nazi Germany. And this level of media control and ignorance was frankly terrifying to me. And some people had asked me to come speak to the school board and I was... Well, look, I'm scared of what I see happening right now. We're getting this much of the story out there and that's being twisted, and the rest of the story is just being ignored and suppressed actively. And that kind of censorship terrifies me as like, okay, look, dad was brave enough to keep flying in bombers when they shot flag shells at him. If I don't stand up here and do something, I'm not worthy of my parents.

Dr. Patrick Gentempo: Yeah. Wow. So interestingly, the ominous parallels that you're drawing, right, as far as what was happening back then, and coincidentally, my father was a waste gunner in a B-25 bomber in World War II. So we share that context of understanding. So you got up and it wasn't just a matter of just the censorship was an issue, but the actual protocols and the public health edicts that were coming down seemed to be antithetical to what modern virology, infectious disease management. I mean, all these things would do... In my mind, as I was observing saying, "This seems like the opposite of what normally should happen." But you sort of put it to him in a methodical way, saying "Here's the circumstance we're dealt, the hand we're dealt right now. And here's the actions being taken, which seem to be the opposite of which should be." Because walk us through your thinking on that and what you observed and kind of what you called out.

Dr. Dan Stock: Well, sure. It starts off with all the viral avoidance measures. When you have a virus that has animal reservoirs and is spread by respiratory aerosols, not big droplets, but by aerosols, the idea that you're going to be able to do something to slow that has already been studied. It's been studied, influenza and common cold. And if you come back with the data that this makes almost no difference and has lots of bad consequences if you try it. Nevertheless, these viral avoidance measures became rolled out bankrupt of the country, caused

enormous increases in the suicide rate with nothing to show for it that I could demonstrate, other than bankruptcy and hysteria.

Dr. Patrick Gentempo: And you're referring to now, is it the masking, quarantine, separation, all that stuff? Yeah.

Dr. Dan Stock: Contact tracing as well.

Dr. Patrick Gentempo: Yeah.

Dr. Dan Stock: I mean the hallmarks of epidemiology, look, if it's got an animal reservoir, you're never going to get away from the virus. All right? So delaying exposure only makes sense if you have something that you're going to delay until you get there. All right?

Dr. Patrick Gentempo: And I'm just going to slow down you, though. What's an animal reservoir? What do you mean by that?

Dr. Dan Stock: So it's another animal that can become infected with that pathogen and pass it back and to humans. So for instance, we already know cats, dogs, deer, ferrets, mink have all been shown their animal reservoirs for this virus. And three of them are domesticated animals, which means we're going to be hanging around with them forever.

Dr. Dan Stock: As soon as animal reservoirs come into play, especially if the pathogen has a long incubation period, which we're seeing as long as two weeks in some people. I think the average is around seven to 10 days with COVID-19. The chance that you're going to be able to contact trace your way out of it, and I should mention another variable, the very high percentage of people who have no minimal symptoms. When you have a pathogen like that, the idea that you're going to contact trace and slow the spread, or the masks, which frankly, the cloth masks do nothing on aerosols. An N-95 mask only does something if you fit it so tightly, it has less than three centimeters of gap around all the areas of the mask, all right? The surgical masks almost always have more than three centimeters of gap in here, which means they're not filtering at all. It's all just going out the gaps.

Dr. Dan Stock: And since the aerosol's diffused through the air like a bad smell or oxygen would, the idea that you were going to have any effect on slowing the spread didn't make sense from the get go. Didn't make sense to even try it unless you were willing to do these things forever, right? Contact trace, quarantine forever. Or unless you had this time point where you were going to be able to improve the immune system so good that it could overcome the pathogen. Well, the problem was we didn't have any indication of anything that was going to work like this.

Dr. Dan Stock: At the same time, the CDC had, frankly, ginned up the data. Against the laws, they changed the reporting criteria for one and only one infectious disease, and that was COVID-19. And I could think of no scientific reason that we would screw up the diagnosis rate of this, is we were going to try and allocate our resources based upon data. There was no reason to and collect the data any differently for COVID-19 than for any other infectious disease. And this was the stuff I had to make out, to point out to the school board is look, the data we do have on this says that the people who have just got almost no chance of protection are kids. I mean, they just don't get sick from this. The recovery rates like 99.998%.

Dr. Dan Stock: And so we're not protecting them. It's not protecting everybody else for us to protect them. By that time, by the time I was speaking, we already had good evidence that said, look, in fact, long before the vaccines came out, we had good evidence that there were alternative things we could do to augment natural immunity and make this thing so it wasn't nearly as dangerous. And the time for silence had just passed. The cost of silence at this point was all loss of faith in government, which is probably justified, and a lot of dead people.

Dr. Patrick Gentempo: Yeah. I mean, that's chilling. And I think abject terror is a great motivator, as you described in the beginning. And this terror is founded on something that is very tangible and real, not some something you're making up in your head. Let me dig into something that you mentioned about the CDC and their tracking methods or reporting methods around COVID versus other infectious diseases. What changed and how did that gin up the numbers?

Dr. Dan Stock: So the first of all, you need to know that the regulations on how you report an infectious disease, those were federal regulations, and they require a 60 day comment period before you can change them. And I know they've now, the CDC is being sued over the fact they didn't do that. That was frankly illegal, but here's what they changed in March of 2020.

Dr. Dan Stock: Previous to that, if you were going to diagnose somebody with influenza, you had to have typical symptoms. You had to have a validated test that says, "Hey, this pathogen is found at this level in people who have symptoms", all right? And you could not have a positive test for another pathogen that could explain the symptoms. And then if you wanted to be a death from influenza or any other infectious disease, you had to have those criteria and you had to die from a disease process that was not going on at the time you developed symptoms. So if you had heart failure for 10 years, you got influenza, it exacerbated your heart failure and you died, you weren't an influenza death. All right? And you'll notice it in those criteria, there are no financial variables that would influence this diagnosis one way or the other.

Dr. Dan Stock: So how did things change in March of last year? Well, the first thing was the CDC said "You don't have to have symptoms and the positive test, you just have to have symptoms." Well, the problem is the symptoms of COVID-19 are for most people undistinguishable from influenza. All right? So, but so now we're going to

take people with influenza, and as long as we don't do a positive test on them, we're going to call them COVID-19. But to make it worse, they said, "You don't have to have symptoms. You can have a positive test and the test doesn't have to be validated to predict that it identifies people who have symptoms." And this was probably the worst thing because these tests, which by the way, the PCR tests that everyone's relying on early on in this are being withdrawn from the market in December of this year because of their freaking high false positive rate. Depending on the population we see tested, it's between 25 and 75%. You go into a school, a group of school-aged kids, 75% of the tests are false positives.

Dr. Patrick Gentempo: Wow. Now, and incidentally, thinking about that for a moment with the timing, because right now, we're September of 2021. Look at what happens now. The vaccine's been introduced. If you take the test away, that creates all these false positives. It looks like the numbers would drop significantly as far as how many cases there are, which they can credit back to the vaccine, which we'll probably have a bigger conversation on that. But am I accurate with my thinking around that?

Dr. Dan Stock: Well, yes. As a matter of fact, one of the reasons you have to be rigorous in testing, and I got to tell you, testing theory is a fascinating thing to me and I love it, to screw around with your testing, your diagnostic mechanisms and make them so that they have great variability and unreliability, just makes science impossible. It's like determining pregnancy by a woman's breast size. I mean, guys, you're going to get no useful research done. But I think there was actually even something worse that was done in this change that happened in March, because besides the fact that we were using... By the way, all these PCR tests, they're operating under an experimental use authorization, meaning they've never been validated. All right? But then things got even worse. They said, "If you want to be a COVID019 death, all you have to have is symptoms or a positive unvalidated test and no pulse rate."

Dr. Dan Stock: So, I mean, we had people getting killed in car accidents. The first thing they do, they go to the hospital, ram their nose with a swab, it turns positive and you're a COVID-19 death. And by the way, that's not just something I'm making up. There have been printed stories of that happening. You might ask, well, why would anybody do something like that? And I'd say, well, at the very same time they changed the reporting rules, they actually screwed up the financial incentive for this. So the CDC not only changes the reporting rules, they go out and they tell all the hospitals to stop doing all their elective surgeries.

Dr. Dan Stock: Now I got to tell you, I've been elected to the physician board of a local health network here in the past. So I've seen all the financials and I know how a health network runs. Their life blood is the elective surgeries. That's their financial life blood. So you turn this off and then at the same time, the CDC says "We're going to pay hospitals 13 grand every time somebody gets hospitalized with a positive test or symptoms, as long as they don't have an influenza test. And

we're going to give you $39,000 if you can get a tube down their throat and get them on a ventilator."

Dr. Dan Stock: So now you have a cash trap network which is run by a business, not a doctor. He sees no way to keep the doors open except to accept these guidelines and come up with rules like, look, nobody gets an influenza test until they had their COVID19 test. And if the COVID19 test is positive, we're not doing an influenza test, that just scored 13 grand. And every borderline case of being on a ventilator, Doc, you're ramming a tube down his throat. And we actually have cases where doctors are admitted. They were ordered by the administrator of the hospital to put somebody on a ventilator.

Dr. Dan Stock: So people would like to think that doctors are these altruistic people who don't respond to money. Well, that's not true. Especially since in modern day America, most doctors work for something called an accountable care organization, which has a restrictive governance clause where they can fire him and bankrupt him at their will. So when the administrator comes in and says, "You're sticking a tube down their throat", you're forced to choose between what's good for your patient and good for your family. And I ask everybody, who do you think wins in that controversy when you force that on a doctor? So all of a sudden, we have very inflated numbers of both the number of people who have COVID-19 and the number of people who are dying from COVID-19. And in matter of fact, if you look across the United States, the overall death rate didn't go up for 2020. So if this thing's all that deadly, how come more people aren't dead in aggregate?

Dr. Patrick Gentempo: And I think that incidentally, I think that's no small issue and if you look even worldwide, the all cause mortality doesn't change year over year in any statistical way that matters. And so, can we have a killer pandemic, if more people aren't dying then normally die?

Dr. Dan Stock: Well, I don't know how you can call it a killer pandemic if you don't have more people dying from it. Now, you could make the argument that people are dying from COVID-19 instead of influenza, but you can't back that argument up because the way you collect the data absolutely makes it impossible to make the claim. So it's very hard for me, especially when over 99% of people are recovering without death, to put this out as a deadly disease, when you look at the entire population as having less than 1% of people die to it. I've seen data where we tried to collect the data and kind of retroactively get the data the same way we did before March of 2020 and it's indicating a death rate around 0.2%, which is about what we'd have with influenza. The same risk factors that would make you likely to die from influenza are kind of the same ones that make you die from COVID-19.

Dr. Dan Stock: So I can see why the overall death rate wouldn't go up. You'd just have people with influenza death and change them with COVID019 death. But if the underlying risk factors are the same, have you really made a difference that makes any difference to the population? And so this kind of analysis, which you

have to sit down and get a little heady about it, but we were doing things in the heady version before March of 2020. And then all of a sudden we decided to be very superficial on our logic. And that should disturb anybody who likes scientific method.

Dr. Patrick Gentempo: So how is it that so many people from the scientific community that are in public health, and I guess there's a difference between a public health official and a scientist, although there shouldn't be. But there's a difference that so many people seem to go going along with it whereas people like yourself who are kind of taking a rational look at it and very objectively analyzing it and then speaking up when they're saying "Something's really wrong here", how do we explain that so many people got on board this train that shouldn't have?

Dr. Dan Stock: Well, first of all, I'm going to tell you that I don't think there's that many people on board with it. If you look at the number of people who have signed the declaration of Great Barrington, which I believe came out in June of 2020, a group of doctors, now over 53,000 signatories to it, who've come out and said, "Look, what we're doing doesn't make sense. Focus protection where maybe we try and delay the virus getting to the people who are at highest risk, which is basically nursing home people and people with some other risk factors. The rest of us go out there, get infected, get our herd immunity developed, and that'll reduce the shedding and transmission. Maybe we can buy a little bit more time for the people at high risk," made more sense from the very beginning than what the CDC, NIH, World Health Organization were putting out there. And they were outnumbered. When you looked at the number of credentials who have signed declaration of Great Barrington compared to the number of credentials in the NIH CDC, World Health Organization. They're in the vast minority.

Dr. Dan Stock: But second of all, when people say, "Well, we're not hearing from doctors on this," well, do you remember what I just said about the accountable care organization and the doctor having a financial gun to his head? All right? We've actually started to see doctors now speaking out and I can tell you, for the first two weeks after that video went out, we were getting 600 emails and telephone calls a day, all right. We only had two negative responses from providers in all of those. The rest of them were providers who uniformly said the exact same thing, which is "Dan, thank you for speaking out. We would like to, but we're scared." That was uniformly what they said. And so I tell people, who you put microphone in front of can be very misleading as to what the entire profession thinks. I can tell you the people who will speak to me off the record are all telling me, "Dan, look, this is just ridiculous. Nothing of this matters. We're doing everything wrong in COVID 19."

Dr. Patrick Gentempo: Incidentally, just to validate that, because in our exploration here, I've had sort of these off the record conversations with some pretty eminent virologists who've spent a lifetime in vaccine development and infectious disease, et cetera. And they've said, "I can't speak publicly about this. It will cost me my career." And so they have to hide. In other words, they're basically cheering us on to do this documentary, but saying, "I can't speak publicly about it because

I'll be completely ostracized. I'll lose my career. I'll be marginalized." et cetera. So they have that fear of retribution. Has there been any threat against you for your license, your medical board, et cetera, for saying what you said?

Dr. Dan Stock: The only thing that's happened so far is I do have someone I don't even know who filed a state attorney general complaint that I found about yesterday saying that because I said what I did, I needed to have my license yanked, but no one's from the medical licensing board has approached me. People need to know that I have a unique situation, and then I'm what's called a direct care physician. My patients pay me directly. I don't accept payment from insurance companies, governments and employers. Basically, I work only for the patient, directly for the patient. I don't even make any money on any of the stuff I advise them about because it's in my contract I can't do that. So the only person who can threaten me with financial ruin is the patient in my practice, which by the way, I haven't lost a single patient.

Dr. Patrick Gentempo: I suspect you got many more.

Dr. Dan Stock: Well, no, I'm not going to use this situation to raise my prices to my people. That would really-

Dr. Patrick Gentempo: No, not raise your prices, I'm saying, but more people becoming aware of you, saying "That's who I want for a doctor".

Dr. Dan Stock: Well, I have a waiting list right now. And I got to tell you, both my present patients and the people on that waiting list have been quite gracious, because I've told them that "Look, I won't lower the standard of care and the amount of care I give an individual, so I'm going to have to take you guys on much slower. I've had to shut down the sign up. Because guys, right now, I need to spread the word about what's going on here scientifically." And they have been so gracious to me to say, "Dr. Stock, we're used to you getting back to us in 12 to 24 hours. We'll accept days." And I have people who said, "Doc, call me in six weeks when you're free. Let me be your patient." And so I must tell you, I am just so very flattered and so very grateful to the people in my practice and trying to join my practice over that. And so very sad that I've had to tell people "You're on a waiting list and probably aren't going to get in".

Dr. Patrick Gentempo: Yeah. And I could see that you feel that in your heart, and amazing the support that comes out. And this is one of the things I think, probably the other side where they miscalculate, saying "The people are trying to create oppression". Again, without mentioning names, I know some people who are horribly attacked and next thing you know, they're following, everything seems to be growing because I get this sense, it's more than a sense at this point, that there's this silent majority of people literally looking for this leadership, looking for these people to take a stand and to speak the truth. Because I think, as you said this earlier, people aren't as dumb as these elitist who are trying to push their edicts down on them. They go, "These are just dumb people who don't know any better". I think people are a lot smarter than they think.

Dr. Dan Stock: As a matter of fact, in medical school, I remember them telling me multiple times, "Don't forget in this relationship, you're the doctor." And I never really understood what that meant. And it was implied that, well, your patient's too dumb to know how to do any of this stuff. And they're like, well, but before I got into medical school, I was one of them and I learned it.

Dr. Patrick Gentempo: Right.

Dr. Dan Stock: Are you sure, they can't learn it? And I can tell you, my impression has been from my patients that they learn as much as they're interested in and they're not so stupid, they can understand this. And so for instance, yesterday, I was going to do a speech before the county commissioners of Hancock County and had planned on showing up there be me, maybe five, six other people would speak well, it was over 50.

Dr. Dan Stock: Almost all of them in favor of a resolution against vaccine discrimination and mandates and far outnumbering the number of people who wanted any mandates to be something that could be supported in our community. And so I think you're quite right. I think the majority of people in the country have said, no, we're not buying in this. It doesn't make sense. And most importantly, they've said, "Look, your expertise gives you the right to give me advice, but not to force me to take it." And in fact, one of the mantras, if you go to the videos that are on my website, it tells people, look, in the doctor patient relationship, the doctor must never be the boss. He's the hired help. You may have to pay him for the advice, but you're under no obligation to follow it.

Dr. Dan Stock: And that's true, whether it's a doctor interacting with an individual patient or a group of doctors at the CDC interacting with the population. And I think right, now what most of the people in the population decided for the CDC and NIH is I want another opinion. I no longer have faith. In this opinion. I keep seeing such superficial analysis of what's going on, even with this present spike and I think most of America's decided, look, I'm turning off to the people in the NIH and the CDC. They don't make sense. They clearly have another agenda that can't be explained as simple naivete. And they're looking for other explanation that first of all, it might validate their suspicions and then give them other alternatives to how to handle COVID 19, besides the, get a vaccine or go home and wait till you're dead and go to the hospital, which is basically the message of the federal government.

Dr. Patrick Gentempo: And, this is a part I think of the tragedy of the unnecessary deaths because of the edicts. But if we take a little journey through what you've just said. So we're dealing with, first of all, testing that gives us false or bad information. And then we're trying to make policy based on bad information. We're taking in the heart of what they're calling a pandemic, an infectious disease that's spreading and then they're masking, separating, et cetera. And, also, which has psychological effects, it could be immunosuppressant, you create all kinds of collateral damage that nobody's really talking about. At least the headlines aren't talking

about it. And then they're censoring anything or any public discourse or debate or conversation around what might actually be the best way to respond to this.

Dr. Patrick Gentempo: It's either our protocol of isolating and waiting for a vaccine, then put out a vaccine that's fast tracked, all these things that you had described. I mean, it almost looks like crazy land that all this is going on. And if this vaccine is so great, why do they have to suppress any information? Why are they worried about people talking about it? In a sense, let me ask you this. Because I've had several people say, it's kind of a first principle of virology that you don't vaccinate in a pandemic. Is that something that you agree with?

Dr. Dan Stock: Yeah. I don't want to put myself out as an epidemiologist, but the people who have proposed that theory make sense to me. I've never seen anybody counter their advice with other counsel. And so when one guy makes sense to me and the other people don't respond, it's kind of like, well, I got to make my judgment based on the thing I have. And it doesn't make sense to do this in the middle of a pandemic. They certainly make a very good argument for why one wouldn't do this.

Dr. Patrick Gentempo: Well a piece of that is... And this is the thing that I find really disturbing that we're in the midst of now where they start to talk about the unvaccinated now that are the problem, the unvaccinated that are causing all the spikes and everything else when none of that seems to be true. And that the scientists that we've interviewed are saying, no, it's the evolutionary pressure on the virus through the vaccination program and the isolation programs that are causing these more virulent strains to come. You said this earlier, it's like getting natural immunity. I reviewed this article in Nature not long ago saying that, hey, if you had COVID, it's likely you have lifetime immunity now, and you have natural immunity as compared to a vaccine which seems to wane, they need boosters and you doesn't know if it works on this variance, all these uncertainties.

Dr. Patrick Gentempo: So do you agree, I guess, or is your view also... And I think you sort of to this, that allowing this to take its natural course in large part is really the best way to work through the situation as compared to just trying to get everybody isolated and vaccinated.

Dr. Dan Stock: Well, in fact, I would tell people, we've looked at this in a very narrow fashion. And instead we have to look at not just vaccine or no vaccine, we have to look at several questions have to be answered. First of all, can you prove in the short and long term that the vaccine is better for the general population than just getting infected? Those studies have not been done. And I would tell somebody in the short term, they haven't been done either. The populations that were selected to study these vaccine scenes were healthier than the general population as evidenced by the fact that they had a zero death rate in their placebo groups. And I tell people, if you took our estimation of 0.2% lethality, that population should have had two deaths in the Pfizer Trial, if you take the CDCs, it should have had 20, they had zero.

Dr. Dan Stock: So I tell somebody, the study population is not representative of the American population in general. So we don't know for sure if the vaccine is better than nothing for the general population, either in short or long term. And when I say better, we don't even know if for symptoms, hospitalization, or death. But even that isn't the major question because the other question that's not being looked at is look, it's not vaccine or nothing. It's vaccine or augmented natural immunity. What if we do the other things that make an immune system work right? And then a third question, would vaccine and augmented natural immunity be better if we combine them? Nobody has the perfect study on this. People need to know that because it's purposely not been done. It is sad to say it's not been done, but no one has designed a trial that would actually answer these questions in the ideal 95% certain way.

Dr. Dan Stock: So we're going to have to piece this together from the data that we do have, all right. And let me start this off with a discussion of, hey, what placebo controlled randomized blinded data do we have on the vaccines? And I would tell somebody, "Well, we have data that says they clearly cause more symptoms than they prevent." And I would have anybody look at the Pfizer trial to prevent a little bit less than 170 symptomatic cases of a disease that causes aching fever and fatigue. They actually cause 2000 cases of pain in the arm, 11,500 cases, approximately of fatigue and approximately 6,750 cases of fever. So if you add up all the symptoms that you had there, it caused more symptoms than it solved, even in this healthy selected population.

Dr. Dan Stock: Did it have an effect in the short term on hospitalization? It appeared that it did. In this healthier than average population, it looked like it reduced hospitalization compared to placebo. Death, no data, population wasn't able to generate any death data on that. So you see what happens now, if we go look at placebo controlled randomized blinded trial for the augmentation options that are there. So Ivermectin looks like it's 75 to 85% effective, 31 placebo randomized blinded trials that I've seen, only one of them didn't show a positive result. That trial, they eliminated everybody except the very most mild cases of COVID 19. Nobody that I'd give Ivermectin to anyway. And there, it didn't cause any harm, it just didn't work. Our most active agent to date 25 hydroxy vitamin D, the active form of that. The best trial is a placebo controlled randomized blinded trial done in Spain, 90% effective at preventing ICU admission.

Dr. Dan Stock: And by the way, that was on top of people who were already taking hydroxychloroquine and azithromycin which should have reduced its power to reduce ICU admission anyway. 90% effective, highly statistically significant, worked deeply well, whether you had high, or low blood pressure, diabetes or no diabetes, obesity, or no diabetes, whether they were old or young. In that study, there was a 100% reduction in death in the 25 hydroxy vitamin D group. Now numbers are small. I don't want anybody to think that I'm claiming that's 95% certain data for reducing death, but remember, that's better data for reduction in death than we have for any vaccine today in a placebo controlled randomized blinded trial.

Dr. Patrick Gentempo: On that particular trial, do you happen to know, was it just oral vitamin D that they were given? At what levels did it get in the blood?

Dr. Dan Stock: It was oral 25 hydroxy vitamin D. So that people understand vitamin D first of all, vitamin D is not a vitamin, it's what's called arachnoid hormone. When you take vitamin D that's a pro hormone that the liver has to convert to the active form called 25 hydroxy. And it regulates cells response to inflammatory stimuli and the immune system response to those inflammatory stimuli, among several other things it does in the body. The problem with vitamin D itself, when people get inflamed, many times their liver is not good at making the vitamin D to the active form and the very same risk factors that make you at risk for getting COVID 19, make the liver so it's not good at converting vitamin D to the active form.

Dr. Dan Stock: Now we do have placebo controlled randomized blinded data on vitamin D itself, which is itself active in 30 to 70% activity but the 25 hydroxy was the, hey, wow. Why don't we just bypass the liver go right to this because we already know that the majority of people who are going to die have a 25 hydroxy vitamin D level less than 55. Right? And so with the 25 hydroxy vitamin D, it was actually a low dose 2000 international units on the first day followed by a 1000 every other day after that, I believe was the regimen.

Dr. Patrick Gentempo: Was that oral or IV or how was it given?

Dr. Dan Stock: Oral. Capsules. Yeah. Just immediate release capsules. I mean, I actually calculated up how much, if the FDA would allow compounding pharmacists to do it, an entire week's treatment would be about $2.

Dr. Patrick Gentempo: Wow.

Dr. Dan Stock: Yeah, that's right. And so I tell people... And with a safety profile, by the way, every study I've ever seen on vitamin D the side effects are less than dummy pills, which means something besides what we're studying guys. So the safety of vitamin D arguing that 25 hydroxy vitamin D is going to cause toxicity is like, but yeah, I could do it if I gave you enough, but the therapeutic window is extremely wide for vitamin D. So I'm going to have to go wild man on you to hurt you. And by the way, from this study, we've already got a pretty good idea what the dose probably needs to be. And so that doesn't even then lead into hydroxychloroquine, zinc, quercetin, selenium, iodine, getting people's iron levels normalized that we could be doing.

Dr. Dan Stock: And then I have to compare that to the safety track record we have for the vaccines. And that's where things get most concerning. Because if we're going to try and compare augmented natural immunity to vaccination, first of all, we need to know we don't have good data. All right. So we're going to have to do our best diligence decision we have with the data at hand, which is probably theirs, the vaccine adverse events reporting system. And there all the

suggestions are frightening death rate. Now over 12,000 reported at the vaccines. And we're what about nine months into them? All right. That, by the way, far eclipses all of the death reported with every other vaccine since VAERS was started. The same thing is true of autoimmune neurologic disease, such as acute transverse myelitis, acute disseminated encephalomyelitis. Again, more of these cases than have been seen in the entire history of vaccines on VAERS.

Dr. Dan Stock: So to indicate that the data we had from these placebo who controlled randomized blinded trials that were only done short term in a relatively healthy population, somehow was reflective of what's going on with these vaccines. I would tell somebody, look that we have to play with the data we have, because nobody's doing the best data. Probably couldn't be done now because you couldn't recruit me into a trial of vaccine for this horrific numbers. And that doesn't even begin to address the problem of antibody dependent enhancement. So if I'm trying to compare augmented natural immunity for which we have good placebo from randomized blinded trials, much cheaper than any of these vaccines looks to be safer, looks to be more effective than any of these vaccines, both short and long term, the decision to go out with vaccination in the middle of a pandemic is inexplicable. At least not inexplicable by the motivations of science and an altruistic desire to use science to help the population.

Dr. Patrick Gentempo: This is one thing is just say, Hey, we're critical of this. And we see an agenda that you get these vaccines, which the safety of the vaccine is highly in question as you just described. And we could probably dig a lot deeper into that. But I think further it's the fact that these other potential, I think you call them augmentations to natural immunity that they're actively not only discouraged, but that in many cases, there are doctors who write a prescription for Ivermectin. There are pharmacies who won't fill the prescription. We know it's safe. We know it's been around a long time. You can get it over the counter in Mexico, which is where I got mine. But here, they're trying to take it away from you, which I think from the data that you just reviewed with us inherently that has to cost people their lives.

Dr. Dan Stock: Well, in fact, I don't know how this is any uglier than what we did in Tuskegee, Alabama, with syphilis, to have a group of humans that we're just going to deny treatment to and follow out and see how they do. Anybody who would recommend that knowing the data or that's at hand or is choosing to ignore the data at hand, how they're sleeping, I have no idea. I don't know how you can look at your oath and feel comfortable saying something like Ivermectin has no good data right now. Anyone who says that right now, I tell me what you mean is you have chosen not to read the data or that you've chosen not to be convinced by the data that's there. The idea that somehow the risk outweighs the benefit, and I'll just go on record as saying, look, I know people don't like the idea that people are getting this horse pace from tractor supply and using it.

Dr. Dan Stock: Would I rather, they get stuff from the pharmacy? Yeah, I would. But when your doctor won't write it, your pharmacy won't fill it. And you're forcing a man to

take his choice between symptoms and possible death or going and getting a horse pace that has the exact same chemical in it that we're going to get from the local Kroger or CVS drugstore. I tell him, this is not an irrational decision to make. If you're going to let this man die on his own, for him to go get that is not irrational. And frankly I've seen it work and I've never seen any of the people who did it have a side effect because they did it.

Dr. Patrick Gentempo: Yep. And with, Ivermectin, do you recommend it prophylactically or, or just on the onset of symptoms?

Dr. Dan Stock: It depends on the case for the person. I have somebody who's biochemically in my office and I know they've got a very low iron and I got it be a while before I get their iron up and their zinc stinks and their vitamin D stinks, these are the kind of people I think it's very reasonable say, "Hey, look, Ivermectin once a week, 12 to 24 milligrams until we get some of these things put together." And I have patients who've chosen to do that. And I feel very good writing that. Now, if somebody comes in my office like, "Dan, I got a vitamin D blood level of 65, my zinc taste test comes positive in two seconds. I'm on 400 micrograms of Slen a day, six and a quarter milligrams of iodine iodide combination a day. And my iron index is 0.9. And they say, do you think I ought take prophylactic Ivermectin? I've got biotoxic accumulation or live in a bad house."

Dr. Dan Stock: I'm like, I'll do it if you want, but frankly, you're the kind of guy that Ivermectin is going to bail out and get through this anyway. And so I don't feel uncomfortable with you. You're just taking your chances and we'll treat you if you get symptoms. I'm in that ballpark. And I had a totally asymptomatic zero conversion to COVID 19 in December. But in the end of the day, when it comes down to the choice between pre access or waiting for acute treatment with Ivermectin, this is not my decision, this is the patient's decision, right. This is not the CDCs decision. This is not president Biden's decision. This is a decision a patient makes with God. And I just get to present the data and I'll never accept any other foundation for how medicine should work.

Dr. Patrick Gentempo: So now the fact that you are writing prescriptions for Ivermectin, with this let's call it, off-label use for COVID, that does that subject to you to potential regulatory action?

Dr. Dan Stock: Well, because I'm direct pay, no. You have to know that right now, most of the coercion being applied on doctors is we'll bankrupt you.

Dr. Patrick Gentempo: Well, I've spent years training doctors, how to get off of insurance, I call insurance dependents so they can have a doctor patient relationship. So I totally am aligned with that saying you're risk because you're not dealing with the third parties or Medicare. It's something that at least they can't come at you and try to take a adverse financial action against you or ask for money back, what have you. But your regulatory boards, that doesn't matter whether you're taking insurance money or not, the State Medical Board can say, "Hey, you're

practicing outside the standard of care. And therefore we might take an adverse action against your license."

Dr. Dan Stock: Yeah. I guess they could do that. And I know in other states they have done such insanity. My understanding is those doctors got lawyers and got their licenses back.

Dr. Patrick Gentempo: Yes.

Dr. Dan Stock: Certainly though, that does put a chill on a doctor willing to do that.

Dr. Patrick Gentempo: I just want to highlight that. I think they're going to be probably reluctant to want to take an action because now you get a hearing, and in that hearing, your clinical rationale just makes way too much sense. And quite frankly, you almost could say that doctors who aren't doing this maybe should have their licenses looked at. So I would love to be the fly on the wall, watching them when you go in and saying, okay, "Well, we have this complaint against you for doing the soft label prescribing, which 50% of all medications are off-label prescribed anyway, at this point, so now go after everybody." But in essence, I think I'd love to see them respond to your clinical rationale and say, "Well, no, you're, you're, you're incorrect." You have the data to support it. You've got the wherewithal with your license to be able to make these types of judgements and then you present it to the patient with informed consent and they get to actually decide if they want to do it or not.

Dr. Patrick Gentempo: I don't see that they can win in their quest to try to intimidate you. But nonetheless, I bring this up just wondering what your feelings were around it.

Dr. Dan Stock: So, I understand how chilling that can be when the Oregon State Medical Licensing Virgos takes your license from you, because you did something like this. I can tell you, if the Indiana State Medical Licensing Board said, "Dan, we're going to talk to you about your license." I'd say, "Well, we're going to be here a while." Because I'm going to bring in all 30 of those studies and we're going to read them all together. And we're going to read about side effects. And we're going to read about the alternatives here, including the vaccines. And we're going to have a long, long talk here, dude. My lawyer's going to make a lot of money because we're going to sit here and talk about this a great deal, dude. I'm happy to take my intellectual comeuppance if somebody can give it to me. But what I haven't seen is anybody who's had a cogent argument against using Ivermectin. Dr. Fauci's position on this is frankly ignorant. And I don't know a kinder word to say. To say that there's no data out there is, is just false. It's just dead false.

Dr. Patrick Gentempo: And, incidentally, I feel like these people, when they make those sweeping statements, like there's no data. I mean, immediately you can disprove their position. I mean, if they were to say there's data out there, but I don't think it's

compelling. Now it opens up to say, okay, we can have a debate, but as soon as he says, there's no data, it's a lie. You know?

Dr. Dan Stock: In fact, I was on a debate with somebody last night who said that exact thing. And I looked at him and said, "Wait a minute, you read every single study ever published in medicine? Well, you didn't do a very good job. You missed these 30." And the guy admitted, he hadn't read the data. It wasn't his fault. We send him the data. The person who was supposed to get it to him didn't get it to him. But at that point, that shows you how superficial and emotional even doctors are getting about this. When they come out and say, well, there's no data. It's like, well, before you make that statement, think about all the reading you have to do. First law statistics is you can never prove a negative. Right?

Dr. Patrick Gentempo: Right, right. Right. But to your point, I think this is an important one. I've been in several public debates with evidence based medicine. And as soon as somebody says, there's no evidence, they've just lost a debate. It's like saying, okay, you can't say there's no evidence because there is evidence. You can say you don't like the evidence, that's a different conversation. But as soon as you say, there's no evidence, but of course, I always ask the question to start with, well, what will you accept as evidence? And that's a whole other philosophical conversation. But in essence, when people come in and say, there's no data, it's like you said. First of all, they don't have to read all medical literature. They could do one simple search. I mean, meta-analysis of Ivermectin, you're going to get a lot of hits. So.

Dr. Dan Stock: Yeah.

Dr. Patrick Gentempo: So that's what they're... Yeah. It's crazy.

Dr. Dan Stock: When I hear somebody with that line of there's no evidence, or even if they say there's no compelling evidence. Because as soon as you say, there's no compelling evidence, the next thing I have to say is, "Well, what the heck? Like you say, what would compel you? Yeah. And more importantly, do you have anything compelling you against it?" Because as soon as you tell me I have something compelling me against, then I don't want to hear your opinion on this data any longer. I only want to hear the opinion of people who don't have something against it. Right. If you've got a dog in the fight, I don't really want to hear you annotate on the fight.

Dr. Patrick Gentempo: Right. And I think that's where it falls apart. And it's really unfortunate because these statements are very ignorant and I think scholarly debate around these issues is what's needed to get to the best answers. And they're not allowing it because if there's any hint of anything that will cause "vaccine hesitancy" on social media, they're shutting it down. But at the same time, you try to find your presentation to the school board on YouTube, or another place that's posted, but go to Rumble, go to Bit Shoot and suddenly you can find it all there. And they're unwittingly. And this is where I see stupidity because if I were of the evil

mind that they were, I hate to cast dispersions in the sense that their intent is evil, but I'd say that the results of what they do is evil.

Dr. Patrick Gentempo: Maybe their intent is not, I don't know, but bottom line is they're making all these other platforms now popularized that nobody even heard of before, because they're not allowing a rational, open conversation around these issues. And their whole thing is basically they have to be starting with this premise, the only way to get people to vaccinate is to withhold any other alternative from them and force them to do it as compared to saying, well, this is great. People will just volunteer for this because it's the best thing to do. So anyway, it's maddening in many respects and I'm very impressed by you because somehow you keep a smile on your face, through all of this. Good, good.

Dr. Dan Stock: One of the things that helps me, when I set up my practice, I had somebody who was helping me with social media, because they said, oh, you got to do this. So my practice had a Twitter account and I found out about a week ago that Twitter's closed my account because I violated all their rules. I have never sent a single tweet in my life.

Dr. Patrick Gentempo: Wait a minute, wait a minute. They shut your Twitter count and you never tweeted?

Dr. Dan Stock: I never tweeted. Yeah. They shut it down. I've never send a tweet in my life.

Dr. Patrick Gentempo: So what rules did you violate? If you haven't...

Dr. Dan Stock: This is why I don't use Twitter. Telegram works. We've got other things. But if you're going to do these short, snippet conversations, go to some place or at least, or where you can get the conversation heard. I never send a single tweet.

Dr. Patrick Gentempo: I'm literally... I thought I'd seen it all, but I did. I mean, I'd seen people getting their accounts suspended or shut down for violation of community policy or whatever excuse they use. But normally it's because they posted something. You got an account shut down that you never posted it?

Dr. Dan Stock: In fact, I almost want to go to Donald Trump and say, "See, I beat ya."

Dr. Patrick Gentempo: Wow. I mean, it's funny, but it's not. It's crazy. So along these lines, because this is the next thing I wanted to talk to you about. How your life changed so suddenly. So you gave this school board presentation. I don't expect that you thought it was going to suddenly turn into this viral phenomenon. You're just were acting locally, not willing to sit quiet as you described earlier and you walked in there with what I think was one of the most concise and organized presentations that was completely rational. No hysteria around it at all, because normally, social media popularity is around sensational things, right. Something that is as... How can I put it? Sensational as it is maybe informational.

Dr. Patrick Gentempo: In your case, you walked in there, extremely... I don't know how long the whole thing was, a few minutes, nine minutes total or something. And it was perfectly organized. It was sequential, it was rational. It was evidence-based. But you basically wanted to go in there and give a point of view that they weren't seeing. This happened to get filmed. And it had to be within days that millions of peoples saw it. Is that accurate?

Dr. Dan Stock: Yeah. In fact, as a guy who doesn't use social media very much, I didn't even know. I didn't know it was being videotaped in the first place. And the next thing you know, I started getting calls that evening about, wow, you're going viral. And I was like, "What's going viral?" I don't know.

Dr. Patrick Gentempo: Did that mean you need to take Ivermectin, if you're going viral.

Dr. Dan Stock: Probably more likely Xanax. By Monday morning, I'd had to shut down the signup link because people were signing up faster than I could possibly be their doctor. We were getting 600 emails and voicemails a day on the practice account, about 25 to 50 a day on my personal email. My cell phone, luckily got a little bit more sparing than that. If it were not for four wonderful volunteers here who have actually come over and said, "Dan, we're going to help you get through this mess in your practice. So you can actually find your patients in that haystack." And who have taken over the scheduling of all my public appearances, filtered out those who were trying to be malignant about it and getting ones where I thought I could make a difference most with it, I would've been underwater.

Dr. Dan Stock: And as much as I'm going to credit those four young ladies, I I'm also going to credit my mom and dad. Mom and dad made it real hard to just walk away and not just shoulder the burden. This isn't as much fun because I'll tell you, I'm so bored with COVID 19 right now. And bored and frightened are the only two words I can use to describe it. It's much more fun to do family medicine and try and solve a problem for somebody. But if not been for mom and dad and these four volunteers, I don't frankly think I would've made it through this.

Dr. Patrick Gentempo: Wow. Well, you're this unlikely celebrity, kind of this reluctant spokesperson that showed up, but the old adage you live in interesting times. Here you are with just the right understanding, the right credential, saying the right thing at the right time. And I know personally that you've influenced millions of people that needed to hear a voice of reason in all this chaos that's going on out there. So I, I, I just wanted to personally acknowledge you and say, I was, you know, I'm, you know, filming these documentaries, talking to a lot of people seeing what's going on. And that, that one video I looked at and it, it took my breath away. But you know, just in how poignant and clear and rational it was and how much we needed that voice right now.

Dr. Patrick Gentempo: Thank you. I'm going to thank your mom and dad for not letting you shy away from this purpose that has shown up in your life. I just really appreciate it. I appreciate you spending the time to come here and share. I was excited to say,

"Let's give this guy more in a few minutes and let's have a real conversation where he can develop his thinking and explain it all." I think you've done it. Is there anything that I didn't ask you that I should have that you think we should talk about?

Dr. Dan Stock: I would talk about the latest data that just came out on Friday. On Friday, there was a cohort study published out of Israel where they're very highly vaccinated. I think 78% was the last number I saw. They tried to ask the question of, "What was your risk of having a positive test, having symptoms, or being hospitalized if you were recovered from COVID 19 previously, or if you had been fully vaccinated?" They looked at people who had developed their disease in the last seven months and people who had developed their disease in the last year and a half. One of the things we're most concerned about is this condition called antibody-dependent enhancement, which is where the vaccine actually makes your immune system work wrong and fight worse than if you just let the infection go. That study came back and said that if you looked at people who had recovered from COVID-19 in the last seven months, vaccinated people had 13 times the risk of developing symptoms. They had 27 times the risk of being hospitalized.

Dr. Patrick Gentempo: Incidentally, can I just say not 27%, 27 times. 27 times.

Dr. Dan Stock: 6.7 times the risk of having symptoms. Then they said, "Well, let's look at further back. Let's look at people who are infected as far back as a year and a half ago." They still showed that you had six times the risk of being a positive test if you're vaccinated than if you were somebody who was exposed a year and a half ago. That's all to Delta variant, by the way, which indicates that look, and I should put along with that the data from Great Britain, which shows that the recovered people from COVID 19 alpha variant, that they're 99% protected from Delta variant, I tell somebody it's very hard to argue with this data that vaccination is your best way to go, given the side effects and the autoimmune disease risks that we see happening with it.

Dr. Dan Stock: On the clotting risks that we see happening with it, by the way, those are data on people who were not augmented in their natural immunity. In Israel, hydroxychloroquine not readily available or prescribed either. I tell somebody, imagine what we would be seeing difference had we actually rationally approached this from the, "Let's give people an augmented natural immunity." Understand the concern of antibody-dependent enhancement because antibody-dependent enhancement gets worse over time. It's one of the things the epidemiologists who are worried about doing vaccination in a pandemic, because you probably make ADE more likely to develop. It's especially a problem when you have a pathogen who spike protein has to change shape it into a cell, and you can develop an antibody that makes it do that. We have molecular modeling data that says, "Delta variant, that's what the antibody does. You got one that makes it so it's good at getting into cells and infecting them."

Dr. Dan Stock: It makes this decision of what we've done here even more irrational. I mean, it was irrational from the beginning, in my opinion, but even more irrational, knowing what we know now with this study that was just published. People have gotten the impression with COVID-19, that what's going on with this Delta variant is that your immune system doesn't recognize it and react. No guys, that can't be true because these recovered people from alpha, they're they're protected. This has clearly got to be the only explanation. Something about what that vaccine has done has trained your immune system to work very badly against Delta. I see no other conclusion that can come from that.

Dr. Dan Stock: Even though they keep using the statistic, which is very misleading in the United States, most of the people are hospitalized are unvaccinated. I tell somebody, "Well, that really doesn't answer the question because that's a vaccine versus nothing paradigm. You want to ask yourself, which is better augmented immunity or immunization?" In the United States, they won't keep the data right in Great Britain and Israel they do. In that data clearly says, "The people who are you're getting hospitalized are unvaccinated are not the recovered unvaccinated." Natural immunities working better than vaccine immunity right now. As a matter of fact, I was under a debate with a gentleman last night who was arguing for vaccines.

Dr. Dan Stock: I don't think he really realized when he quoted the number of people who were hospitalized unvaccinated naive and unvaccinated recovered that there was very few of them were unvaccinated recovered. He's counting his health systems data, not CDC data because the CDC won't collect the data. That don't say about your own argument right there indicates that unaugmented natural immunity is at least as good as vaccine immunity right now. Then if I augmented it, what would we have? Again, we don't have the perfect study. We're never going to have the perfect study, but making our decision based upon the data we have, I got to tell people that natural immunity looks better. Now let's ask that last question, which is, "Would vaccine and augmented natural immunity be good if we used them together?" We actually do have data on that now, which indicates and that's just from two different studies that say, "No, if you've recovered from COVID-19 vaccine adds nothing to your risk of symptoms, a positive test, or hospitalization, or death. It does markedly add to your risk of side effects."

Dr. Dan Stock: That's data that was bone one here in the U.S. in the recent trial in Israel showed an insignificant benefit to vaccinating people who are recovered with one dose of vaccine. I tell people, to me until somebody actually does a study, which is placebo all randomized-blinded, and has arms of both augmented natural immunity and vaccine, and comparison, until somebody does that study my advice to people is get your immune system augmented and don't take a vaccine. I'll change that on a case by case basis. Maybe I'll find something that makes me think differently. Right now, I don't see the data that would make me think differently.

Dr. Patrick Gentempo: What's interesting to me is I've never before heard of an agenda to vaccinate people for a disease they've already had. You just don't do that. Literally, when they start talking about and because it does pose risks as you cited, but when they start saying, "Wait a minute, there's people already had a disease and you want to vaccinate them anyway? That makes no sense whatsoever."

Dr. Dan Stock: Especially, if you have reason to believe that your vaccine may cause antibody-dependent enhancement and degrade their immune response. People should know antibody-dependent enhancement is not a theoretical problem. It's already happened in two human vaccines. I can tell you they try four different methodologies to make coronavirus vaccines against SARS and MERS, all of them abandoned in the animal trials because 20% of the animals got ADE. Most of the people need to know about ADE is it probably is dependent on the pathogen. There are probably pathogens you can't do because they're going to cause ADE. After you've had four different tribes file in two different coronavirus vaccines, you probably should have gotten onto the idea that mRNA wasn't going to solve the problem here. The problem wasn't the technique of vaccination, it's the pathogen is not amenable to a vaccine. That's something that people are ignoring greatly.

Dr. Patrick Gentempo: Well, this is something also that I'm finding very, it boggles my mind is exactly what you're describing in the sense of that we didn't test this vaccine enough to see if ADE was a problem or not before we put it on the market. It was the emergency use authorization and now there's evidence of it, but they're not changing course. They're just doubling down on the agenda. It doesn't make any sense.

Dr. Dan Stock: The way I explain it to people is up to this point what we've had is we're playing blackjack with four fives on the table and you've decided to draw another card. Right now, what we've got is I'm showing you one corner of the card and it doesn't have an A in it. You're saying, "Well, I still think I'll take the card." I don't know another way to-

Dr. Patrick Gentempo: That's a great analogy.

Dr. Dan Stock: The selective attention of the data. "There's so many unvaccinated people in the hospital." Yeah, but that's not the question is it? This is terrifying. It's like, "Look, I'm showing you. There's no A here."

Dr. Patrick Gentempo: Just give it to me anyway.

Dr. Dan Stock: I'll take my comeuppance from a man smarter than me, but he's going to have to make an argument that I haven't heard already because the arguments I've heard already just don't back this up.

Dr. Patrick Gentempo: One last question on just looking at the statistical assessment of all this, they keep talking about that the vaccine is 95% effective. First of all, they have to

define what effective means. Most people misinterpret that will prevent you from getting the disease or it will prevent you from spreading the disease. We know that those things aren't true, but they're also talking about the relative risk reduction, not the absolute risk reduction, which are two very different things. Can you talk about that a little bit?

Dr. Dan Stock: If you have a 1% chance of dying from a disease and I reduce it by 95% you went from 1% to 0.05% chance. See, it took a very small number and made it even smaller. To people to get a feeling that it is if the overall death rate from COVID-19 is 0.2%, you're going to be down to 0.04%, which means you got a 0.16% reduction in your risk of dying. You gambled on the side effects of this vaccine to do that. Now, remember we have death data. Right now, the only efficacy we have is your ability to reduce the possibility of having a hospitalization. It doesn't reduce symptoms, it increases symptoms. We've got data that says in the short-term, on a highly selected population, it reduces the risk of hospitalization. I tell somebody, you tell me what kind of gambler you are when they show you those cards.

Dr. Dan Stock: Absolute risk reduction can sound very, very impressive. If you've got a disease that's affecting 80% of the people, that's a nice thing. When you have something which is killing 0.2% of the population and you don't have data, now, this thing reduces death all you got is, "95% chance I'll reduce your risk of a hospitalization." I'm on every patient to make their own decision. I don't want these vaccines off the market. I'm happy to leave them on the market, but I do want better informed consent then before somebody consumes this. I don't want the guy who's giving the advice to have a financial gun to his head when he is given the advice. I don't want him making money on the advice he's given. These are things I cannot handle that in the healthcare system, not in defendant.

Dr. Patrick Gentempo: Well, I could tell you that we could do an entire documentary on conflicts of interest around all this, but that's maybe a deeper concept, topic for another time. I just want to again say thank you so much for what you're doing in general. Most especially for spending your time here with us today, it's been really informative. Something that I think is going to impact people's thinking and lives. Thank you for doing this.

Dr. Dan Stock: Thank you for getting the information out so that we could have this complete discussion of the data. The censorship and the ignorance is the problem here. I don't have any problem with any decision a person makes as long as it's not ignorant and it's not one-sided.

Dr. Patrick Gentempo: Amen. Thank you so much for that. That completes my interview with Dr. Dan Stock. Man, what an amazing doctor and amazing human being. I'm glad you were here. I was happy that he said yes when we called for the interview. Now, you and I are the beneficiaries of that interview.

Dr. Jeff Barke

Dr. Patrick Gentempo: If you're a physician seeing patients, and practicing with a medical license and you speak up or speak out about COVID, it's a threat. Regulatory boards might come after you. People will try to get you shut down. People will try to get you canceled. Dr. Jeff Barke is an extremely courageous human being. He's a medical doctor. He practices in Orange County, California, and he is not just idly standing by twiddling his thumbs while all this COVID stuff is going on. He's speaking out bravely and publicly about COVID in ways that could threaten his career, but the truth matters to him. This is a really powerful interview. He's an amazing man, a great doctor. Let's jump right in.

Dr. Patrick Gentempo: Dr. Barke, thanks so much for taking the time. I'm really excited to hear about what it's like to be you right now.

Dr. Jeff Barke: It's great to be with you. I'm not sure how exciting it is to be me, but happy to share with you what's going on in my world old. Hopefully, it'll be interesting to your viewers.

Dr. Patrick Gentempo: I know you've been making a lot of waves, but before we get into the present day, let's turn back the clock. Just curious, because I think the backstory is important. What inspired you to become a medical doctor? Give us maybe your academic experience through your professional experience to where we are now.

Dr. Jeff Barke: It would be great if I had this story about this burning desire to help people and growing up that way, but it didn't really happen that way. My father is a physician. My older brother is a physician, and it was just natural for me to head down that train track following in my older brother's footsteps as a science major and so forth. Listen, some kids know what they want to do when they're growing up, most don't. I just followed along and I went to undergraduate school at University of Southern California, USC. I was a biology major as my brother was ahead of me. He applied and got accepted in medical school, so it seemed like just a natural thing for me to do. I grew up knowing the world of, of what it was like being a physician through my dad so it seemed like a natural thing for me to do. Fast forward, almost through my medical school training and it occurred to me that I'm actually going to do this for a living, so I really better figure out what aspect of medicine I want to participate in.

Dr. Jeff Barke: I went through a process of hanging out with different specialties that I thought I wanted to go into. I was always an athlete in high school, ski instructor growing up, and I thought sports medicine was a natural place for me to be. If you know anything about orthopedics, you realize that they are carpenters of the body, and I'm not very handy. I can change a light bulb maybe, but that's the extent of my handiness. I soon realized standing hours on end in an operating room, my feet used to hurt me like no tomorrow. The idea of creating this carpentry of the body with joints and bones and so forth, I realized the image was cool, but not

really what I wanted to do. I thought for a while that I wanted to be a psychiatrist. What better in medicine than giving back somebody the essence of what it is to be a human being. Be able to relate to other people, to have a stable mindset, and so forth. I hung out with some psychiatrists. I really enjoyed it actually, but I soon realized after hanging out with psychiatrists that I would need to be on psychiatric medicine myself, if I continued down that path.

Dr. Jeff Barke: What a lot of psychiatrists do is not what I really enjoy doing and that's talking about life and helping people be better. They being psychiatrists often just simply prescribe with short visits and then they move on to the next patient. That's not what I wanted. It was natural for me to fall into the field of primary care or family medicine. Then I could do as much as I want in a particular field and if there's something I wasn't comfortable with, I could refer to a specialist. That's why I went into family practice and finished my family practice residency at the University of California, Irvine. Then, went into private practice, and have been into private practice for the last 25 years. Really enjoy it and have grown a concierge medical primary care business. There's four of us in our practice in coastal Orange County in Southern California.

Dr. Patrick Gentempo: Great story about the trajectory and how you got here. The question now is you're probably not a controversial character in Orange County or in the medical field at large. What happened that got you into becoming an activist?

Dr. Jeff Barke: Well, I think this is more interesting than my medical school career actually. About March of 2020, when the shutdowns were going on and people were just besides themselves trying to figure out what to do, I live in coastal Orange County and my wife and I were invited to go to Riverside. If you're not from California, Riverside is roughly about 60 miles inland. We were invited to go out to Riverside because the Riverside County Board of Supervisors was going to be holding a meeting to decide whether or not they should open up the county or continue the lockdowns. There were some folks putting on a rally to try to encourage them to do the right thing.

Dr. Jeff Barke: My wife said, "So and so is putting on this rally, do you want to go to Riverside?" I said, "Heck, no. Why would anybody want to go to Riverside? Middle of the week, normally Southern California traffic, it's an hour and a half drive. I had work that day. It's like, "Man, I don't want to go out to Riverside." My wife explained to me who was putting on this rally, dear friends of ours that are very supportive of us. Like a good husband I said, "Yes, dear, to Riverside we go." Fortunately, it was during COVID time. Literally, it was 20 minutes because the freeways were completely empty. Wow. We went out to Riverside and when I got there, I was asked, "Hey Barke, would you say a few words?" I'm never shy to speak. I said, "Sure, I'll say a short few words, whatever." Before I went up on these steps, I asked my wife, "Honey, take a couple pictures. It would be really cool to send them to the kids. We have two kids, one who at the time lived in Washington, D.C. worked in politics. My daughter who lived in Milwaukee. Like many parents, we communicate by tech message and Snapchat, and little pictures, and stuff like that. Well, if you have an iPhone, you know how easy it is

to hit the video button rather than the photo button. About six minutes later, my wife recorded a video rather than pictures and were standing around after my little speech, trying to figure out how to send it to the kids. We hit the text button, file too large. Hit the email button, file too large.

Dr. Jeff Barke: Desiree, the lady who invited us out to Riverside to speak said, "I know just post it on Facebook and they can see it that way." My wife hit the post of Facebook button and before you knew it, this video went viral as they say. I was getting calls from literally around the world, both from media appearances and physicians that were reaching out. I realized that my voice, what I said there and I always carry a copy of the constitution with me, Declaration of Independence. I held that up and I said something like, "This document was never designed to restrict, we, the people. It was designed to restrict the government."

Dr. Jeff Barke: That really resonated with people. At that moment, I realized that my voice was important that I represent what a lot of other physicians and people were thinking, and that I needed to keep speaking out, so our country didn't completely deteriorate into tyranny, which unfortunately it's come quite close to that now. That really launched my career, if you will, as an activist. Shortly thereafter, I was introduced to a physician named Simone Gold. Simone and I became good friends and we decided it was her idea and I supported it that we would write a letter to the administration. She was very in tune with this idea that the lockdowns were not just about businesses, but the lockdowns were also about the medical profession. Meaning there were people that were unable to get routine care. Colonoscopies were not being done. Mammogram, breast cancer screenings were not being done.

Dr. Jeff Barke: Annual pap smears were not being done. Routine echocardiograms for monitoring of congestive heart, all these things were being missed and patients were being harmed. She described this as a mass casualty event. She wrote a letter. We got close to a thousand doctors to sign it and sent it to the administration. Shortly thereafter, she organized the first White Coat Summit. This was a group of America's frontline doctors, me included, where we went to Washington D.C. to host an educational conference for other physicians. Each of us spoke about our area of expertise. From my standpoint, I was starting up a charter school. I spoke about children and masking and so forth. Others spoke about different aspects of it. Then following that, we went to the steps of the Supreme Court. The reason why we went to the steps of the Supreme Court is because we could and they're super cool. It almost looks like the Capital and you can't go to the Capital.

Dr. Jeff Barke: Those steps are closed, but the Supreme Court amazingly is remained open. It just a super cool building with the stairs, and the big marbled columns and so forth. That's why we went there and we held a press conference that was carried by social media outlets, not mainstream media. We decided to bypass mainstream media because we were all being censored. We were going to go directly to the people and bypass the mainstream media. That was really the launch of America's frontline doctors that has now taken off into a huge

organization. They have a telemedicine group now that's prescribing for patients that otherwise can't get some of these repurposed medications. Simone is actually gearing up to open up some America's frontline doctor clinics, freedom clinics to help patients get access to medical care that otherwise can't get access. That's really been my career now over the last couple years as an activist. Listen, people look at this and they, they think it's glamorous and you appear on TV or radio shows that I do a lot of, and so forth.

Dr. Jeff Barke: Some of that is fun, but I'll tell you there's been a price to pay too, and it's not easy. Social media is brutal, especially Twitter. The name-calling, the vitriol against me, the emails that are sent to the medical board to try to have my license removed into my hospital. It's really hard. Initially, I had some patients leave my practice because they didn't like my politics. Since then though, I've had much, many more patients attracted to my practice because they want a doctor that believes what they believe. I'm often accused of being anti-vaxx and I'm not anything close to that. I'm not anti-vaxx, but what I am is I'm pro-informed consent and I'm pro-medical freedom. Patients need to weigh the risk benefits side effects of all these products, vaccinations included and the way their own risk against where they stand. As far as getting COVID, if they get COVID, and then make an informed decision. It is my opinion that under no circumstances should the government, or any other agency private, or otherwise mandate somebody get a medical procedure regardless of how you feel about vaccinations.

Dr. Jeff Barke: I think it's wrong. We don't do that in the United States of America. That's what they do in communist China, in Cuba, Venezuela, the old Soviet Union. We should not be doing this in the United States of America. Yet here we are, I live in California, the governor just passed a bill that's going to mandate all children in schools receive the COVID vaccine. There's a lot of mama bears that are pushing back. And that's why homeschooling has hit a peak here in California as parents opt out of government schools and look for freedom alternatives that don't indoctrinate their kids, and don't force these vaccine, and mask mandates upon them.

Dr. Patrick Gentempo: We're living in a bizarre world. Just a couple years ago, I don't think you could imagine this going on. The one thing that does concern me, which I imagine concerns you is adverse regulatory action taken against your license. You are outspoken and certainly what the edicts are that are coming down, you're not aligning with. Has the Medical Board in California called you in? Have you faced them or they maybe thinking it's a bad idea to give you more attention? Where's that at?

Dr. Jeff Barke: In California, I have not heard of medical board going after any physician. The medical board is our licensing board and every member of the medical board is appointed by the governor. They did send a letter out early in the pandemic, a certified lever letter to every licensed physician, never seen this before by the way, in my 25 plus year career that the medical board would do this. They were threatening physicians with unprofessional conduct if they prescribed

hydroxychloroquine for COVID-19. Fortunately, I haven't heard of the medical board going after any physicians in California. I don't know if they're just waiting to do that or they just think that it's not a battle that they can win. Ultimately, if they go after your license and accuse you of unprofessional conduct, that has to be adjudicated in a court, it's not just their unilateral decision. I think it would be very hard to argue that prescribing hydroxychloroquine a safe product that's been around for 65 years that you would have difficulty harming somebody with if you wanted to or Ivermectin the same thing somehow as unprofessional.

Dr. Jeff Barke: Most people don't realize something like 30% of all prescriptions that doctors write or send over is for repurposed off-label use. We do that all the time, it's just part of the practice of medicine, right? A product is approved for condition X, the pharmaceutical company just doesn't spend the money to get additional indications. Through trial and error and practice, we realize it's also good for condition Y. The standard is we use these medications off label all the time. Somehow, many people think that with hydroxychloroquine and Ivermectin, we should not be allowed to do that. It's funny just this morning, before we hopped on this interview, I was calling in a prescription and once again, pharmacists refused to dispense Ivermectin for the diagnosis of COVID.

Dr. Jeff Barke: It's the most bizarre thing I've ever seen. It would be easier for me to get a prescription dispense for Oxycontin or Vicodin than Ivermectin. For your viewers, if you just Google it, how many prescription narcotic deaths are there annually, its in the thousands. Google how many overdose deaths are there from Ivermectin or hydroxychloroquine, I don't think you'll find a single one. These medications are safer than over the counter aspirin. Same thing, Google number of deaths from aspirin and that will be in the hundreds. People take it GI bleeding or allergic reactions or whatever, or Advil or Tylenol, you overdose on Tylenol and it injures your liver and so forth. These are incredibly safe medications. You can argue about their effectiveness and I get it. There's mixed studies, but in my experience, having treated hundreds of COVID patients, in the experience of Brian Tyson, primary care doctor that is probably treated more COVID patients than any other physician in America, I think he's up to 6,000 patients using these repurposed medications, and he has not had a single death of all the patients that he's treated in his clinics in El Centro, California.

Dr. Jeff Barke: Argue about the efficacy if you want, but people should be fighting for physicians rights to use these medications off label. That's really the art and practice of medicine. To stifle that causes direct patient harm. You delay a patient getting COVID treatment for a couple, three days. You delay a patient getting COVID treatment for a couple, three days, and they could very well end up in the hospital and dying. And we're seeing that all the time. Too often now the standard of care is simply go home and isolate, and if you can't breathe, then go to the hospital. That is the standard of care in too many areas of our country, and that's just wrong. We don't do that with any other illness. I mean, imagine a woman getting diagnosed with breast cancer, stage one early. We say, wow, sorry you have breast cancer, if it gets really bad and spreads, give me a call and then we'll treat it. That's kind of the equivalent of what we're doing

with COVID-19. And it's criminal, these pharmacies refusing to dispense, these are major pharmacies, Rite Aid, CVS, Walgreens, SaveOn they have a national policy not to dispense.

Dr. Jeff Barke: And people wonder where this horse ivermectin is coming from, it's because the pharmacies are refusing to dispense and people are getting creative to find ivermectin elsewhere. I mean, listen, almost every drug we use Advil, ibuprofen, amoxicillin, antibiotic are also used in the animal world, so this nonsense that we're prescribing horse deworming medication for humans, for COVID, it's just silly. It's just nonsense. All medications, almost all, we also use in the vet world. As a matter of fact, I have a couple vets that are patients of mine and I'll prescribe like ibuprofen or an antibiotic, Keflex or amoxicillin. And they'll say, oh yeah, no problem. I have it in the shelf in my office and I can just take it because it's a lot cheaper. Same stuff. So this happens all the time and to disparage ivermectin and the physicians that prescribe it as somehow we're practicing veterinary medicine is just ridiculous. Now, I'm not suggesting a recommending that you take veterinary medicine, but it's these pharmacists that are refusing to dispense that are causing patients to look for alternatives.

Dr. Patrick Gentempo: And this is interesting, I think. Again, from a regulatory standpoint, if you have a pharmacy and a pharmacist, first of all, when you write the prescription, do you have to acknowledge what the diagnosis is?

Dr. Jeff Barke: Never. I've never done that before.

Dr. Patrick Gentempo: So basically you could send in a prescription ivermectin, they don't know what the diagnosis is, if it's COVID or something else, right?

Dr. Jeff Barke: They don't. But they ask, they call my office. Or if I call in the prescription, they say, "Doc, what's the ICD-10? That's the way we code in a computer system for diagnosis. They say, what's the code? I go, what do you mean, what's the code? Why do you care? You never ask me what the code is for anything else. Antibiotics, you don't want to know what I'm prescribing it for. Oxycontin, Vicodin, you don't ask what the code is, what I'm prescribing it for. Why are you asking now? Well, it's just our policy. Well, I'm not going to tell you. Well, we're not going to dispense. I go, okay, it's for COVID. Well, I'm sorry. We're not allowed to dispense this for COVID. Why not? Oh, it's just our policy. We don't think it works. You don't think it works? And this is the conversation I have all the time.

Dr. Jeff Barke: Why don't you take over the management of the patient since you seem to know what works and what doesn't work. Would you like me to give you their cell number and you can call them and advise them on how else they should be treating COVID? Oh Doc, you know we can't do that. I go, but you're doing just that. You're getting in between the doctor patient relationship. It's not like you're questioning the dose. Listen, pharmacists do good work and they're an important part of the medical system.

Dr. Jeff Barke: There's been situations where I prescribe a hundred milligrams and I meant it to be 10 milligrams and it's caught, or I prescribe a medication and I don't realize they're already on a product where it interacts and pharmacists will catch that all the time or I get their help with bio-identical hormones and so forth. So they do good work, but to interfere and flat out to refuse to dispense a perfectly safe medication. These medications couldn't harm patients. And for them to do this is directly harming the patient doctor relationship and potentially putting the patient's care and patient's health at risk, because you delay care and their COVID gets worse. And it's much more difficult to treat 2, 3, 4 days into the disease than when somebody first tests positive and has symptoms.

Dr. Patrick Gentempo: Yeah. It occurs to me that there's a potential action against them for practicing medicine without a license. I don't think it's within their license to do what you just described. And then secondly, if a patient's denied and they had COVID and they get very sick or maybe even, God forbid, die, I think there's a lawsuit and action against them saying that their doctor wanted this treatment, they refuse to do it based on the diagnosis, which gets them practicing medicine without a license. And there's a bad outcome. I think they got liability.

Dr. Jeff Barke: There are some attorneys that are looking at it. America's Frontline Doctors are trying to are trying to gather plaintiffs that have had this experience. But I agree. It's one thing to say, I don't want to dispense a hundred Vicodin to your patient because I think that's dangerous. I get it. Or the dose that you're using doesn't make sense and it's an incorrect dose, I don't want to dispense that. Got it. That makes sense and is appropriate. But to say I'm not going to dispense this product because I don't believe that it works when it's a perfectly safe medication, and there's studies to show efficacy is, man, I think is criminal. It's wrong and it's harming patients and it's very, very unfortunate.

Dr. Patrick Gentempo: And incidentally, it should be noted that your patients could take a ride south for not too far, get across the border and buy it right over the counter in Mexico. Right?

Dr. Jeff Barke: Yeah. Hydroxychloroquine and ivermectin is over the counter. And I do have patients that do this. I mean, listen, I don't recommend it because you never know what you get in Mexico, it could be a little sketchy. It looks like the original and you just don't know, but patients do that. They're very resourceful. Or they order it from India, that's another place that they get it from. Listen, ivermectin, there's a province in India, I can't remember the name of it that's something like 200 million people and they distributed ivermectin widely and free to all the citizens there. And they've very limited outbreak of COVID-19. This stuff flat out works. And listen, if you don't believe it works and you want to treat it different by just having a patient go home and isolate until they're ready to die and go to the hospital, have at it. But that's not what the rest of us want to do. We've all had excellent success with the early intervention and early treatment of COVID with these repurposed medications, inhaled budesonide, fluvoxamine, on and on and on. There's multiple repurposed medications that used sequentially in combination work really well.

Dr. Patrick Gentempo: And what's crazy here is that the people in the Frontline Doctors' organization, other people who had been public about this, Dr. Corey, who went and testified, suddenly you're heretics, where before this whole thing happened, you guys are all running normal practices. It's not like you're, you're out there saying controversial things or doing controversial things in your practice. But now suddenly, you're attacked, as you described, censored, which is another big thing. When have doctors in a face of a health crisis not been able to try to publicly share their information for the benefit of the patients they're serving? So this is kind of a, again, you kind like entered the twilight zone here where you're are looking at patients. You know that there's strong evidence to say that early intervention to their COVID could literally save their life. And you've got the pharmacies saying, nope, we're going to let them get sicker and sicker. Do you think the motivation behind this is that anything that shows some promise might create vaccine hesitancy? That people say, well, if I could do this, then I don't want the vaccine. Or what do you think the motivation is? Why is this happening?

Dr. Jeff Barke: Yeah, I think it's deeper than that. So there are laws about emergency use authorization by the FDA. So in order for the FDA to approve a drug or a vaccine under emergency use authorization, there has to be no alternative treatments. So here's the example I often give. So imagine I'm a drug company and I come up with some great new antibiotic to treat strep throat and I present this to the FDA and they say, well, that's great. It may be a great product, but we have like 10 other antibiotics that do a really good job of treating strep throat, so there's no reason to authorize your drug under emergency use. So you go through the standard process, do the studies three to five years or longer, and then present all that data to us and show your drug is safe and effective and we'll consider authorization.

Dr. Jeff Barke: So if we do have effective treatment, budesonide, ivermectin, hydroxychloroquine, fluvoxamine, et cetera, if we do have effective treatment for the early treat of COVID-19, there really wouldn't be the same need for these vaccines. They're not correctly called vaccines. What they really are, are a genetic therapeutic. So what a vaccine should do traditionally is prevent you from getting sick, so you can't get the disease. Thing of measles, mumps, rubella, chicken pox, you get those, you don't get the disease. But with this COVID so-called vaccine, you still can get sick. I mean, we're seeing it all the time. Now, it's true that it decreases the severity and maybe decreases the risk of hospitalization or death, but it doesn't prevent you from getting ill and it doesn't prevent you from transmitting the disease. So it's more accurately described as a therapeutic and we should be looking at all therapeutics and bringing them forward and discussing them and experimenting with them and allowing the public and doctors to have access to all of them, not just the vaccines.

Dr. Jeff Barke: And I think that's the motivation behind it, is that there would be not just vaccine hesitancy, but if we knew that if you get COVID and we can treat you early, you're going to be just fine in 99.9% of the time, then maybe you're not

going to run out and get an experimental vaccine. And the problem with this vaccine under emergency use is it came to market really quick, less than a year, there are no long term safety studies with this vaccine. We're seeing injuries with the vaccine, but nobody wants to talk about it. There's a website called VAERS, V-A-E-R-S, Vaccine Adverse Event Reporting System. This is not some right wing, Q-Anon website. This is a website run by the Biden administration's FDA and CDC. Came into existence in the late 1980s when the pharmaceutical companies, when the vaccine companies were given immunity from their product.

Dr. Jeff Barke: And as a compromise Congress said, okay, well we need some sort of reporting system so we can be aware of, and look at vaccine injuries. And they came up with this site, the VAERS system. And they were supposed to report to Congress on a regular basis, update Congress about vaccine injuries, but that never happened. So we have this website that, I think the last I looked at it, there's about 16,000 reported deaths from the COVID vaccines. And I'm not saying it's cause and effect. I realize that it's correlation, not necessarily causation, but it should get our attention. We also know that there is a Harvard study done about 10 years ago that looked at the VAERS system and they concluded that only about 1% of all vaccine injuries are reported to the VAERS system. So you do the math, if there's 16,000 deaths, what is the real number? I don't know and nobody talks about it.

Dr. Jeff Barke: You don't hear that on the mainstream media, you only hear it on, I don't know, you got to go to Children's Health Defense, Robert F. Kennedy Jr.'s site or other sites like that, that curate this data to bring it to the public's attention. So the vaccines aren't without risk. Yeah, they offer some benefit of reducing the severity of the COVID disease and hospitalizations and so forth, so I get it. But an individual patient should be fully informed and then make that decision. Risk, benefit, side effects, and then what is your risk of COVID-19 and then make an informed decision. But no, instead we're just going to mandate everybody and their mother get this vaccine. And now they're coming after our children.

Dr. Patrick Gentempo: Yeah.

Dr. Jeff Barke: And that makes no sense. San Diego School District just mandated all children must get the COVID vaccine that are eligible. Talk about emergency use authorization, there is no emergency in children. Children are not dying from COVID-19. I just looked at the other day and I think it was 460 kids total have died of COVID-19. Now, while every death, of course, is a tragedy, every single one of those deaths with rare exception were kids that had significant underlying health issues, cancer, diabetes, obesity. Healthy kids simply do not die of COVID-19. So to create an emergency use authorization to vaccinate our kids makes no sense from a scientific standpoint. And quite frankly, is un-American in my opinion. You look at the survivability of people less than 18, CDC's own data, not my data, 99.997%, kids have a greater risk of dying of seasonal influenza. We never mandate that shot. It's only about 30 to 40% effective, by the way. And we never mandate the masking of kids during

influenza season, but here we are. It's tyranny and nobody ever asked the question at what cost, what is the cost of masking children?

Dr. Jeff Barke: You may argue that it offers some benefit. I don't think so. The studies are quite clear that there's little of any benefit to try to prevent the spread of a respiratory viral illness. But nobody ever asks, even if you think it benefits, what is the downside? What harm comes as a result of forcing a child to wear a mask? And the downside is real and dramatic and important, increased risk of depression, anxiety, suicidal ideation, learning disorders, the inability of a kid to bond with their teacher. I remember a story, a kid talking about seeing their teacher on the playground outside. You get to pull your mask off. And the teacher didn't recognize the kid because his face is covered in the classroom. It's terrible. And that's why we're seeing more and more parents pulling their kids out of government schools and looking for homeschooling or alternative schools that share their values. And that's the silver lining. There are a lot of reasons to pull kids out of school, independent of their COVID policies, including the indoctrination that goes on at K through 12, critical rate theory, this gender nonsense that they're teaching our kids and the COVID policies are the straw that broke the camel's back. I think I saw numbers that homeschool has increased by over 50% over the last year and I'm glad to see that.

Dr. Patrick Gentempo: And there may be a concern that the state government in California may come after them too. Yeah. I remember way back when, before COVID, we're pretty active talking about SB-277 and the other things that were coming down the pike, and now they're saying, hey, if you are homeschooling and you're not doing these things for your kid, maybe you're an unfit parent. The tyranny doesn't know any bounds, right? It's coming, it's coming.

Dr. Jeff Barke: And you wonder why people are moving out of California in masses. Homeschool is the only loophole for parents that don't want to vaccinate their kid. That's the only loophole. If you're in any other school, private or public, you have to be fully vaccinated to attend. The only exception is homeschooling and that's why some people homeschool because they don't want to vaccinate their kids in addition to the indoctrination that goes on.

Dr. Patrick Gentempo: And the thing that to me really seems outrageous is there's no consideration for natural immunity in this whole thing, which to me reeks of an agenda saying, hey, we want to push this. We want to control it. And we don't want to even think about, well, there's millions of people who had COVID and recovered already, which are part of the herd. If they keep wanting to talk about herd immunity as a reason why this agenda needs to be fulfilled. And it's like, the best part of the herd are the naturally immune, but to inject them with, as you said, a vaccine that's not safety tested and doesn't provide near the efficacy of immunity as natural. My kids have had COVID so I'm supposed to try to vaccinate that now, now that they have natural immunity and nobody knows what might happen if you do that.

Dr. Jeff Barke: Oh, I know. As a matter of fact, in the Wall Street Journal just this morning, there was an article that talked about natural immunity. There's a physician out of Johns Hopkins And he says, natural immunity is more robust, longer lasting, and stronger than vaccine immunity. And he goes on to say, furthermore, and I'm reading, there is evidence that people who already have natural immunity are at heightened risk of vaccine side effect caused by an augmented inflammatory response. So not only is there no reason to vaccinate somebody who has natural immunity, but arguably you're putting them at risk.

Dr. Patrick Gentempo: Based on fundamental principles of immunology, that's what you would guess. Before you actually walked into this situation, that's what would make sense is that you already have an immune system now you're going to... What reference point does the body have to get injected with something like this when it already has its immune system, its memory having been exposed saying, well, what the hell's going on, it can create all kinds of unpredictable reactions.

Dr. Jeff Barke: Exactly. And we don't do this with any other illness. When I was a kid, I had chicken pox, the actual disease. And the reason why I had it is my mom dragged my brother and I down the street to a kid who had chicken pox. We didn't have a vaccine then. So sure enough, we got this relatively benign disease. We stayed home from school for a week, oatmeal baths and calamine lotion and so forth. And now I have antibodies against chicken pox. So nobody says, well, we don't care, you should be vaccinated. And I think it would be harmful to try to vaccinate people that have already had chicken pox, the same thing as COVID. It's estimated that about 50% of the un-vaccinated have natural immunity and to suggest that they should now subject themselves to a vaccination that could harm them, that is medically unnecessary, just makes no sense at all. But I'm not allowed to even speak this. My opinion, now it gets banned if I talk anything that raises questions about the vaccines.

Dr. Patrick Gentempo: So that leads us into this subject of censorship. And I think you and the rest of Frontline Doctors certainly have experienced this on a spectacular level where the sharing of information, number one, saying, Hey, I'm treating patients, I'm getting this result. You mentioned a doctor earlier, 6,000 patients, not a single death. Shouldn't people be really paying attention to what he's doing there? Wouldn't everybody go running saying, okay, what's he doing? We need to know.

Dr. Jeff Barke: That's what we normally do. There is not one major institution has come out with a COVID protocol, Cleveland Clinic, Mayo Clinic, et cetera. Nobody has come out with a protocol like they do for every other disease. So we've had to do that ourselves. And Peter McCullough, Frontline Coalition has come out with protocols. That's Pierre Kory, which is a wonderful protocol backed by science, referenced, updated every few weeks. Those are the protocols that us Frontline Doctors are using. Mark McDonald, I don't know if you're going to have him on, he's a psychiatrist up in LA. And he's one of the Frontline Doctors. We started a podcast recently, informeddissentmedia.com, informeddissentmedia.com. And we get on couple times a week, we talk about the latest studies, the latest

articles, the tyranny that's going on, the mandates that are going on to try to spread the truth.

Dr. Jeff Barke: So we're having to bypass mainstream media sources to get this information out to the citizens. The telemedicine docs, America's Frontline Doctors has a telemedicine, a website, and they're getting four to 5,000 requests a day.

Dr. Patrick Gentempo: Whoa.

Dr. Jeff Barke: These are people that either have COVID or just want the medicine and be prepared and they can't keep up with the volume. There's several others as well, but it's ridiculous that doctors are being shut out and shut down and they're not able to help the masses of people that actually need our help.

Dr. Patrick Gentempo: Not to overwhelm you further, but what is that site for the telemedicine?

Dr. Jeff Barke: I think the best site is earlyCOVIDcare.org. It's a site that curates all the telemedicine groups into one site. I think there's five of them right now. And it has all five listed, including America's Frontline Doctors. I think there's one that Stella Manuel put out, myfreeCOVIDcare or something, but it's all on that site. And then you can click. And my recommendation, because I'm asked all the time, I get hundreds of emails every day asking for my help. I can't do this. I refer them to this site. Listen, I live in California and we're always is cautioned to prepare for the big one, the earthquake. Get food, get water, know how to turn your gas off, batteries, this, that, and the other. Don't wait until after the earthquake to figure out that you need to have a stash of water and be prepared.

Dr. Jeff Barke: So the same thing with COVID, it's very frightening to wake up and you've lost your smell and taste and you have fever and chills and a sore throat and you realize you have COVID and now you know you need to get help and you don't know where to go get help. So be prepared before you get COVID, even if you're vaccinated, by the way. I'm seeing a lot of my vaccinated patients coming down with COVID. Some of them get very sick. Some of them even end up in the hospital. So get prepared, and the way to get prepared is start with your own doctor. Ask, will you prescribe ivermectin or hydroxychloroquine for me to have at home just in case, or if I get sick, will you prescribe it? And if they say, no, I don't believe in that or I don't know how to do it, then move on.

Dr. Jeff Barke: Ask friends and family maybe that have had COVID and recovered, who did you use. And then as a last resort, if you still can't find somebody, go to this site earlyCOVIDcare.org, find one of the telemedicine docs. There's one of the sites that actually is a listing of doctors in your area that understand how to treat it and are willing to prescribe. If you're lucky and there's somebody nearby, you can do that. Otherwise, get a telemedicine doc, ask for some of the prescriptions up front so you have them in your medicine cabinet, just in case. That way you remove some of the fear of getting COVID and being treated early,

because early treatment works. If we can get to you early, within the first couple days of coming down with a diagnosis, treatment is so much better. Once you end up in the hospital, it's an uphill battle to get you well using some of these medicines. And most hospitals that I'm aware of will not use any of the repurposed medications once you hit the hospital.

Dr. Jeff Barke: They've got remdesivir in their tool chest, which doesn't work very well, is incredibly expensive, causes kidney failure. And I don't recommend anybody subject themselves to that. Regeneron, one of the monoclonal antibodies works really well. It had been widely available up until a couple weeks ago when the government decided that they were going to get in the distribution business. So you can bet now there's going to be shortages, which is very unfortunate, because it's one of the excellent tools that we have to treat patients, especially early on or patients that were exposed to COVID to get treatment so they don't ultimate get COVID. But now that the government is involved, you can bet there'll be shortages and more patients unfortunately will be harmed.

Dr. Patrick Gentempo: Yeah, it's really disturbing how they're just kind of shutting off all information and intervention and just creating one road toward the vaccine. And another thing that sort of mystifies me, as well as angers me, is the fact that we've created, you start out saying, hey, my story started with, I was talking about shutdowns. I got on the steps and inadvertently got videoed. It's like the hand of fate seems to be on that. But aside from that, the fact now the FDA has said, well the PCR test at the end of this year, it sunsets. It's emergency use and you don't use it anymore. It's like, are you kidding me? You just completely transformed the whole world based on the results of that test and now you're saying, don't do the test anymore.

Dr. Jeff Barke: You know why they said that?

Dr. Patrick Gentempo: I'm assuming, and let me tell you, this is really speculation. I'd love to know your thoughts. I'm assuming because they want to show that the amount of positive tests went down because the vaccine's out.

Dr. Jeff Barke: No, they actually said we're discontinuing the PCR test because it can't differentiate between influenza and COVID-19.

Dr. Patrick Gentempo: Oh my God.

Dr. Jeff Barke: So a lot of these COVID 19 deaths, listen, we're being played unfortunately and it doesn't give me any pleasure to say this. Our healthcare industries are captured by industry, our healthcare bureaucracies, the FDA and the CDC are now 50% of their funding comes from industry. So the FDA that's supposed to be chartered with overseeing the pharmaceutical company on behalf of the American people are now partially funded by those industries. It's a huge conflict of interest. And many of those folks that work at the CDC and the FDA and National Institute of Health participate in some of the profits and hold these

patents as well. Listen, it saddens me to say that the FDA and the CDC are as much political organizations now as they are healthcare agencies.

Dr. Jeff Barke: And I'll tell you the same is with the AMA, the American Medical Association, it's been about three weeks, maybe four weeks now they voted, the AMA, unanimously to make a recommendation that birth certificates should no longer contain gender of the baby. That's how woke the AMA is, it has gone. I think it's only like 15 to 20% of American physicians are members of the AMA. Even journals, New England Journal of Medicine, Lancet, Journal of the American Medical Association, et cetera, the way they work is they get thousands and thousands of submissions for publication. Then they have a review process to figure out which of those submissions they're going to put through their formal peer review process and ultimately get approved to be printed. Well, if you take the New England Journal of Medicine, not that anybody would actually read the thing, it's very wonky. It's hard to read. And you thumb through it, you would notice about every 10th page, there's a pharmaceutical ad.

Dr. Jeff Barke: And so these companies, these journals are supported by the pharmaceutical industry. So you think they're going to come out with an article that raises questions about vaccines or shows promise with hydroxychloroquine or ivermectin? So what we're finding is a lot of these studies, they just don't even look at to publish. So what many of these researchers are doing, they're putting out what are known as pre-prints so they're the actual study that would be submitted to the Journal, but rather than submit to a journal that they know are not going to publish, because they don't like the potential outcome of what the study shows, they just put these studies out for the public to read directly.

Dr. Patrick Gentempo: Wow.

Dr. Jeff Barke: That's how some of these studies are getting out there is pre-prints because the journals are refusing to even give them consideration and peer review them.

Dr. Patrick Gentempo: Yeah. I mean, as you get into this more and more of the conflicts of interest are just beyond belief. And to your point earlier, even how things are getting through FDA, the vaccine itself with the weird way that they approved the Pfizer vaccine, where it got formal approval, but it was really two different vaccines. And we've interviewed in this series, Dr. Robert Malone, Dr. Peter McCullough and others that spoke to this being gene therapy and said that, minimally, it's 10 years of safety study to determine if gene therapy is safe.

Dr. Jeff Barke: We just don't know.

Dr. Patrick Gentempo: So we just don't know.

Dr. Jeff Barke: And if we don't know, why in God's name would we want to give these to our children that aren't even at risk of this disease? We got to remember that vaccine companies are immune from all liability, so if you get harmed by one of

these vaccines, you got nobody to sue. And it's such a conflict, I mean, I would have loved that model. I don't have malpractice because I'm immune from anything that I do. And the government mandates that patients must see me. I mean, that's a perfect business model. Talk about crony capitalism.

Dr. Patrick Gentempo: I mean, that's exactly what this is, right? Force you to have the intervention, the treatment, the service, the people providing it have no liability. And the bigger issue is that without the liability that they basically have a get out jail free card, but also let's look at the character of the people who don't have liability. It's not like these are boy scouts. I mean, these pharmaceutical companies, they're convicted felons, they've committed fraud. They've paid tens of billions of dollars in fines. And now we just trust them when it comes to the vaccine.

Dr. Jeff Barke: Well, here's a perfect example. Under the radar of the dark of night that nobody heard about, Pfizer removed a blockbuster drug from the market called Chantix, it's a drug we use for smoking cessation, approved about 10 years ago. Pfizer told us how safe and wonderful it was. The FDA approved it. 10 years later, it was discovered that it causes cancers so they removed it from the market. You won't see this on the news. You won't read it in the papers. You have to search for it to find it. This is the same company Pfizer that makes the Pfizer COVID-19 vaccine. Now, I'm not saying it's an unsafe vaccine. Maybe it's going to be the greatest thing ever invented, but we don't know until there's long term safety studies and this nonsense that there's some emergency that requires urgent authorization of this vaccine because we otherwise don't have treatment for it is just not accurate.

Dr. Jeff Barke: Listen, I'm not anti-vaccine, if you want to go out and get a COVID vaccine, go get it, but do so with full knowledge of what you're getting. And under no circumstances should we be vaccinating our children. I think the risk far exceed any benefit in our children and we just shouldn't be doing it. But government agencies are now going to start mandating it for our kids. Listen, Pfizer is experimenting all the way down to six months of age. They're now recommending in many hospitals that it during pregnancy, that you must be vaccinated as well in order to deliver at a hospital. What could possibly go wrong with that?

Dr. Patrick Gentempo: It's horrifying. I guess, and maybe the last thing to talk about that kind of summarizes all this is that the legal mandate of medical practice is based or steeped and informed consent.

Dr. Jeff Barke: That's right.

Dr. Patrick Gentempo: You can't provide services or intervention without first informing the patient as to what it is and what the risks are. And then the patient gives consent once they're informed. Here informed consent, and tell me if I'm wrong, but informed consent seems to be completely discouraged. Don't tell them about that. I mean, people on social media are just posting the inserts for the vaccines and

they're getting your social media sites canceled for posting what the vaccines manufacturers are representing. It's what's supposed to be public knowledge.

Dr. Jeff Barke: You came into my office because he had a little funny mole on your arm and we were going to take it off. I would be required by law to get informed consent. I'd have to tell you what are the risks, bleeding and infection and pain and scarring and so forth. And ultimately you would sign a piece of paper that said, Barke informed me of the risks and benefit. And I agree to proceed, not occurring with the vaccine. All people hear about the vaccine is the marketing advertising. I mean, with all the vaccines, you hear about the shingles vaccine, you see an advertisement about how horrible shingles is somebody with a terrible rash. And now we have this wonderful marketing product and the pharmacies are advertising it as well because they make money off of it, but never is their informed consent. What are the risks? What are the benefits? What are the potential complications and side effects. You need informed consent. That's the way the medical world works and should work. But somehow with vaccines, we don't do that.

Dr. Patrick Gentempo: Yeah. It reeks of agenda saying all of what we're supposed to do, all of how we're regulated is being thrown out the door to force this thing to happen. And we can only speculate as to how deep that goes as far as what's driving that agenda, but it's obvious that something's going on and we're not clear on what it is. So let me just say that I'm number one, very appreciative of you taking the time to sit here, I know how busy you are. Number two, especially want to applaud and acknowledge the stand that you're taking and that has subjected you to a lot of unpleasantry in your life but nonetheless, in the absence of people like you, I shudder to think of where we'd be right now. So thank you for taking us stand and letting your thoughts and the truth be known out there in public.

Dr. Jeff Barke: Well, listen, thank you. I appreciate those kind words. Listen, God put me on this earth for a purpose and it's telling the truth, it's helping people and taking a stand for freedom and liberty. And if more of us don't do this, we're going to end up living in communist China.

Dr. Patrick Gentempo: Well, God forbid, so thank you very much for being here.

Dr. Jeff Barke: You're very welcome. Thanks for having me.

Dr. Patrick Gentempo: That completes my interview with Dr. Jeff Barke. Again, someone with a license who practices every day, who's willing to speak out in the way that he is. We need to be applauding those people and encouraging them because they're taking a lot of heat for doing it. Thank you for being here.

Sayer Ji

Dr. Patrick Gentempo: Next up, is my interview with Sayer Ji. Amongst other things, he is the founder of GreenMedInfo. He's also a great healthcare activist and someone who's eloquent in his speech and encyclopedic in his knowledge, I love the way that he communicates and translates complicated things so that people can understand and grasp them in a powerful way. This is a stimulating interview and I want to share it with you right now let's go. Sayer, I've been very much looking forward to this interview because you always bring, I think, an important perspective, a philosophical perspective, very often to the subjects that we speak about. And this whole COVID thing is, I mean, I never thought you and I would be sitting here having this kind of a conversation some years ago, but here we are. Can we just start out with your background? Like how did you get to be doing what you're doing with GreenMedInfo and your other activities?

Sayer Ji: That sounds great, Patrick. So I started off in the field of, if you will, natural health advocacy back when my first daughter was front and center in my life so I had to make the decision as a parent, whether or not to engage in the CDC vaccine schedule. And so was not an academic. Pursuit that brought me to this critical question of life, death implication. So that's when I started to look at research from Medline through pubmed.gov on whether or not there was sufficient evidence to convince me that vaccines were safe and effective. And when I went down that rabbit hole, because I'd been working on a project to index all this research on the benefits of natural substances like herbs and vitamins, I also decided, you know what, I'm just going to start indexing the studies I found that call into question these sort of APRI narrative that vaccines are unilaterally unequivocally safe and effective, no questions asked. And I was blown away, Patrick, by just the extent of the ultimately lie that there is no debate or that the science is settled.

Sayer Ji: It's not true. In fact, what struck me to be most odd was the Cochrane Collaboration when they looked at things like flu vaccines, it was so clear that there was absolutely no compelling evidence to make that statement and that vaccines had not been proven, safe and effective when it comes to flu for children, for adults, for elderly, I mean the whole spectrum. So that really was my eureka moment.

Sayer Ji: And then I spent probably the equivalent about 10,000 hours going into all aspects of the literature to see if this was the case for all the vaccines in the schedule and lo and behold, I came to the conclusion that it was so that is what got me into what some might call vaccine activism, but really is more about informed choice. Like I really believe that the public should know about the risks and the benefits, and hopefully we're using peer reviewed, published science to do that. And in the absence of that, it's not evidence based medicine and it violates basic medical, ethical principles like informed consent.

Dr. Patrick Gentempo: Yeah. So that is interesting background. And as you described that there's a lot of body of science and research that's been published that calls a lot of these things into question and, okay, that was one thing. But now we come into this COVID world and now the issue I think at its heart is informed consent. But beyond that, there's larger issues looming here that are really disturbing as far as just our civil liberties and our freedom, our health freedom or economic freedom, our social freedoms. I mean, it's all kind of been pulled in and I think decimated to a large degree. So this topic of COVID is a wide topic, but let me just start on the personal level with you because GreenMedInfo is very popular.

Dr. Patrick Gentempo: A lot of people come there to get information and you have been really, I think, phenomenal in your advocacy for natural health and ways to learn about how to get out of a pharmaceutically run healthcare system and take matters in your own hands and learn about things you can do. And of course, then that touches upon things like the vaccine issue, which you've been talking about. Of course, when COVID happens, you got to speak about that, but now you end up on this hit list, if you will, some people call it the dirty dozen, what have you, that's literally called out by the white house, put out into the world and people are attacking you for trying to open up a conversation around COVID and COVID vaccine. What has it been like for you in that regard?

Sayer Ji: Well, it doesn't surprise me that much because back in 2012, what happened was UNICEF basically presented this paper in Geneva called Anti-vaccine Sentiment in Eastern Europe. And at the time, my brand agreement GreenMedInfo and several other people on this so-called list, that this information doesn't list like Joe Mercola and Bobby Kennedy, my wife, Kelly Brogan, we were called out because we were being identified as sources of misinformation back then. And it shocked me, Patrick, because at the time, I mean, I literally was just a person with a blog basically reporting on published research that's not supposed to exist, right? You go to GreenMedInfo now, go to the vaccination, colon all section. It's a database that has over, I think 1300 abstracts showing that vaccines do have serious adverse health impacts including over 200 known signals of harm from death, all the way across all the adverse events that we're now seeing represented in theirs and VJ access and CMS data on the COVID vaccine.

Sayer Ji: So this is not new, but what shocked me was that they would attack my brand and me really simply for being a messenger, a pass through to peer viewed and published research on an open source database that's tax payer funded that anyone can search. And so of course, they're going to try to make an example of individuals and it's pretty nefarious and probably pretty ridiculous actually that they're trying this because it's probably worked in past historical eras where they're trying to make it seem as if there's just 12 people that somehow we're able to convince the whole world that vaccines are not so safe and effective. When in fact the research itself says that and that this is an experimental vaccine that doesn't even have long term clinical trial validation for safety and effectiveness. So it's like a huge ruse to hide the fact that there's probably

several hundred million people like us that are standing up just basically pointing to fact like the emperor wears no clothing.

Sayer Ji: Where's the research, where's the science? In fact, the databases that cover post-marketing surveillance, adverse events have never seen the volume of adverse events with any vaccine previously. This is the most egregious, atrocious event as far as I understand in vaccine history and the cover up and the ongoing gas lighting and vilification of anyone who even speaks up to question this agenda is next level. I mean, it really reminds me of fascism more than anything. So in a way, I think that they are trying a desperate tactic. I most people can see through it. And ultimately it's just drawing attention to my core advocacy, which has nothing to do with me or agreement info. All of our abstracts passed right back to their citation location on the National Library of Medicine's Medline database. So ultimately I think that this is going to be a PR failure for them in an indication that they're desperate.

Dr. Patrick Gentempo: Yeah. Well, what's interesting is the level of censorship shows, I think two things, maybe desperation is one of them. And secondly, it shows a hubris, right? That they can try to limit the information that people, the moral philosophy seems to be the ends justifies the means doesn't matter if we're going to lie or deceive, we have good intention to get everybody vaccinated. And if we have to sacrifice individuals along the way to get to that goal, that's just the greater good as it were.

Dr. Patrick Gentempo: Do you feel like, or have you personally experienced though, because you're on a list that's called out, I mean, you're a US citizen here, as you said, it's not like you're writing your own data. I mean, you're just basically reviewing, you're doing literature review and you're saying people might want to look at this, it's called informed consent and yet you're being viciously attacked. Do you have concerns that the justice department might come after you or that the government might use its resources to further try to either vilify you or maybe even injure you financially or economically or in some other way?

Sayer Ji: Yeah. I think that's a legitimate concern, but thankfully, because I do believe that when you stand up, the truth protects you, that I'm not really living my life making that fear be my guiding compass, it's more of a feeling of necessity around the fact that I have daughters and I have just tons of friends that have children. And now they're actually targeting children with something that has no evidence of safety and effectiveness for a quote, this is if you subscribe to conventional germ theory for a virus that has a next to nothing mortality rate. And even the mortality rate is completely abusively misrepresented because what happened in March, 2020 is, the US government basically through the CDC and the National Vital Statistics agency changed the emergency use codes.

Sayer Ji: So you didn't have to even test for virus to write someone dead from COVID, literally suspicion of infection is all that you need. And by the way, a coroner and medical examiner, what they're doing is dispensing an opinion anyway. So there's never been a basis for pronouncing someone dead from COVID through

any kind of objective, empirical, clinical, virological proof. So when they talk about COVID-19 deaths, and they talk about this, like infinitesimal mortality rate, even in children, it's based on an absolute lie. And that is, I believe why I have been targeted because my nonprofits stand for health freedom in coordination with Dr. Eley and many amazing individuals that spent literally tens of thousands of hours of research collectively called for a grand jury investigation of the CDC for breaking numerous federal laws to hyper inflate, death stats, hospitalizations, and case numbers. So that is why I believe individuals like us are being targeted because we're basically whistleblowers and they're trying to make it so that others are intimidated when they do the same thing.

Sayer Ji: And just simply point to facts. Like Orwell said, in times of universal deceit, telling the truth is a revolutionary act. That is all that I've ever done. Now, have I always done that effectively? I don't know. I'm intending to, I'm sure I've made mistakes, but then my intention is simply to protect myself and my children from something that's affecting us all. Second, you bring up a really good point around the nature of this moment, because what I feel is happening is that germ theory, especially when it comes to viruses, right? Which is a really interesting topic when you really drill down and you realize it's an obligate parasite at best meaning it has no ability to move from point A to point B has no ATP. It has no engine to move. It's a dead thing. It's not even arguably living.

Sayer Ji: And that's from the most high gravitas sources of so called scientific information. So for them to take an invisible particle that takes, I've said this many times before, and people really need to look at this, an electron microscope to even see it, okay? We're talking about a sub atomic scale resolution device and blame that invisible particle on shutting down the entire world, enforcing vaccines on the planet and ending hundreds of thousands of people's livelihoods through economic warfare, right? Socially isolating the entire planet, interrupting all normal human behavior, societal interaction, because you're saying that invisible particle that you haven't even demonstrated clearly you've isolated nor have you fulfilled any of Koch's postulates. Literally the first one is you have to identify this particle only from disease people. So it can't exist in the human virome. Well guess what? PCR tests can't differentiate COVID-19 or any other variant from naturally occurring coronavirus particles.

Sayer Ji: And then you go deeper down that rabbit hole when you realize that coronavirus is indistinguishable from exosomes. And by the way, the virome requires viruses. So you have immunological self tolerance and homeostasis. Viruses are forms of extending our genetic capability and allowing for adaptability in relation to our environment. They're not evil vectors of sin and grief and morbidity and death, the way that they've projected this into the mainstream. So they've used the viral theory as a political weapon, and they played the Trump card, which is the death card. That is how desperate they were as a political system was starting to dissolve and collapse upon itself, post internet revolution, where you can't hide anything, right? So they're using this

tactic as a desperate ploy to try to basically take over world governments and inject a new global governance structure under the false auspices of saving the world from again, an visible deadly enemy.

Sayer Ji: It's the Endless War on Terror now transmogrified into bioterrorism meaning your body is now a source of terrorism, because you happen to have a virome. So again, it's all based on this fundamental lack of acknowledgement of the science that has emerged in the past 25 years. I wrote my book, Regenerate, really to plum the depths of these amazing discoveries, not knowing that it was probably essential for people to understand that germ theory is completely decimated, okay? It's never actually really been grounded in empiric observation anyway.

Sayer Ji: And so what we're seeing here now is really the equivalent of a global takeover using COVID 1984, the plandemic, scamdemic, whatever you want to use as a more accurate term, then not to say people have not died in hospitals, not to say that people don't die all the time from the influenza-like illness, which the CDC disappeared last year because they needed to call everything COVID in order to justify these absolutely insane measures. So that's in a nutshell, what I've been working with, as I know you have as well, and many of our listeners in the past year and a half, is this madness, or even I sometimes call it the clown world order because it's so beyond. It's so obvious that this is not based on science or reason or decency, that it's almost laughable. You almost have to engage a form of levity to not let this capture your energy and drive you insane.

Dr. Patrick Gentempo: I'm glad that you can arrive at some levity around this because it does need it, because it really is. The absurdity is beyond reason. What's interesting, decades ago as a young chiropractic student or young chiropractor, we used to talk about how the germ theory is horribly flawed. And, we were talking about back then terrain theory, of course, which we were called quacks, we used to say that saying that germs cause diseases like saying rats cause dumps or mosquitoes cause swamps, right? It's the terrain that allows it. And then that's why we always intended to work on the terrain so that you wouldn't become susceptible to having mosquitoes into swamp or rats in the dump. So it's interesting that now this, I think this whole adage, conflicts clarify, the conflicts that are arriving now are very clarifying in nature because it's either the narrative that's being promulgated and anything else that's not that narrative is being censored, but people aren't that dumb and people aren't just rolling over and going to take it, which is why I appreciate your activities.

Dr. Patrick Gentempo: And I want to get into that a little bit about stand for health freedom and other such things, because it's really important that people know and understand this and that they take a stand. At the time of this recording, for example, we've got all these shutdowns on Southwest airlines and pilots and air traffic controller. So I'm walking off saying, and my wife read me a text on the way here that I found very reassuring. And that was one of the pilots who sent out texts as a former military, basically said that he took an oath to defend the constitution from all enemies foreign and domestic.

Dr. Patrick Gentempo: And that they're not doing this for themselves, they're doing it for everybody else that they realize that there's got to be a stand that's taken against the tyranny that wants to force an experimental medical procedure on everybody. And that they promulgated through fear through disinformation and other, such vehicles. And they've now gone too far and hopefully the resistance is going to show up. So given all that, one of the things I want to dig into more, because you're brought up a couple of times, which I think is the heart of this is the CDC.

Dr. Patrick Gentempo: And then of course, it's collaboration with the health and human services and the NIH and other such institutions and the FDA, especially of course, because what's happening in the FDA is kind of an important thing because it boils down to do we trust these institutions or is there a reason for distrust in these institutions? Because that seems to be where the battle line is drawn, right? People saying trust Fauci or you can't trust Fauci or trust the CDC or you can't trust the CDC. And then of course attached to this because it's directly related is, can we trust these vaccine manufacturers to give a scant data and say that, "Yes, please approve this under emergency use. And we're going to make tens of billions of dollars." None of this is okay, but how do you see that whole little consolation?

Sayer Ji: Well, this is such an important topic because it does boil down to trust. And for me, the front lines are actually, do I trust my body to be able to handle adversity, whether that's an imaginary or real particle, whether it was conceived in a bio weapons facility in Wuhan or some were in the states and released on the public or whether it was naturally occurring or zoonosis, maybe a bat in a wet market interacted with a human. It doesn't matter. Do I trust my body's resilience? Or maybe it's someone who is vaccinated, right? With a Pfizer vaccine where in the study design protocol, it literally says that if you have been vaccinated by this, be careful if you are around a breastfeeding person, because there is an awareness that it can transmit. In fact, that's also known as a self amplifying vaccine, which the mRNA platform encompasses and they know about this.

Sayer Ji: So in other words, some people are concerned about being transmitted to by the vaccinated and it's legit concern, but still, do I trust my body? My answer is always yes. And the symptoms of disease, they're not going to kill you, meaning that the symptoms are your body's attempt to heal. And so, that's a radical notion from the perspective of allopathy and germ theory because, oh my God, if you're you have a 102 fever, you could be the next patient zero that will take the whole world into another pandemic that they've literally weaponized this to the point where being human and having the most natural homeostatic symptom of self healing could be weaponized to the point where they'll literally take you and put you in a green zone internment camp, right? They've literally rolled these out in places like Australia. So obviously this is what you could call communism slash fascism that's been couched in, oh, the government loves us so much that they care so much about you getting this one infection.

Sayer Ji: So trust is what this is all about. Now, trust in the government based on Gallup polls, for example, is lowest than has ever been. So of course it's convenient to say, oh, there's these 12 people, right? They're the reason why the no one's getting vaccinated or Biden's mandates have failed or coerce of tactics. But the reality is that that's what's behind why people are seeing through this absolutely obscene and atrocious agenda. Look at the CDC. I had to look at the CDC because they basically, through MailChimp deplatform me in 2019, how can the CDC do that right through MailChimp? What relationships should a private company, right? Big tech company have with the CDC who's publicly supposed to protect me? Well and not inhibit my free speech.

Sayer Ji: What they do is through the CDC Foundation, which has accumulated at least half a billion dollars of donations, some of which are ear marked for specific projects from the Gates Foundation, big tech, pharma, the medical industrial complex. They literally gather up all this resources from private donors, NGOs, corporations, and then they direct the activities of this CDC. So there's this huge flow of money that should not exists because it has influence attached to it. So MailChimp is one of the CDC Foundation partners, okay? So are many of the characters that you've seen be involved in this so-called pandemic. If you go back to event 201, okay? Everyone should know about this. This happened in New York City in October, that was 2019. They basically did a live pandemic coronavirus exercise. It was like Hollywood style that pretty much showed the same things playing out as what we saw in the past two years.

Sayer Ji: And so this is really important fact. So the Gates Foundation, Hopkins Center and then the world economic forum, we're behind that. So when you see their names and you see what they've architected in broad daylight, and then you see that they fund the CDC and then you wonder why suddenly MailChimp deplatforms, anyone who even has reference to vaccines, right? In questioning them or why YouTube totally deplatforms, anyone who mentions vaccines and questions them. That's because the World Health Organization also has their foundation. And that includes all the big tech characters and pharma and all this.

Sayer Ji: So what we have is a meta formation transnational, where now you have the very definition of fascism, which is the merger of private and public. Corporations are directing what you will call the entertainment division of the industrial, military medical complex, you know, that's what Frank Zappa said, is politics is the entertainment division of that complex. Government, same thing. It's a bunch of contractors ultimately that we have running the government. And so that's also why Stand for Health Freedom was so compelling to me. It's like, you know what, let's remove the egos and logos and let's just go ahead, find a way for people to go ahead and contact their elected officials at a mouse click and have a real impact that way directly, as well as voting with your dollar. That's the real force behind micro lobbying is that when we put our energy to these very companies, that's why we created a platform called besovereign.com, which is basically an alternative to YouTube and Instagram and Zoom and all those things that we've become dependent on. When we give

them our energy, then we're feeding this very system and it sort of collapses back on us.

Sayer Ji: So trust is what it's all about. You hit the nail in the head, Patrick. We don't trust our government agencies because they've been corrupted. There are revolving doors, there's money flows from the very interest they're supposed to protect us against and regulate. And that is what's going on with this failed vaccine rollout at warp speed. It's not just because people like me are standing up. That's probably helped to a degree, because we're advocating for informed consent, which is a basic human right post-Nuremberg trials, 1947. It was made so clear that we should never again engage in the kinds of atrocities that are happening right now because we're not practicing informed consent nor evidence-based medicine with these vaccines. It's just not possible. And people who raise concerns should not be identified as enemies of the state, conspiracy theorists, people who hate society or be called domestic terrorists, which is what a Homeland Security bulletin put out about a month ago is that if you start questioning COVID lockdown guidelines or the narrative around its origins, even though right now, we know that the NIH and Fauci were funding a lab in Wuhan, then you're a domestic terrorist.

Sayer Ji: So that's where I think people are waking up to a need to reform the government and to take back control where we're not just waiting for the next Trump or Hillary to vote for and pretend like we're participating in our own empowerment. We have to be the ones who stand up and have integrity and start detaching from the systems and building our own parallel structures that are going to feed us and support us. And that way we're not going to be based on an entitlement politics and whining and screaming about what we didn't get from these powers that are clearly not set up in our best interest.

Dr. Patrick Gentempo: Just to be clear, did MailChimp just shut you down saying they wouldn't let you broadcast to your people that are on your list?

Sayer Ji: Yep. They actually just, without any warning, after 10 years of perfect compliance and really high levels of engagement, all the things, paying them huge amounts of money, it was $75,000 a year just to send free emails on their platform. They just said, suddenly you have anti-vaccine content and then just shut us down. Which, we had loads of data that was important for making sure, for example, if there was a bill coming out to force kids to get vaccinated in Pennsylvania, we could have sent an email directly to them because our list was segmented, but they stole all that from us. They just destroyed our ability to engage in a way that people signed up for so that they could get our alerts. So it was a really aggressive move.

Sayer Ji: And since then we've been de-platformed from every single big tech conglomerate. All the way down to Link Tree. It's pretty crazy. There's so in cahoots where at this agenda to shut down anyone who even dares to exercise their first amendment rights under the protection of Communications Decency Act, Section 230. They're just hiding behind that acting as publishers and or

dictators when it comes to what content is okay and what isn't. Then you look at who owns YouTube, and then you look at Google and you look at Alphabet and you realize they own pharmaceutical companies. They take in just with GlaxoSmith alone, it was 700, I think, and 80 million, two years ago, right before the de-platforming event happened. So they're basically merged with pharma and they are basically shutting down free speech on a global level in a way that violates, again, basic human rights and basic civil liberties. And especially in the United States, this should be completely rejected, whether you're on the left or right, or wherever you are, this is going to affect everybody. So that this is the time to stand up.

Dr. Patrick Gentempo: What's interesting here is, it seems like there's this confluence of the big tech, the government, and the pharmaceutical industry. And they're conspiring, if you will, everybody's a conspiracy theory, they're conspiring or an agenda that they're coordinating on. And to your point, that's literally the very definition of fascism. Communism being the government owns all the businesses. Fascism is that big business is in cahoots with the government to create whatever the society is that they're going to create. It's not individuals in the society that have guaranteed inalienable rights that their own life, own liberty, own pursuit of happiness, and that they have a first amendment and a second amendment and so on. This is the opposite of that. This is oppression and control.

Dr. Patrick Gentempo: This is not, how can I put it, two guys that are way out on the fringe, you and I having the conversation right now. This is literally what's happening and there's no debate around it. We cannot debate the fact that you were de-platformed, that's a fact. And if anybody wants to look at what you were de-platformed for, they're going to find that you're citing published literature. I remember when Bobby Kennedy was taken off of Instagram, his response was all I ever did was post links to government sites. So when you can't speak out and link people to things that are published that are considered legitimate institutions, even by the government and the pharmaceutical companies and the big tech platforms. Now, it's just a matter of saying, we don't want anybody shining a light of truth on anything that we don't want people to see.

Dr. Patrick Gentempo: So this gets really, really disturbing. So here's what I'm finding thus far. And for example, there's no way that we're going on any social media with this documentary. We can't post it anywhere. We understand that we have to go old school, just direct contact, make sure that we have our own video servers, et cetera, so that we can't be shut down. There's a whole dynamic to being able to even release this type of information into the world. But my sense, when I'm out there, Sayer, and I'm wondering, what yours is, my sense is that the resistance to this is much bigger than people understand. And of course, the media's never reporting on it. How do you see it?

Sayer Ji: Yeah, I think what's happening is we have what you might call a Mockingbird media, which is a code name for a CIA project. Project Mockingbird, which attempted and successfully was able to infiltrate and control basically mainstream media going all the way from Hollywood all the way up to the big

media outlets like New York Times and ABC and Fox News and CNN. I mean, including Fox, the sort of controlled opposition dynamic of left and right. It's both controlled. So that's what's happened is that that's how they were able to basically take over the planet with this agenda, was it was done through a psychological operation, asymmetrical warfare. They were able to take over the minds and hearts through fear of the world because they were glued to the fire hose of this propaganda, which is completely script written, pre-written. It's all just like the Event 201, that's a good example. That was a pre-written script that they executed.

Sayer Ji: Then you look at how with global centralization and weaponization of the media, I mean, look at Cambridge Analytica and look all that came out, even with Facebook about how they literally architect revolutions. Instead of taking a traditional approach where you just take out a dictator or someone who's actually working to help their people and you bribe them or you blackmail them or give them lots of money or shower them with praise and awards. To control them, you just use social media and mainstream media to just weaponize the public. You sow division, you energize a dialectic. So it's all about cognitive dissonance, you fund and you energize both the left and the right, both hetero and homo, both wealthy and poor, and you just get as much mayhem and chaos going so you become paralyzed and you just want someone, the government, to tell you what to do, because you cannot survive in that madness. So that has been the agenda that has been rolled out as we've seen, race, class, gender, every possible means of trying to just fragment us.

Sayer Ji: So I think that right now, the most important thing is people learn to generate their own continuum, whatever they need to do to stay centered, equanimous, attract people that share their values, consume content that supports your understanding of reality because you're not going to get that from mainstream media or social media. Like you said, we had to create our entire novel platform, besovereign.com, so we could host our own videos on our own servers, so they can't de-platform us. We won't complain like upset kids when they do it because we're all adults now. We have to be to survive this transition.

Dr. Patrick Gentempo: So this leads me to the activism part. And I know we could spend a lot of time just talking about the details about the vaccine and all the problems that are with it. And you already asserted some of the things about the CDC and how they're counting deaths and how they're misrepresenting data and all that kind of stuff. And I think that we've ably handled that throughout the series to a large degree. So let's just say we toured that neighborhood and you certainly have a great grasp of it. But I think where we can use our time best is to talk about how people can become active in this or the role of activism. And I don't know what people see when they look in the mirror in the morning and what their identity was maybe prior to COVID.

Dr. Patrick Gentempo: But I think it's time for us all to assume new identities, saying the world has changed. There's a threat and that if we care about our own freedoms and liberties and those of our children and future generations, there's some action I

believe that has to be taken and how we can stand up and try to play a role here. And the role doesn't have to be the role that you're the person leading millions of people. It can be a community-based thing.

Dr. Patrick Gentempo: So talk about how you think people right now, who are looking at this saying something's rotten in Denmark. I maybe don't know all the details. There's a lot of complex issues here. I can't really sort through them all, but in the end I'm concluding something. It's my body, I get to choose what's going to go into it. So the old, my body, my choice thing. And my kids, I don't want the government telling me what to do with my kids. I want to make my own decision about this. So if somebody says, I believe in my autonomy, I believe in my right to choose for myself and my family and I want to get active around this and play a role. What can they do?

Sayer Ji: Well, it's a moment to moment, day by day process. And it's really work that we have to do, which is to show up in a way where we're not compromising our principles. So for example, I did not wear a mask since this entire thing started because I looked at the evidence for masks and I found that contrary to what is now popular opinion, it's actually harmful. And in fact, the World Health Organization and CDC have published their documents on the topic saying that they may actually increase the transmission of community acquired respiratory effectors, because it's a fomite. It literally accumulates biological debris, it's disgusting. It's like a face diaper. And not only that, it's a signal of submission. It's not what people think. You're not virtue signaling to others or grandma that you care so much about them, that they're going to be healthier, because you wearing a mask.

Sayer Ji: The evidence, the weight of evidence as I've seen it is the opposite. So knowing that, there's no way I'm going to put a mask on. I mean, I had to deal with some pretty aggressive interactions with individuals, but we didn't compromise our principles because Kelly's in the same boat and we found a way and it had an effect. And I live in Miami now and don't people don't wear masks. They don't come up to you and say, where's your mask, because enough people stood up knowing that this is insane and that we weren't going to compromise our principles because if we started to do that, like everyone else, we knew it was a placeholder for the vaccine. What happened? They pushed the vaccines. It was a placeholder for that. And what's happening, the vaccines are not the end. It's just the beginning.

Sayer Ji: Endless boosters, endless submission to an agenda that is going to end up just basically destroying the health of, I just can't even imagine countless individuals based on, again, public government databases showing the true adverse events associated with an experimental gene modifying gene therapy. So it happens that this is a moment for us to step up, really show that we believe in our values because it's scary stuff. They're relying on group pressure to execute this agenda. That's how they started it off, the greater good. In a constitutional republic, by the way, your individual rights are inviable, inalienable. But if you think about it in terms of a "communist socialist democratic model", there's

something called the tyranny of the majority. So the way that democracy has been sold to the public, it's literally like a veiled communism. What is true is that if just one individual's rights to determine what goes into their body is compromised for the greater good, guess what, that leads in a very dark direction. So an individual needs to stand up and not compromise.

Sayer Ji: And this just the beginning, it also has to do with all the things in your life that you're dependent on. They could be substances. They could be energy grids that... We're in Florida, you're tapped into a nuclear and coal-based grid when it could be much cleaner. So there's so many things we can do to integrate our principles with our behaviors, which will have profound butterfly effects, like the butterfly flapping its wings and the gulf can induce a hurricane. So that's kind of what I'm thinking is that people can get really caught up in, oh, I've got to have all the information, I've got to send out these emails and actions through Stand for Health Freedom all day long. And that's not really the answer either.

Sayer Ji: It's a complementary system. You got to do some of that, but then you got to maintain your equanimity and make sure that the greatest protest that there is right now is being healthy, walking the earth, a natural being without masks or vaccines and not letting people in intimidate you or gaslight you or threaten you into some kind of crazy trans-humanistic, bifurcated other species, which is where they're headed right now. You got to stand strong knowing that if you're in your heart, you're also being compassionate. You're not letting them capture you with fear, anger, grief, division, then you're doing the right work. And it's going to result in us winning. We will be victorious. This agenda will not take over the planet the way they intend because people like you also are standing up. This is the media that we have to create ourselves and we need to support these platforms and that's what's happening right now. Patrick, there's been so much support in this window, for the work that I've done, Kelly's done, other colleagues. If it wasn't for that intention, we would've collapsed in and we probably would've got sucked into this agenda, but it's the field we're holding together that is truly going to move us into this more beautiful world that we know is possible.

Dr. Patrick Gentempo: One of the things you said earlier that I think is critical is that a part of the agenda is to create polarization and to sow the seeds of chaos, polarization, et cetera, which helps them to get more influence for their agenda in the world. You've also said that this isn't about right or left, et cetera. And that's what I think has got to go. In other words, what can we agree upon? Do you believe in medical freedom or health freedom and health liberty? Do you believe in your own economic freedoms, that you should be able to go to work without having to take an experimental vaccine that has unknown adverse events? It's really not even a vaccine, but gene therapy. Do you have the right to go out socially in public, a part of the agenda seems to me, is that saying, well, yep, can't go to restaurants. Can't go here, can't get an airplane. All the things that they're trying to do to say, well, we're not forcing you to get it, but they're making life impossible if you don't.

Dr. Patrick Gentempo: And when I think about, just locally a story I just heard recently about a single mom who is a nurse with two kids who was given the choice, get the vaccine or feed your kids because they were going to fire her. She didn't want the vaccine. She was aware of the potential risks of the vaccine. But now you have to make a choice between do I get to feed my family by going to work, and she got the first list of the vaccine and got very ill, the second dose killed her, so now these kids are orphans. And I wish I could tell you that this is, oh, that's a very, very, very unusual story. And I have to say that I'm starting to compile a lot of people with vaccine injuries that it's not as unusual as people might think. So they basically are saying, well, you can quit your job or you could be fired from your job. You're not forced to do it, but the reality is the compulsion is there and they're trying to masquerade that it's your choice when it really isn't.

Dr. Patrick Gentempo: So I guess in a sense with, let's talk about, for your agenda, with Stand for Health Freedom, political affiliation, I have to imagine, it's completely irrelevant. The question is, do you want to have your Liberty as a human being? And do you want liberty over your health and what type of procedures you will or won't have? How do you see it?

Sayer Ji: Well, that's exact it, Patrick. In this moment, what we believe is there is a new center Of you can call it political gravity, but the term has been so maligned, meaning this is a trans-partisan movement. It's truly grassroots. Although there are powers that be there doing everything in their power to in fact, infiltrate basically AstroTurf the grassroots right now, the reality is what we saw with Stand for Health Freedom happen in the past two years was just incredible. It was like a supernova of people standing up, getting beyond the egos and logos. It's not like we were going ahead fundraising and trying to create all these rallies. That's not what we were doing. We were just giving them the tech to take the middle man out of the political process so they could directly engage their elected officials. We saw 11 different bills, basically get pulled in part due to the architecture that we created, that people could then use to empower themselves.

Sayer Ji: So it wasn't about us. Again, we're a pass through. But the is that we saw incredible impacts by people going ahead and taking control of their values like freedom. It's not about left and right anymore. You could be Republican. You could be Democrat. You can join and support the actions on Stand for Health Freedom. That two-party system, which was manufactured to create an illusion of choice is no longer relevant, it truly is not. If you look at just the money flows in terms of who goes, where it goes into the Republican and the Democratic party, they're just two different flavors of the same basic thing. And we need this to stop. We need to take back control. We need grassroots candidates. Hopefully, they'll run as independence and hopefully they'll get elected. So that's what we stand for.

Sayer Ji: But okay, maybe there's a good Democrat or Republican, we'll get behind them, but it's not about party politics or affiliation anymore. That is like the ultimate ploy to just capture all of our energy. So I do think that we are on the precipice

of this happening and we've seen the evidence for it, Patrick. We have had over 1.5 million actions taken through our website. We've had no funding. There's no advertising. Big tech has de-platformed us. This is just people that care who resonate with the message of, again, health freedom, my body, my choice, parental rights, informed consent, the most basic of advocacy that are being denied to us here in the United States and globally through this atrocious psychological operation, which is the COVID-19 plandemic.

Dr. Patrick Gentempo: Well, I just want to, first, on personal level, say what gratitude I have for you and the work you're doing, and the fact that you didn't back down when they were coming after you to de-platform you, to malign your reputation, et cetera. And number two, the fact that, wow, a million and a half actions taken from Stand for Health Freedom already. That's substantive. That's not a drop in the bucket. That's a big, big deal. And I can only hope that it's going to attract more and more people, especially from this audience that will say, this is not about any type of a partisan political thing, this is about liberty. And I don't don't care where you are, liberty is important to all of us, because without it, then what's left, and what kind of a life can we have for ourselves and for future generations. Your work is extraordinary. The example you said, I think, is stellar. And I just really appreciate that. And I thank you also for taking the time here. Do you have a final thought before we close?

Sayer Ji: Well, I just want to thank you, Patrick, because you're standing up courageously and with the right energy, because it's really not about focusing on anger and fear and just trying to become a more intense version of what they're hitting us with. It's actually about cultivating compassion, which includes a ferocious form of protection against the things you love. So I want there to be as much focus on beauty and community and the incredible things that are happening as there is on the darkness that's descending. And so I think that because of the energy you've always held and our connection, it feels so good to know you're in the world doing this. And again, everyone who's part of this, I hope you can leave feeling kind of lionized, but also knowing that it really does boil it down to learning how to love one's self. And then from there, it flows outward. And that's really what I've come to in this window. There's been some dark challenges, trust me.

Sayer Ji: When the president of the United States is calling you and your wife killers for a disinformation agenda, that was proven to be absolutely false, that's pretty crazy. It's like, I'm an enemy of the state and even the global agenda. Really? For what? For not wanting to wear a mask and for pointing to data that's freely available on government databases? Any of you can do that too, and I hope you do. So the more of us that stand up, the less likely this really dark agenda is going to move forward. So again, thank you so much for creating this event. It's really, it's an amazing thing.

Dr. Patrick Gentempo: Thank you so much Sayer, and I'm sure we'll have future updates as things unfold. That completes my interview with Sayer Ji. Again, can't you just appreciate how eloquent he is in the way that he speaks to important and

critical issues. I just love the way that he organizes his thinking around such things. And I was really glad when he said yes to our invitation to join us here for COVID Revealed. So thanks for being here and sharing this time with me.

Dr. Patrick Gentempo: That completes Episode 10. Thank you for being here, what a journey. This has been, eyeopening to say the least. And again, I want to remind you we're in the free viewing period. You can still get COVID Revealed, the varying packages at very good discounts with great bonuses. I know I need to keep reminding people in case they didn't know. And if you're someone, though, that already invests in COVID Revealed, know you have our deep thanks and deep gratitude. So thank you, thank you for being here. Thank you for taking this journey with us.

Episode Eleven

Dr. Richard Fleming: NIH finally admitted that it had been funding gain-of-function research. They're throwing people under the bus right now because it's very clear to them that they've been caught on this. We've been talking about it for a while now. We have data now that I've talked about extensively that shows that the vaccines actually impair the immune system. In 2017 Baric and his group stumbled across open reading frame 10 for the coronavirus. If you insert open reading frame 10 into SARS-CoV-2, it will shut down the human immune system. To say, well, if it's naturally occurring there must be an animal carrier. Well, there is no animal carrier that's been found. There's no animal carrier that's been found for SARS-CoV-1 from 2002.

Dr. Ken Ruettgers: Well, you're not supposed to tell your vaccine injured stories because that's supposed to be safe and effective. Every day, there's more people that are taking the shot. No one knows exactly what percentage are suffering. These were people that put themselves on the front line of early vaccination or in the trials and taken one for the team. They're heroes. They were the ones that, that went out there first and they ended up drawing the short straw and became collateral damage. To get on these neurological reactions really and try to help these people that you could really help their outcome and their lifelong challenge in these areas, and yet we're leaving them behind.

Dr. Thomas Levy: Middle-aged mother, registered nurse, her 18-year-old daughter went into the ICU and then was intubated for COVID. She literally begged the physician to give some intravenous vitamin C and also some thiamin. The doctor finally gave in and said, "I'll do it, but if your daughter gets better, don't be thinking it's due to the vitamin C." For two decades now, with my involvement in vitamin C, I've seen patient after patient after patient die in the intensive care unit when their family members, like this family member literally begged for intravenous vitamin C. As a lawyer, along with being a physician, I can tell you at the very least best negligent manslaughter or negligent homicide.

Dr. Patrick Gentempo: We're back again. We are doing something right now that we have never done before in Revealed films. We've released numerous docuseries. We have never aired a bonus episode 11, but what can I tell you? We have so much great information, great presenters, people that we interviewed these experts. There is no way we could leave this out, it stands up to anything else that we've done or put out for this entire COVID series. Here you are with an episode 11, we decided not to hold back, but to go all the way with you, what a journey it's been. We're still in the free viewing period. You still get to watch all this for free.

Dr. Patrick Gentempo: If you're someone who invested, thank you. I've been saying this all along, I can't overstate the gratitude that we have for the people who have invested in owning COVID Revealed, it supports this work. It allows us to release it to the world for free to get people anywhere to see it. When you buy it and own it, it tells us that you number one felt that there was value in this information. Number two, that you want to encourage us to keep doing what we're doing. You're going to love what you learn in this episode.

Dr. Richard Fleming

Dr. Patrick Gentempo: What do you get when you mix a PhD physicist with a medical doctor, with multiple specialties including cardiology and an attorney, somebody's got a JD degree and put them all together, you end up with Dr. Richard Fleming. This was an extraordinary conversation when an extremely intelligent man who doesn't seem to suffer fools too well. He has a lot of comments around what's going on with COVID. Let me tell you, they're well informed as you will see shortly. Let's jump into this interview. I think you're going to really enjoy it.

Dr. Patrick Gentempo: Dr. Fleming, thanks so much for taking the time. I have to say, I marvel at your background as far as the varying degrees you have, and the disparity of interest where you're in varying places, but I think you pull all this stuff together. It's important I think that we get into your background a bit. Talk about how you got to be doing all the varying things that you do today. Where does this story begin for you?

Dr. Richard Fleming: During the time that I was growing up in Iowa, which was during the 1960s, there were a lot of different things going on in the United States, perhaps not too dissimilar to what's going on today. Although at that time, it was a space race and riots in Vietnam, and certainly a lot of interest from the federal government and what was going on. The JFK administration had selected out at the very beginning of the 1960s, a program for little mutants to try to adapt them and accelerate their learning curve. In elementary school grades kindergarten through six, I was living what I thought was a normal life. Although in reality, we were being tested every year. We were being tested for IQ and aptitude, and we were being given a whole series of tests, not dissimilar to what a lot of people talk about with Event 201, where we were asked to run essentially scenarios where people were going to die in selecting out who died, and who lived in under what circumstances.

Dr. Richard Fleming: Obviously, we didn't give a second of thought to it, we were kids growing up. It was actually fun and challenging. By seventh grade, junior high, and what they now call middle school at the very beginning of the year, people from the federal government showed up. We had auditorium meeting where they simply called out 30 names and our lives began a different process. While we were in the same school system with everybody else and doing the same academic stated, we also had these advanced programs based upon our aptitudes and mine was calculus and physics. I got to do lots of fun things. It was mostly high energy physics that was my interest, my very strong interest. Of the 30 of us that started that program, there were 13 that completed it. Three of us that really did what I consider substantial work. I got my high school graduate degree on one day and two days later, I got my doctorate.

Dr. Patrick Gentempo: What was your doctorate in?

Dr. Richard Fleming: Physics.

Dr. Patrick Gentempo: Physics, wow.

Dr. Richard Fleming: The only real science. Then, some people get confused about getting lower degrees after you get higher degrees, but everybody knows somebody who's gotten an advanced degree and then they go back and they get a master's in public health, or they get an MBA, well, those are lower degrees for many people than what they got before. It really depends upon what you're doing as to what those degrees are. You can go back and get other degrees. It's fun to just splash around in other territory and learn different things.

Dr. Patrick Gentempo: You have also a medical degree?

Dr. Richard Fleming: I'm also an MD, a medical doctor in allopath. My specific area is I went through medical college. Then I did a year of research during medical college on sodium in Waban receptors for high blood pressure. Then I did my internship and then residency and fellowship. Then, I did advance year of Positron Emission Tomography training in the fellowship. I'm a new nuclear cardiologist. I'm boarded in nuclear cardiology. I actually helped write the boards for nuclear cardiology. Before I ever got to medical school around, I want to say 1976, I always have to look at the CV to remember. I got put on the faculty for American Heart.

Dr. Richard Fleming: At that time I was the youngest person, maybe still, I don't know, I got put on several committees. One was for basic cardiac life support, one was for advanced cardiac life support, and one was called the physician cholesterol education faculty. I was one of those people who ran around and taught all these different skills to people. Helped write the protocols and helped do the investigation of what causes heart disease, including cholesterol. Helped to rewrite those numbers that was on the panel that changed all those numbers that everybody laughed at us and said, "You guys going to know what you're doing because we kept changing the numbers."

Dr. Richard Fleming: We knew where we were going, we just knew if we took everybody there directly that everybody would have a stroke. We gradually took everybody in increments certified in Positron Emission Tomography, as well as spec imaging and planar imaging. Part of my work has evolved around the fact that many of the tests that we do are qualitative, they're visual images. A doctor will get a test, going to look at it and say, you do, or don't have a problem. That's not very reliable because it's a guess. You're either wrong or right and you get what's called sensitivity and specificity issues where you're wrong, and that's not what you need. You need something that's exact that can measure. That's what I went ahead and worked on and then develop the patent to do that called Fleming Method. It's got a longer name, but we asked to call it Fleming Method for people. It was on the cholesterol education faculty then, I did a couple decades worth of looking at that.

Dr. Richard Fleming: Then, I felt very uncomfortable with what we weren't sorting out and began further investigation. In 1994 at American Heart, I presented what was heresy at

the time, a different theory on heart disease and inflammatory process with cholesterol and triglycerides and homocystine, bunch of other things, and then viruses and bacteria amazingly enough. Then explain that this inflammatory process, which is the body's response to something going on that shouldn't be happening, but is happening, produces this inflammation and blood clotting, which is what COVID-19 is. It's an inflammable thrombotic response to SARS-CoV-2. A lot of people have talked about the theory of inflammation of heart disease.

Dr. Richard Fleming: It's clear to me that it's mostly lip service that they've done because had they really understood it and read the theory and recognized what I said, they would've been prepared for SARS-CoV-2 and COVID 19. One's the virus and one is the disease. SARS is Severe Acute Respiratory Syndrome coronavirus 2. Although, there's been seven that infect people and then coronavirus disease that was first detected in 2019 is where we get COVID-19. It's like cholesterol and heart disease, coronary artery disease, HIV and AIDS, SARS, and COVID-19. You have one thing that can predispose and the other is actually a disease that you need to treat.

Dr. Richard Fleming: The theory and the patent in method for quantitatively measuring what's going on at tissue level, which is still the only patented method that does, that was very helpful for me when all of this started, because then in the beginning of 2020, what I did is I looked at what information we really did know about viruses and treatments for viruses. Then put together a protocol that we tested in seven countries and found treatments. We found what worked, what didn't work, because we actually quantitatively measured it. Out of 1,800 people, we lost three people, which is still three more than I wanted to lose. That's a 99.83% success rate, which is not bad, but it's not perfect, very few things are. Then I began looking at because obviously with my personality and my background, and this is my 53rd year of doing research, I asked questions that other people have now been asking, which is what's the origin of this virus? What's the involvement of different people?

Dr. Patrick Gentempo: Can we talk about the origins? In your assessment, how do you see the origin of this virus? What do you think it is?

Dr. Richard Fleming: If your listeners are interested, there's a book that we, we published in September called Is COVID-19 a Bioweapon?: A Scientific and Forensic Investigation, where I lay out many of the details for people. Yesterday or the day before and I'm not sure when this video will come out, but yesterday or the day before, NIH finally admitted that it had been funding gain-of-function research. They're throwing people under the bus right now because it's very clear to them that they've been caught on this. We've been talking about it for a while now. If you go back, you can see what's called gain-of-function research that the United States has paid for. In fact, the Department of Defense has done has paid for more than half of it with a gentleman by the name of Peter Daszak at EcoHealth, who made it possible to funnel federal monies from NIID and NIH and Department of Defense, and several other federal agencies to Ralph Baric of

the University of North Carolina. People at University of Texas, Galveston. University of Iowa, Wisconsin. There's a lot of players that have been involved with this.

Dr. Patrick Gentempo: Can you briefly explain what gain-of-function is, just briefly?

Dr. Richard Fleming: Gain-of-function is where you take something like a virus and you change it to either make it more effective or more dangerous. Now, the premise is what you want to do is stay one step ahead of a problem. If you do that what's coming down the line. The reality is, however, if you look at the two decades worth of research and funding, and even the patents that have come out of this, you see that this has not been let's just stay ahead of it phenomenon. This is just how far can we push the envelope type of thing?

Dr. Patrick Gentempo: Can I ask a question because this is interesting to me and I know you also have a degree in law in your spare time. Obviously, you know something about intellectual property based on that experience, I'm sure. When you say patents, are you saying that they patented viruses that they created or what's a patent?

Dr. Richard Fleming: That's one of the big misconceptions that people have. If you want to know what a patent is, you basically look at what's called the claims. There's a lot of stuff that we put down, but the claims are what you're claiming. When you look at all of these different things with the viruses, they're not claiming they can make a virus. What they are claiming is that they have developed a method to change viruses. That's what these patents are. A lot of people have read through those patents and said, "Oh my goodness, they're patenting life." That's not what those patents say. Those patents clearly state that here's the process. One of the patents, very specifically states when you get to it that NAID Anthony Fauci's group and NIH funded research, very specifically for the gain-of-function or alteration of the spike proteins of coronaviruses. It doesn't get much more specific than that.

Dr. Patrick Gentempo: Was it recent or was it years ago that Fauci and his team have that patent that you just described?

Dr. Richard Fleming: That patent is sometime within the last five to 10 years. I think it's always interesting. People look at my history and they think, "Well, this guy's all over the place." Where if you really look at the threat of my research, there's a continuity to it. There's continuity to Baric's research. If you look at Baric's research, he began with what was called transmissible gastroenteritis virus or TGEV. It was a virus that affected the gastrointestinal tract that was easily transmissible. That's really where his work began. Then over time as you track him, he merged into this area of coronavirus is about the same time that Shi Zhengli did back in 2004.

Dr. Richard Fleming: The bashing of me by the federal government and the court case relates to the fact that the neuro-5 AC receptor that I was working on for heart disease

happens to be the same receptor that was critical for Shi Zhengli to take her HIV glycoprotein 120 inserts into the coronavirus. That's where that attaches. Reality is you wouldn't want somebody like me working on, even though I didn't know what they were working on, working on that same field, because problem for what they're doing. It turns out it's the exact same receptor. Then, the quantitative work I did in nuclear imaging exposed big pharma lies. Yet they came after me with a vengeance, which is fine. I'm still here, still standing, still sharing the information about what's really going on, which is what's critical. That was the time zone that Shi Zhengli and everybody else was working on the beginning of this coronavirus.

Dr. Richard Fleming: We were completing the human genome project at that time. It wasn't known to researchers that all viruses can reverse transcribe or get into our DNA. The way they do that is about 18% of the human genome, our genetic code has what's called long interspersed nuclear elements. Those elements allow viruses to reverse transcribe. DNA to RNA is transcription and RNA to protein is translation. DNA to RNA is transcription. RNA to DNA is reverse transcription. It's the ability to take an RNA virus and inserted into DNA. We now know that this virus, SARS-CoV-2 does this in all, but three human chromosomes. It's also been known in cardiology for some time that platelets, which are part of the thing that help your blood decline are very rich and reverse transcriptase. We know that CD4 T helper cells, which are type a white blood cell that deal with infections, including SARS-CoV-2 and HIV, are rich in reverse transcriptase.

Dr. Richard Fleming: Which is how HIV gets into our what's called our T helper CD4 cells and hides until it re-exposes itself, which is why it's a problem. Well, it turns out that it would appear that Shi Zhengli thought that she needed the HIV glycoprotein 120 to reverse transcribe and to do attached to the cell, which is how it initially attaches to the cell. Luc Montagnier has done a wonderful job of showing that there's a tremendous amount of HIV and SIV, which is simian immunodeficiency virus or equivalent to HIV, human immune deficiency virus in the SARS-CoV-2.

Dr. Patrick Gentempo: You brought up Luc Montagnier who's a Nobel Laureate. I'm glad that you cite where his work is directly in this arena. It's very relevant to what's going on today. Do you agree with the sentiments? He seems to be really alarmed with what we've been doing. Do you agree with his sentiments around the COVID response?

Dr. Richard Fleming: I know professor Montagnier, McLaren, who's one of the head experts in the world, in Japan, for MCAC research and myself provided the three affidavits for the international criminal court case. We're the ones who are providing the expert testimony behind the scenes. I chuckle when people criticize Montagnier because it reminds me of every student who ever comes into the classroom who tells the professor they're running. It's like, "I don't have time for that when people come in and do that with me." Then, Montagnier doesn't have time, we just chuckle.

Dr. Richard Fleming: You need to learn a lot more before you get to that. He is appropriately alerting people to concerns about these vaccines, which we have data now that I talked about extensively that shows that the vaccines actually impair the immune system. One thing I started to mention earlier was that in 2017, Baric and his group stumbled across open reading frame 10 for a coronavirus. If you insert open reading frame 10 into SARS-CoV-2, it will shut down the human immune system with open reading frame 10 in that genetic code, you cannot make interferon or you do not make interferon. There's no innate immune response to protect the person. That's the baseline.

Dr. Richard Fleming: You have innate immune response, which are the T cells that we talk about. Then you have adaptive humoral antibody response, which is layered on top of that. You have to have that innate system or the antibody system doesn't work. We know that there's much more dangerous things that they can bring out. In fact, they boasted back in around 2017, 2018-

Dr. Patrick Gentempo: When you say they, who do you mean they?

Dr. Richard Fleming: They being Baric and Shi Zhengli that they could make a more infectious virus than they had.

Dr. Patrick Gentempo: This is University of North Carolina and the Wuhan lab basically collaborated?

Dr. Richard Fleming: Wuhan Institute of Virology.

Dr. Patrick Gentempo: They're collaborating on this gain-of-function research. The boast was what exactly that they had?

Dr. Richard Fleming: That they could make a more infectious, more dangerous pathogenic virus, period. Baric was very honest in a nice Italian interview that we've shown several times where he says, "Look, if we don't sign our signature to the genetic sequence that says it comes from the Baric lab, you won't know." These are nucleotide bases. FYI, let me hit this because somebody asked me a question about this earlier. Anybody who thinks these viruses do not exist is mistaken. This is not 1800s Europe, where we're using Koch's postulates to get bacteria. This is 2021 where we understand that every living organism is made up of nucleotide bases to make its genetic code.

Dr. Richard Fleming: You define it by its nucleotide basis. Viruses live inside of cells. They infect cells and then they live inside of cells. When you sample out somebody, for example, from the lungs with called a Bronchoalveolar lavage so you go in and you do washings with saline and suck it out, you then have to treat that material to get the garbage out. Then you look for the genetic sequences and you pace those sequences together and you know what's there. Anybody who thinks that this virus or these viruses and these variants have not been isolated is simply still living in 1860 and still working with bacteria. Although, I would argue that certainly those postulates have been satisfied from all the studies and with the

last animal study being the humans receiving the vaccine, we've definitely demonstrated that we can now transmit. If there was any question about that, I think we've more than buried that. That's the function of gain-of-function research.

Dr. Richard Fleming: The problem is if you get too far ahead of the curve, now you've got something that's, that's not an evolutionary change that's going to happen. Evolutionary change occurs one nucleotide base at a time. For example, sickle cell anemia is a single nucleotide base and it changes a red blood cell into a sickle cell. Now, the reason why it still exists is because there's an advantage for that. If you're in an area where there's malaria, malaria can't live in sickle cells, so it's a survival benefit for infection. However, you're certainly not going to be an Olympic athlete. There's a trade off there. That's one nucleotide base. There is 1,770 HIV and SIV-based inserts in this thing. One of the other critical things is called the furin cleavage site, which is four amino acids, Proline-Arginine-Arginine-Alanine, and alanine. Amino acids are given a letter of the alphabet so that we can write shortcut in writing. That's called PRRA Proline-Arginine-Arginine-Alanine and that's each amino acid has three bases, that's 12 bases, not one base.

Dr. Richard Fleming: It turns out that insert is critical for the virus to attach because this virus attaches by that of glycoprotein 120 to the neuro-5 ACE, and then it links to the ACE2 receptor. Then it starts to be brought into the cell by what's called the transmembrane serine protease 2 or TMPRSS2. From there, it goes to the furin cleavage site, this PRRA site. Then it goes to Neuropilin-1 and it's brought into the cell. It's a little more complicated than just ACE2. When you start looking at it, that glycoprotein 120, shouldn't be on there. The furin cleavage site shouldn't be on there.

Dr. Patrick Gentempo: If I could just try to understand the implications of this. We could say that basically and obviously this is advanced biology that you're discussing, molecular biology. The conclusion of what you're observing and what you're sharing here is what is that? Was this is a manmade virus? Is that demonstrably true? Is that speculatively true?

Dr. Richard Fleming: Well, if you do the math, if you do the statistical analysis of the probabilities of these inserts it's like 99.999%. If you do the other approach, which is to say, "Well, if it's naturally occurring, there must be animal carrier." Well, there is no animal carrier that's been found. There's no animal carrier that's been found for SARS-CoV-1 from 2002. If you listen to Li-Meng Yan, who is the virologist from Hong Kong, who got out of there and has been hiding in the United States right now, she worked with people that worked with SARS-CoV-1. She said that was a bioweapon as well. SARS-CoV-2 is applicably named because it's version two, it's an upgrade, if you will. I think the confusion when we talk about by weapon is people think that a bioweapon should kill the enemy. Well, I'm old enough and I'm on the Vietnam era. I will tell you that when we went to Vietnam, ammunition were changed to a smaller size bullet so that we didn't kill the enemy. We just maimed the enemy.

Dr. Richard Fleming: The benefit of that is that if you kill an enemy, that's one person off the battlefield, but if you maim the enemy and they have friends, their friends will come and drag them of the battlefield. Now you've taken two or three people off the battlefield. It's a more vicious way if you will of playing war. If you're going to develop a bioweapon and remember the DoD paid for more than half of this research for Daszak and provided friends, who'd been a former commander at the DoD as an advisor for Daszak. Again, the DoD doesn't work with the girl scouts and the boy scouts. You have to look at what they're doing and anybody who thinks that Fort Detrick is not involved in this is a little bit delusional. Let me just throw it out there for you that I received two emails requesting me as a physicist to know if I would be interested in working at Fort Detrick on funding for viruses supported by NAID. Would I like as a physicist to be involved with the imaging of coronaviruses at Fort Detrick paid for by research from NAID? I really wanted to say, why did you send me these requests? Are you not aware that I'm one of the people looking at you and say, "Maybe you shouldn't have been doing this."

Dr. Patrick Gentempo: When were you sent those requests?

Dr. Richard Fleming: In the spring of this year.

Dr. Patrick Gentempo: No kidding. That is bizarre.

Dr. Richard Fleming: It is.

Dr. Patrick Gentempo: Well, maybe you should accept it and found out what was going on over there.

Dr. Richard Fleming: It's one thing to get it and it's another thing to say, "Yeah, let's play this game." I don't want to do that. I'm very upfront. I'm very honest. I'm very trying to address conflict of interest. I do everything imaginable to not play these games that other people play. There's enough people playing the games. You don't need me and they're playing in the sandbox too. I'll just go swim in the pool.

Dr. Patrick Gentempo: This is interesting. Well, first let's do the conclusion. Your conclusion is that this is a manmade virus with a extraordinarily high degree of certainty. You characterize it as a bioweapon. Why do you call it that? In other words, there's the two story. One story is, "It's manmade virus, but they made it in order to stay a step ahead of nature in case something happens." That's one story. The other story is, this is something that has the intention of being weaponized. You conclude bioweapon. Why do you conclude that?

Dr. Richard Fleming: 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 bioweapon. This is way beyond all these inserts are way beyond anything that could potentially be used for peaceful or beneficial purposes. When you look at the vaccine, you really, I have to say, "Well, what's in the vaccines?" There's lots of variants to any virus that exists. The original virus is

called SARS-CoV-2 Wuhan-Hu-1. That's the original virus. They took the genetic code sequence of that for the spike protein and that what is in the vaccines. If that by definition is a bioweapon, then the replication of that in the vaccines is a bioweapon. It's not a bio weapon in one instance, but not in another. The problem with doing that approach is that it's completely different than what we've ever done before. In the past, we've always taken whether you like vaccines or not, I'm not anti-vaccine, I'm just anti-bad medicine. I'm anti-stupid.

Dr. Richard Fleming: If you look at what we've done before, we've taken all the viruses, all the variants and all the parts, and we've weakened them. That's called attenuation, and we've injected it into people so they make an immune response. And then we measure that immune response, the T-cells and the antibodies, and we know we have an immune response. And one question for your listeners to do is to go to flemingmethod.com, go to the EUA documents, and you'll find none of that data is in the 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 immune response.

Dr. Patrick Gentempo: All right.

Dr. Richard Fleming: And in fact, if you read through the EUAs 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 HU1 spike protein and that's what's being injected into people, or something fairly close to that.

Dr. Patrick Gentempo: Well, can I ask a question, just a clarifying question? Is it that they're injecting the spike protein or they're injecting the MRNA that causes your body to create the spike protein?

Dr. Richard Fleming: Right. So Pfizer and Moderna are injecting the mRNA. AstraZeneca and Janssen, which most people call it Johnson and Johnson but the company's Janssen, have double stranded DNA. Okay. So they're injecting the genetic sequence to get the cell to make the spike protein. And we already know that, I mean, again, 2017 was a big year for all of this, that in 2017, Moderna 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. It didn't stay at the injection site. It went to the brain, the bone marrow, or the liver, the spleen, the heart, you name it. And it did it relatively rapidly. So when everybody says, "Gosh, we didn't know it would spread", I'm sorry. Moderna published a paper in 2017 that said it does. So I'm just a dumb nuclear cardiologist, so, I mean, I sometimes follow that up with the guy who developed the theory and the patent, but Jill is still just a dumb nuclear cardiologist. Right?

Dr. Patrick Gentempo: Yeah. So the implications that I think are kind of important, saying that the safety, I guess the proposed theory around the safety of the vaccine was, hey, this is going to stay local. It's going to mount the immune response based on a controllable amount of these spike proteins being evoked from the body, and

then your body will will Mount the immune response. And I always wondered, how do they know how controlled that can possibly be?

Dr. Patrick Gentempo: But the whole premise was predicated on it staying kind of local to the injection site. At this point, we know that it goes through the whole body and you're saying there were papers cited from one of the vaccine manufacturers, Moderna, that showed that this actually goes on. So now the question, if the FDA was made aware that this was likely going to go systemic as compared to local, do you think they would've given it an emergency use authorization?

Dr. Richard Fleming: 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. And it's clear to me that they didn't. In fact, if you look at the FDA's track record, they've pulled off twice as many drugs in recent years as they approved. Now, the only reason for having to pull them is, oops, I guess we shouldn't have approved that. Right?

Dr. Patrick Gentempo: Right.

Dr. Richard Fleming: So that doesn't speak well of the agency, right? I mean, if you're throwing stuff out and you have to take back twice as much every year, maybe you better do a better job. Right? Just my thought. I mean, I've had my go rounds with them over the years. And I've tried to explain these nuclear imaging isotopes and the fact that big pharma selling twice as many much of these isotopes and over exposing people to radiation.

Dr. Richard Fleming: And the response I got from the FDA was, "Well, we need more cardiac cap data, injecting the arteries 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 they said based upon the experts. And I said, "Well, there's only five people who've written major papers on this, Ditri, Zur, Duruin, Bowman and Fleming. And Ditri, Zur, Duruin, 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, I get that question with, okay, so their EUA vaccines, what if the FDA approves it? Well, what if they do, because with their track record, it doesn't give me a lot of confidence.

Dr. Patrick Gentempo: Well, let me ask you this question. Based on your research background and having a deep understanding of literally that is relevant to this whole COVID vaccine program and the mechanisms of actions of the COVID vaccine, et cetera, is that, can you... Because you started talk to about how traditionally vaccines are attenuated viruses, that amount of certain immune response, et cetera, et cetera. Well, do you agree with the statement that this is clearly gene therapy, not vaccines as we traditionally understand them?

Dr. Richard Fleming: Well, I think the answer to that question is what the FDA and health and human services says this is. 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 of mRNA, gene therapy, drug vaccines. Okay. That's the title of the 2017 paper. And then the 2020 paper said, had to do with shedding and shedding is defined as the product of the vector. Well, the vector is how you get it into the body, the lipid 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 health and human services has defined it for everybody.

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

Dr. Richard Fleming: I don't think we have a safety test method for gene therapy because, for example, CRISPR technology, which is related to a lot of this, is kind of a shotgun approach. 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 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, just because the premise is going after a bad gene area, doesn't mean that that's the only place that sequence is at. That sequence, by the way, could be in something that's vital to human survival. We don't know. We don't know. So we're shot-gunning it. Okay? And that's kind of, what's happening with a lot of these treatments.

Dr. Richard Fleming: I mean, this is kind of like Jurassic Park, if you think about it. 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 it's like Jurassic Park. And I find that personally concerning because it's kind of like one of my initial comments was I got to do things beginning in at seventh grade of my life with physics that I wouldn't, in my wildest imagination I wouldn't let most doctoral students do today, just simply because of what it is. So these folks are playing around with something that above their pay grade, as far as I'm concerned, and the results have been devastating.

Dr. Richard Fleming: I think part of this, they had no idea what they're doing. And as they're stumbling around in the dark, they're developing these problems and then they want to, 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 it won't have any effect. The bacteria is resistant.

Dr. Richard Fleming: Well, if you take, for example, escherichia 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. Some are resistant to a different type. So if you have a problem and you put antibiotics into somebody, it'll kill the ones 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 thrive again. Okay? Now, what we've done with this approach to vaccines, targeting HU1 spike protein, is they have obviously developed an immune response. Although it's an imperative immune response, if you look at the data, it interfere with interferon, it interferes with T helper 2 cells, which produces problems and resets the adaptive immune system. But so when it takes out the HU1 component, you see spike proteins, viruses that are far enough away from the HU1 spike protein virus that they can survive.

Dr. Richard Fleming: Well, when did we first see that? We first saw that last year with the 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 we had multiple variants that the further, and you could track this. And, that's how I know because I'm keeping track with the people that are actually doing this genotype sequencing of these variants and these viruses to know what's really going on. And that tells you, and I've exposed and shown in some of a presentations that what's happened is that as we've given each successive vaccine, you can see that not only did it not decrease the number of SARS-COVID-2 cases in the world, in any country, but it has shifted away from the HU1 and the alpha and the beta to the Delta and the Lambda and the Mu, the ones that are further, further away.

Dr. Richard Fleming: So we have pressure selected. We put pressure on the virus to select the viruses that are more dissimilar from the HU1. We've done a great job of proving that. Adding the boosters doesn't change that. It just encourages more pressure selection. I know I shouldn't laugh because it's a concern, but 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, and that's sad. 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 selecting so that the HU1 and the others will come back in the balance and all this natural immunity that people are developing from person to person transfer will catch up.

Dr. Richard Fleming: In fact, there was a paper that was published not three or four days ago that shows, again, I talked about all the parts, so coronaviruses have spike protein. They have hemoglobin, they have envelope, they have membrane. 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 and attacking to defend ourselves isn't even in the vaccines.

Dr. Patrick Gentempo: Well, so let's pause there for a second, because there's a couple of questions that come up based on what you were just describing. One of the questions that's going to come up is, and the second question kind of nullifies it, but assuming the vaccine, the original vaccine, has efficacy for the original variant of the coronavirus. So assuming it had some efficacy in somebody's mind or model, the idea of the pressure that's being put on the virus that's causing these other variants to emerge. I think they're trying to assert, well, that original vaccine is still effective against these variants. Is that false?

Dr. Richard Fleming: Yeah. If you actually look at the data, how these variants are associated with the resistance to the vaccines, and they're showing again that the more these variations occur in the spike protein, the less they are responsive to the vaccines. And Pfizer has already said, "Look, we know this is going to happen." Their CEO said that this is okay because we've changed things at Pfizer. So that within 91 days, if we have something that the vaccines aren't working for, we can make a new vaccine,

Dr. Patrick Gentempo: But wouldn't it have to go through a process of approval again if it's a new vaccine, as compared to saying we're just going to keep giving it?

Dr. Richard Fleming: Well, under the current rules and the current mechanism, I would argue there wasn't much of a review by the FDA to begin with. So I don't know.

Dr. Patrick Gentempo: But I mean, even pretend. They can't just distribute it.

Dr. Richard Fleming: The interesting thing is that they've got everybody in this sense of fear mode so that they can pretty much get done what they want to whenever they want to. And then the, for Moderna, I couldn't believe it when I heard the lady talk about this. The director of their vaccines for Moderna, actually when, during the panel where they were talking about the boosters, actually said that T-cells were not important for immunity.

Dr. Patrick Gentempo: Oh my gosh.

Dr. Richard Fleming: Yeah. And so I thought you're the director of vaccines for Moderna and you don't think T-cells are... Okay, so I don't know how you got that job.

Dr. Patrick Gentempo: You shouldn't have that job. So is this a correct perspective? Basically the vaccine program has created this sort of evolutionary pressure on the virus, which is causing all these other variants and the other variants seem to be a whole lot more threatening than the original virus. And when they start to talk about a booster, they're literally doubling down on the thing that's creating the problem in the first place.

Dr. Richard Fleming: Exactly. And then there's all the questions about what's really in the drug vaccines that they have, because if you do the analysis of the actual vaccines themselves, it turns out that they are not identical to the genetic code for the spike protein of HU1. They're different.

Dr. Patrick Gentempo: Wow. All right. So now the next question I have, something that is a point of controversy, at least at the time of this recording, is that there are people who are basically promulgating that, especially with some of the data coming out of Israel, that natural immunity is a whole lot more effective than the vaccine induced, so-called immunity. But there's other people who are trying to make arguments, and I think there's recently a paper out of Yale, trying to assert, with no real data though, but they're trying to assert that no, the vaccine immunity is actually superior. So that's question one. Do you have a thought around that? And then question two, which would be the follow up, is that, is it possible that someone who has natural immunity then gets vaccinated, that it can compromise their natural immunity?

Dr. Richard Fleming: Yeah. So two good questions. So you'll find out that I don't give my opinion on very many things. I mean, if you want opinions, you've got friends and relatives to go talk to. Yeah. There's way too many people out there giving their opinions and using the heck out people. So I tend to only respond with science and published data and what I know is going on I would like to think that is a key critical difference between myself and many other individuals, including the fact that I won't go along the popular party lines of either side to make anybody comfortable. So the published data shows that to begin with, take that last paper I talked about, it's the nuclear capsid that we do our best job of building immunity to, and that's not in the drug vaccine. So by virtue of that fact, you even make the best defense humans have to SARS-COVID-2. Number one, number two. So the real benefit of natural immunity is that people are making both T-cell and antibody responses to all the parts of the virus, whether it be the spike protein or the envelope or the hemoglobin or the nuclear capsid. And the nuclear capsid, the data now shows is what humans make our best immune response to. And that's not even in the vaccines for people to get the benefit of.

Dr. Richard Fleming: So that's one clear benefit of natural immunity. And the other benefit is that if you look at the papers that have been published, and again, they're on my website on flemingmethod.com and you can go to the PDFs of presentations. There's five types of antibodies. There's IgD and IgE, which are not so applicable here. There's IgM, which is the acute phase. It's a big one that you make up front. Then IgG is that longer lasting one. And then IgA, and IgA is critical because that's your lungs and your gastrointestinal tract, which is where this virus infects, right? So, you don't hear anything about that from the drug vaccines, no discussion, no data. And yet we know from the natural immunity studies that IgG, IgM and IgA are all produced in people who undergo natural immunity, person to person spread. So we know that that's there. We also, it's kind of silly to be looking for antibody levels in people because you don't make antibodies when you don't need them. It's a waste of energy. It's a waste of

resources. And if you made antibodies to everything you'd ever been exposed to, your blood would be so viscus. It wouldn't flow. It'd be thick. It'd be clotted.

Dr. Richard Fleming: So you don't do that. You make memory cells. You make memory cells, and that's the function of drug vaccines anyways, to make memory cells so that when you get infected, notice because vaccines don't keep you from getting infected or spreading it. What they do is they get you to make memory cells so that when you get infected, you have a shorter period of time for your body to respond because you've already seen it. So we know from natural immunity that you've got these memory cells, and you've got IgG, IgA, IgM. We also know that some people who've had influenza or cytomegalovirus have natural immunity to SARS-COVID-2 already. We know that.

Dr. Richard Fleming: So that's the perks of natural immunity. We know from the drug vaccine biologics that when that's given Pfizer, Moderna or the others, that it interferes with the development of our immune response. So for example, the innate level where interferon is made, which is, it means it interferes with the production of viruses. So it's called interferon. Pretty clever, right? Science. That's blunted with these drug vaccine biologics. T helper 2 cells, which are critical too, because that's one of the latter parts of the innate immune system and those cells have to attach to the B cells, the antibody making cells, and they do it with a three prong mechanism. All three parts of those two cells have to match, to say, "Yes, this is in fact the virus. Yes. This is the right antibody. Yes. Make this antibody."

Dr. Richard Fleming: Well, T helper 2 cells are suppressed. So it's kind of hard to make a real good argument for this is a good method. And so maybe it's not surprising that none of that data is in the emergency use authorization documents. They make clever little statements that say antibodies are made in such and such percentage. Right? But there's no antibody data. There's no T-cell data. I mean, they've got tons of tables in there about all these co-morbidities, which as a research scientist, I look at and I go, "Yawn, okay, well, that could have all been in one table. How about the tables that really tell us that there's an immune response?" "Oh, we don't have those." Well, isn't that critical to a drug vaccine biologic, that it makes an immune response? Because everything else is kind of, did somebody think you had COVID? Okay. Well, great. So you had a positive PCR test, which is a good test when done properly and a meaningless test when not done properly.

Dr. Richard Fleming: Because like my patent. If you do my patent wrong, if you don't take on, carry out all the steps, it's not going to work. You Have to do it right. Kary Mullis said PCR testing 20 cycles gives you 1,044,555 replications. Okay. I shouldn't have that number down. That's how many times I've had this conversation with people. Okay? That's enough. After that you're making artifact. You're making background noise. It's completely meaningless and it just tells you there's a genetic sequence.

Dr. Richard Fleming: That's why you have doctors. Doctors go to medical college. They learn how to take tests and symptoms. You get tests, you come in, you get seen. And then the doctor looks at you, says "Well with this test and these symptoms, that means you have this," right? But see, the test doesn't tell you that and the symptoms don't tell you that it's putting it all together that tells you that. So just because you've got that genetic sequence doesn't mean... It just means you've been exposed and you have that genetic sequence, that's it. End of discussion. Okay? And all the symptoms that they use on top of that could be for any viral infection, any bacterial infection, any fungal infection. It could be from cancer. So it's not really discriminatory, the way they did that.

Dr. Patrick Gentempo: You brought up the PCR test and Kary Mullis who invented it. And were you surprised that the FDA basically said at the end of this year, starting next year, no more PCR testing, when that was what they were using as the criteria to shut down our lives, economy and everything else?

Dr. Richard Fleming: Right, because they've come up with a different testing mechanism. Haven't they?

Dr. Patrick Gentempo: Well, tell me about it. What have they come up with?

Dr. Richard Fleming: It's patented. I've got it. So there are three patents that you need to be aware of, okay? Three steps that you need to be aware of. One is a patented test for now diagnosing COVID-19. The next step is a patent that everybody gets wrong where people are talking about nanotechnology in the vaccines. Let me tell you, there's no nanotechnology in the vaccines. There are no little creatures in the vaccines. I know that because we've been looking at that, okay? We know exactly. We have looked at it. There's a lot of garbage out there, a lot of misinformation, all this graphene oxide nonsense. You just wipe it out of your brain. Vaccines have had graphene oxide for some time, and graphene oxide actually interferes with the virus being able to attach to your cells. Okay? I did better wet mounts in second grade than what I've seen these people do, okay? Which is sad.

Dr. Richard Fleming: And it's kind of this oral phenomenon. There are so many people that are saying, "Look here, look here, look here". I mean, no wonder everybody's having a hard time wrapping their brain around this. I get it. I mean, I do fully understand it. The only difference is that I won't allow myself to get distracted. That's what 53 years of being a researcher will do for you. It's like, no, I'm not going to look at garbage. I'm going to stay focused on the issue. You can all go talk about stuff that doesn't matter. This is where the issue is. Stay focused. Then the other issue has to do with... So the second patent is really following people. You don't need anything inserted in people's bodies to follow them. Okay. You got a cell phone?

Dr. Richard Fleming: You're following. All right? Unless you're somebody like me, who has a cell phone with a physics degree where I changed the inside of the cell phone so you can't track it, seriously? You don't need to inject anything to track anybody

when they're already doing it for you. Thank you. I mean, didn't the college students last year show us this when they went on spring break and everybody said, "Well, look, there's tracing." And then they kind of had to fess up that they were actually tracking people. Remember that?

Dr. Patrick Gentempo: Yeah. Yeah.

Dr. Richard Fleming: So you don't track us, but you kind of did, huh? And that was back last year. So that's the second patent, which is the sequence for knowing how to track people, right? And then the third one is the immune response that people are getting from these drug vaccines cannot exist if they're using the drug vaccines that are just the spike protein. To do that and to get the immune response that they are getting requires what's called self amplifying mRNAs, which means they have to include the replicase or to replicate genetic sequence of the virus to do this. How do we know that? Because papers have been published on this.

Dr. Richard Fleming: And we also know that there has been work on what's called transmissible and transferable vaccines. So transmissible is when you inject somebody and transferable is when you put a topical on it. Now, how do we know that there's any research on this? Well, amazingly enough, the bat is the animal that they did most of this research on it. However, with SARS-COVID-2, the animal model isn't bat or mouse or dog or sheep. You want to guess what the animal model that they've published the data on for SAR-COVID-2 is?

Dr. Patrick Gentempo: Can't venture. A penguin?

Dr. Richard Fleming: Human.

Dr. Patrick Gentempo: Human. They tested on humans?

Dr. Richard Fleming: Published.

Dr. Patrick Gentempo: Wow.

Dr. Richard Fleming: Okay. We're the animal model. Okay. So you have a method for diagnosing it. You have a method for tracking people. And if you just vaccinated somebody, you know who they are, and people that aren't vaccinated will show up by their cell phones. Thank you for carrying them. Now, if you wanted to transfer that vaccine, all you would have to do is take somebody who's newly vaccinated and have them just kind of get next to the unvaccinated.

Dr. Patrick Gentempo: So basically, and that's shedding, I guess.

Dr. Richard Fleming: Right. So shedding looks like it's the spike protein that's coming off in exosomes, which is, again, there's a lot of confusion about exosomes. We've known about exosomes for 15, 20 years. They're nothing more than the release. I mean, look, cells communicate with each other by a variety of ways. They communicate with

what's called cytokines. They communicate by interferons. This is not cytokines release syndrome or cytokine storm. By the way, if anybody's told you that, they have a misunderstanding. Just because some of the chemicals are the same that we can measure, doesn't mean it's the same thing.

Dr. Richard Fleming: So cytokine release syndrome is a name that big pharma gave to an adverse effect to drugs that it gave to people. Well, what were those drugs? They took the T-cells out of people. Okay? The innate immune system. They chimered them. They changed them, much like the virus, so that they would recognize the cancer and then they injected that back into people. That's called CAR T-cell. Okay? And then that caused a reaction in the body, because they shouldn't be that bad. Right?

Dr. Richard Fleming: So all these chemicals get released as the cells are communicating. Well, doctors didn't like that. It was bad. People were having bad outcomes. So what happens? If you don't have a name for it, people get nervous. Right? So big pharma gave everybody a name, cytokine release syndrome or cytokine storm. Oh, we have a name for it. Mrs. Jones, you're just having cytokine release syndrome. Here's some drugs for that. We'll give you steroids or whatever. Right?

Dr. Richard Fleming: So that is big pharma changing your cells and injecting them back into your body. Right? The theory I put together in 1994 explains what happens when your body's functioning like it should, but it's being attacked by something outside, too much cholesterol, too much fat, too much damage, too much virus or bacteria causing reaction. And that's called inflammothrombotic response because it's inflammation and blood clotting and yes, it releases many of the same chemicals, but one is a natural occurring phenomenon to addressing an invader, and the other one is a cutesy name given by big pharma to justify it's okay, you're having problems with the drug we gave you. Just ignore the fact that we changed your cells in injecting them back into your body. Okay? So that's one of the things to explain off to people and the fact that people aren't more tuned to that, or have that down shows that they don't really have that fundamental knowledge they need to have. And that's kind of why when I address myself, sometimes I've started at my talk saying "PhD and BJD". PhD figures out problems, MD treats problems, JD causes problems.

Dr. Patrick Gentempo: Got it. So let's summarize here for a moment or two. So number one, you're saying that they're doing away with PCR testing because now they have these new patented tests, and it almost sounds a little bit sinister in a way that you're describing the motivation behind why they're now changing horses.

Dr. Richard Fleming: Yeah. I'm just telling you what's coming out.

Dr. Patrick Gentempo: Okay. All right. Secondly, when we're looking at natural immunity versus the so-called vaccine induced immunity, that the conclusion based on your review of data and literature is that of course natural immunity is much more robust. It's

adaptable to multiple aspects of maybe this infection and its future, as compared to more specified.

Dr. Richard Fleming: Yeah. It's more encompassing of the entire virus.

Dr. Patrick Gentempo: Yeah.

Dr. Richard Fleming: Yeah.

Dr. Patrick Gentempo: Yeah. And so now the last question on that piece is, if I'm somebody now that has had COVID the disease, and I've come through it and I have natural immunity, is there a threat to that natural immunity if I were to go ahead and get vaccinated?

Dr. Richard Fleming: So the bottom line answer is, I don't know, because we haven't looked at that. That hasn't been tested. I mean, I can come up with all sorts of potential ideas, but again, opinions, you've got plenty of friends and relatives to go get those from.

Dr. Patrick Gentempo: Okay. So maybe another question, a derivative question, might be being that there is no data or not enough data to know about that, is it ill advised to get vaccinated if you already have natural immunity since we don't know?

Dr. Richard Fleming: Well, one thing that we do know is that if you get vaccinate with either the Pfizer, the Moderna, where we have the data, it suppresses your immune response. And there are papers that I've talked about that are published that show that they have now challenged people with influenza vaccines, and they don't respond. They don't build an immune response to the influenza vaccine after they've received the SARS CO-V2 vaccines, one of those.

Dr. Patrick Gentempo: Right.

Dr. Richard Fleming: That's published data. So that suggests maybe, well, we know it's reprogramming the innate immune response. So the argument would be if it's reprogramming the innate immune response, now you're having problem just maintaining your natural immunity, which is not a good thing, I think. Right? And, and I think my response to your prior question is if you already have natural immunity to something, I'm sorry, why would you get vaccinated for it? I mean, have you not already achieved the goal? I mean, I've had SARS CO-V2 twice.

Dr. Patrick Gentempo: Twice?

Dr. Richard Fleming: Yeah. I had it in January of 2020 when it first came around, and then a couple months ago someone was kind enough to share the Delta variant. And I was just running at light speed, like we're doing right now. And I did pretty well for the better part. And then I just kind of didn't do well after about a week. And then I

just simply took one of the drugs that's in the protocol, that I believe that drug is probably the only drug that's needed. Although again, since I have not quantitatively measured that, I'm not releasing the name of that drug, the published data is the published data that we have measured, and anything else is just something that I think we should measure and we're working on it. But we're also working on treatments for people who've been vaccinated and trying to get those quantitative measurements done. And again, that's all being done outside of the United States in three different countries this time, with what looks like good responses. But again, they need to be quantitative of this. They got better doesn't mean it's what we're doing. They could have maybe gotten better on their own, right? Or in spite of what we're doing, yeah.

Dr. Patrick Gentempo: Right. So, well, this is interesting for your own anecdotal circumstance. So you had natural immunity and still got reinfected because of the variant.

Dr. Richard Fleming: Yeah. And I almost kicked it, but to be real honest, there were a couple things that happened all of a sudden that put additional physiologic stresses on me, and that was just enough to do it. And it was like, "Okay." But I will tell you that the original infection that I got was the worst I have felt in probably about a decade. It took me about three, three and a half weeks to respond to it. And that was before everybody was coming out and saying this was really here. And it's like, "No, this is completely, I don't, I don't like this." And I've had influenza, okay? Back when I was a cardiology fellow, I had influenza A, and I was as white as a sheet. I wasn't white as a sheet, but I had no energy. and that was along with all the other typical respiratory symptoms and GI symptoms for those people who want to do TMI.

Dr. Patrick Gentempo: Okay. So, well, final thing that I want to talk about, and I think we could talk for days. Obviously you got a lot going on up there in that mind of yours. So, let's go back to the big picture. You talked about this affidavit that you were a part of with other scientists that was filed, I guess, in the world court. What's in that affidavit and what motivates you to work with these other scientists to file it?

Dr. Richard Fleming: The scientist in me, as I start to investigate what was going on with this virus, and watch what's happening in the world and watch the interference with people getting treatments that they should be getting, and watch the coercion of vaccines and the denial of informed consent means that somebody has to do something. And at some point in time in your life, you really need to decide what you stand up for. Everybody wants to live. I think most people want to live at a point in time in history when they make a difference. And so I see many people stressed and wishing that we weren't in these times, we have been given a golden up opportunity to stand up to people, similar to people that were in Nazi Germany in the 1930s and 1940s, where they did experimentation upon people, all for the good of humanity, all for the good of Germany, which was the good of humanity as they saw it.

Dr. Richard Fleming: And it was fine to do that, that whatever they wanted to do was fine. And we took a lot of steps after that. We did the Nuremberg code, which doesn't have a

jurisdictional limitation. Everybody signed onto that. We did the international covenant on civil and political rights. We've signed and ratified that. It says you won't do things to people without informed consent. The AMA code of ethics says you won't do things to people without informed consent. Informed consent means that you actually are informed of what could happen, the benefits, and you decide to voluntarily do that. The Helsinki documents are rules for research connection of individual subjects.

Dr. Richard Fleming: So the codes of humanity, the laws of humanity, the treaties that we've signed have all been violated. People have literally lied about money for gain of function until two days ago, right? I mean we're in month 22 right? 22 months of lying through their teeth until they're throwing each other into the bus. That's why this is coming out. I don't have an option in this. I think most everybody who's coming forward and talking about this, this is not an option. It's not like I wanted a battle. I mean, honestly, in 2019, this is what I saw myself doing in 2021, but I'm here. And everything that was done to me previously did nothing more than train me for this moment. But I want to recognize some people here while we have an opportunity. The international criminal court case that has been file is the only case that I'm aware of that hasn't been kicked out. All the others that I've heard of have been kicked out for procedural purposes. This case is a set of four cases from some very brave attorneys who have stepped forward. And I want to recognize them. Kira S. McCullum and Melinda Main from the United Kingdom filed case 143-21. They along with Slovakia attorneys, Peter Weiss, America Perisikovna, and Eric Schmidt filed case 133-21. In France, attorney Patrick Lapillier and Rafael Cohen filed case 271-21. And the Czech Republic, Thomas Nielsen filed case 326-21.

Dr. Richard Fleming: Now they filed to join their cases with the ICC so that this type of information could be addressed and crimes against humanity for the people involved in the could be addressed and taken care of. And then along with Dr. Kevin McKaren, who's probably one of the world's premier Reeses monkey neurobiologists, who has been warning people about the prion diseases, which we didn't even get into with the spike protein and the animal models that show prion diseases like Mad Cow disease and Alzheimer's stemming off not only the vaccines, but the virus. And then myself providing sworn affidavits. And then most recently the three individuals from Nazi concentration camps that are survivors of that, Mosha Brown, Leo Handler, and Vera Sharav came forward to file documents with the ICC to say, please do this.

Dr. Richard Fleming: And now if you go to the website, you can find a link for signing to the letter petition to add further to that. And we have evidence that we will be sometime in the next week, week and a half. And it's enough that I can't even mention it during this documentary that is significant about the vaccines and what we now know is going on. People coming forward to address these crimes against humanity. These people knew what they were doing. Again, they didn't have the knowledge base to develop the technology and the genetic sequencing, but they played with the tools and they saw what they were doing. And they did this intentionally and knowingly and willfully. And I would say maliciously.

Dr. Richard Fleming: And they have harmed people, they have shut down societies. They have blocked treatments, which it's the absence of treatments, which are why people died. When you tell people there's nothing to treat you with. When you have a bad disease and you don't treat it, people die. You don't have to be a rocket scientist to figure that one out. And then they push these coercive efforts for drug vaccines, and without informed consent that violates the US constitution. And the president of the United States doesn't have the authority to mandate violating the US constitution. In fact, that's treason on his part, and anybody involved who's taken the oath of office to uphold and defend the constitution is violating article six, the treaty component that says, this is the law of the land. And that's not a minuscule thing.

Dr. Richard Fleming: People in the United States think, well, we don't want to have to have treaties tell us what we do, because then other countries will tell us what to do. No, no, no, no, no. A treaty is something the United States decided to enter into. And the reason why article six is there, is because the founding fathers saw what the British did. They've made treaties and never honor them over and over and over again. And the founding fathers said, "Wait a minute, if this country steps up and it makes a treaty, we will stand behind that treaty. We will not be like the British." So this is critical. This is fundamental to this country and what people think that the United States stands for. And we better stand for what we say we stand for, or we're meaningless.

Dr. Richard Fleming: The people throughout the world that I talk to in multiple countries, physicians and scientists and people that are just concerned about this virus and about these vaccines and about the rights that have been taken away, and the threats to their family, ask a common threaded question, which is what is the United States going to do about this, right? We're still supposedly the beacon city on the hill. If we abandon this beacon city on the hill, there is no beacon city. My parents and grandparents looked at me and they said, we want you to have a better life than we had. We want you to have more opportunities to be more successful, to have X, Y, and Z. Am I to look at my children and say, I want a lousier world for you, I want less freedoms for you, I want less rights for you, I want less security for you, I want more manipulation of your life for you by governments? Am I to be the generation... I won't. I won't. I don't have an option.

Dr. Richard Fleming: And as a scientist researcher, when Fauci says he's science, okay, I need something So I won't vomit because after 53 years of research, he's not science. I haven't seen anything published by Anthony Fauci that's a real science paper. Lots Of opinions, lots of garbage, okay? And that's great. Knock yourself out, but that's not real research. That's not real science. That's not real anything. That is you're in charge of a bureaucratic agency. Congratulations. And you perjured yourself before Senator Dr. Rand Paul. You need to be held criminally accountable. You're a real criminal. It's time we quit punishing the non-criminals and calling them criminals in time. We actually go after the real criminals and hold them accountable. And if we're not going to do that in US courts, I think it's

important for people to realize that Nuremberg wasn't just a trial over the Nazi head leaders.

Dr. Richard Fleming: Nuremberg trials were 12 trials and it included trials for the government. It included trials for the doctors. It included trials for the judges. It included all of these people. Yeah, and they didn't think that they were going to be held accountable for it. So when everybody says, "Well, you can't pull the United States into an ICC case." Guess what? Yeah, you can. And guess what, if the ICC won't pick it up, then we do a Nuremberg too, because there are judges throughout the world that want something done about this and are willing to sit on a tribunal to hold this accountable. And if that's where we have to go, that's where I'll go to get it done.

Dr. Patrick Gentempo: Well, I could say that this is extraordinary times that we live in which require extraordinary thinking and actions. And you seem to be uniquely adept... I mean, who, who could have thought with your training that you have in all the varying disciplines that they would converge at this point in time? And they have. It's hard to stay optimistic, looking at everything that's going on right now. And the complete absurdity of it, and the insanity of it. But at the same time, I wish I give attribution and for whoever originally said it, but all that's necessary for evil to prevail is for good people to do nothing. And I think you're that good person that's doing something. So I appreciate the fact that you're willing to take your time and your expertise and share it here. But further to get into the international criminal court and to push these issues, and to not back down is what's required. It's heroic action, so thank you for that.

Dr. Richard Fleming: No evil that has ever ruled, ever thought that it could be defeated. And yet every one of them was.

Dr. Patrick Gentempo: Yeah, I think that should give us all hope. So thank you so much for your ongoing work and also for your dedication to not just recklessly giving opinions, but to staying very focused on what's known, what's demonstrable and basing actions on that as compared to, I could put it, emotions unattached to reality. So again, thank you so much for being here.

Dr. Patrick Gentempo: My pleasure, thank you. There's not too many Richard Flemings in the world. People that have this mix of expertise who also care about the planet and care about the future. I found his comments and that conversation to be extremely compelling. I'm sure you did too. Thank you for being here.

Dr. Ken Ruettgers

Dr. Patrick Gentempo: Next up is my interview with Dr. Ken Ruettgers. Now, Ken is not a medical doctor. He's a PhD, but he also was a former lineman for the Green Bay Packers and played there for several years. Don't see too many NFL football players who end up becoming PhDs. But why is he in this series? Because his wife was vaccine injured. And as he started to dig into this, he started to see how these people didn't have a voice. And he created a website called c19vaxreactions.com. Why did he feel compelled to do that? Because he saw people who were trying to speak out and commune who were vaccine injured, being canceled on social media. So it's amazing his story, as far as what kind of opposition he faced and his wife faced, who was vaccine injured. When it came time to try to speak about this publicly, it's quite a tale. I'm happy to share it with you right here.

Dr. Patrick Gentempo: Ken, thanks so much for taking the time. You have a pretty fascinating background, and I think it's worth talking about it. So tell us kind of how you went from the NFL to a PhD, and then now to what you're doing today and your activism.

Dr. Ken Ruettgers: Yeah. Well, I mean, the activism is the last thing I thought that I would be doing. It was probably true of a lot of us. But played football for the Green Bay Packers from 85 through 96, had a great run, a lot of fun. And toward the end of my career, wrote a book to encourage dads to be role models for their own kid, a book called Home Field Advantage. And then the publishing company that published a book, which is what brought us out to Oregon, I went to work for the publishing company as author relations and then editorial director. And then I had a teammate that ended up being shot. He was unarmed and shot and killed in a police standoff.

Dr. Patrick Gentempo: Wow.

Dr. Ken Ruettgers: And that's how I got into the nonprofit space for sport career transit. And that's what brought me into getting my PhD in sociology. And after a decade of doing that, I thought I'd like to try my hand of teaching, so now I teach a tenured professor at a college teaching sociology and a department chair of the social sciences department.

Dr. Patrick Gentempo: What position were you playing at the Packers?

Dr. Ken Ruettgers: Played left offensive tackle, so the blind side. So protecting Brett Farve's blindside. So a lot of fun, and a lot of great challenges as well.

Dr. Patrick Gentempo: Yeah. So it also means can't tell, but that gives you a pretty good amount of size that you need to have to take up space though in the line there. So I guess you might have shed some pounds since you're your offensive tackle days.

Dr. Ken Ruettgers: Yeah. I'm trying, still trying to keep that under control. I mean, it's harder the older you get.

Dr. Patrick Gentempo: Don't I know it. But what's interesting is normally you don't think of offensive tackles getting PhDs and becoming tenured college professors, but here you are. So now what brought us together, I could sit and sports you all day and I'd enjoy that conversation, but we're here for a different purpose. Your wife was injured from a COVID vaccine that she received. So can you talk about that a little bit?

Dr. Ken Ruettgers: Yeah. So she's working on her master's in counseling, really excited into an internship program and was being pressured toward a kind of a mandate if she wanted to keep working in that space, getting her hours and getting degreed, so she could work in that space as a counselor, she was going to have to take the shot. So she took the shot in mid January and within the first 48 hours started having reactions. Swollen lymph nodes, went to the medical one night, went early in the morning to the emergency room, ended up seeing a couple of neurologists. And of course we suspected with little doubt that it was an obvious reaction to the vaccine and thought, "Okay, it's a reaction. We know that there are reactions. People get them, and they're short term." But as the days went on and the weeks went on and the symptoms continued to become more serious, and pain, numbness, tingling, internal vibrations, even external vibrations and some other issues as well.

Dr. Ken Ruettgers: It started getting concerning. She found a group on Facebook that of mostly women doctors, because they were in the first roll out of the shot, who had also had very similar, severe neurological reactions. And they were trying to find the answers because nobody in the medical profession had been, the neurologist had not been alerted by the CDC or the FDA or the NIH. And so a lot of these women, they're mostly women because there's some kind of an association, it is believed, connected to autoimmune disease. And so the severe neurological reactions to this vaccine tend to be high in female population.

Dr. Ken Ruettgers: And so they reached out to the NIH because they were being kind of ghosted and somewhat gaslit. Like, "Oh honey, you know, we think this is maybe anxiety. Let me get you some kind of anti-anxiety medication." And they're saying, "No, we're doctors, we're doctors too. Maybe not neurologists or we're in the medical profession or no, I know this is somehow related to the vaccine." And they're saying, the doctor and neurologists, "Well, we haven't heard anything like this." So they reached out, they contacted, they contacted the NIH, they contacted the CDC, they contacted the FDA. They reached out to the drug of companies, especially a couple of them that were in the group that had been in trials. They also eventually wrote a letter, signed it and sent it, not only to those folks, but also to the White House, got no response. So they started reaching out to politicians. They started reaching out to the media. Still only an echo chamber.

Dr. Patrick Gentempo: How was Facebook? Did Facebook allowed the group to continue to post, so they weren't impeded in that way at least? Or what happened there, if anything?

Dr. Ken Ruettgers: Well, it was a private group and they were mostly shutting down the public groups at that time. But they then started to shut down some of the other groups. One of the groups that my wife was in this main group that was started and they were very, very careful. They were fearful of being canceled or shut down. Other groups were being shut down. Another group my wife was in got shut down. And so because of their concern and because their voices were being censored or threatened to be canceled, I said, "Well, let me put up a website for you." My brother does some website work. He's a graphic designer and marketer brander. And so we got together and we developed this website c19vaxreactions.com for this group so that they could have their voices, have their space, without the threat of being canceled. And they could tell their stories.

Dr. Ken Ruettgers: We put up some, just real simple, basic page. They put their letter up, they put some scientific data up, they put a mission statement, which I was thought was very well done. Then they started posting stories. Now there's over 500 stories. And I said, "Well, let's add a Q and A." So we added a Q and A, and we did a video Q and A. And so I got four or five of them on the screen and kind of let them answer what I call the top 10 Q and A's for this space, because was pretty new. A lot of people had questions, not many people had answers, but they give the answers that they had, having gone through where they were. And so it was kind of a website for people that were in this desert of vaccine reactions that found each other in a bit of an oasis to some degree, being there for other people that were in the desert now on that same journey to at least stop and get a glass of water and know that they were not alone.

Dr. Ken Ruettgers: And instead of being gaslit, they were validated and confirmed and valued. And so then I started doing individual interviews so that if the people that were suffering from these effects, if they wanted to tell their story through video, they could do that. And so I was actually interviewing. Had done probably a dozen interviews and was interviewing a 12 year old who had been in the youth trials, and her mom, in a neck brace and a feeding tube. She's now in a wheelchair. And going through the editing process, as you know, you hear the same sound, you work in the same. And by the end of editing that down and posting it, I was in tears.

Dr. Ken Ruettgers: And the fact that nobody was helping them, nobody was listening to them, nobody believed them. I thought, "Gosh, man, somebody's got to be out there that could help these people." And I thought, "Gosh, if I was a politician, how easy would that be to help these people?" I mean, you talk about social political capital, helping people that are desperately in need. And I just thought, "Well, who could that be?" And for some reason, Ron Johnson, Senator Ron Johnson's name came to mind. I didn't know him, but I knew he was a Senator in Wisconsin. I had connections from my NFL days to Wisconsin. And the few times

that I heard him speak in soundbites on news, he seemed like a good man, a decent human being. The didn't speak like a career politician. He spoke like somebody who wanted to help make the world a better place.

Dr. Ken Ruettgers: So I called his office on a Thursday. By that night, we were on the phone. Three days later on Sunday evening, he was on a Zoom call with about 60 in my wife's group, about eight to 10 of them shared their stories. He was take notes for two hours, listening to these stories, asking them how he could help as a Senator, and how he could help them. He also brought Dr. McCullough in who was a bit floored, and this was early June. So pretty early in this awareness of some of these neurological reactions. And so after the Zoom call, he said, "Hey, what do you think about doing a press conference in Wisconsin?" I said, "Yeah, well, I mean, we just want to get the word out and get these people help." We, they want to be real simple. Their goal was to be heard and believed and helped. Pretty simple.

Dr. Patrick Gentempo: Right.

Dr. Ken Ruettgers: These were people that put themselves on the front line of early vaccination, or in the trials, and kind of taken one for the team. They're kind of heroes, right? I mean, they were the ones that went out there first and they ended up drawing the short straw and became collateral damage. And it's kind of like we shouldn't be leaving those kind of people behind. And instead they were not only being left behind, they were being totally ignored. So I said, "yeah, let's, let's do it." So my wife and I, we flew out to Wisconsin, to Milwaukee with four other people that had... The 12 year old, who is now 13. Another one that was in the early trials in November that had lost the use of her legs, had regained it since. Another young lady who had lost use of her body from her chest down, my wife, and then another person.

Dr. Ken Ruettgers: And we were in the federal courthouse and Senator Johnson introduced us. I said a little something of the connection, like I just explained. And then my wife and then the four others shared their story. And all they did was just share they're pro-science and here's our story. We're not anti-vax. And I've been in the locker room, I've been in sport. I've been USC and college sports and Green Bay Packers. I've been around, we've been around the media, we know how that works. I've never been around such a weird space as... It was almost like the cameras, probably half a dozen cameras, reporters, news, media print, media were type. And it was almost like they were just waiting for somebody to mess up so they could attack them, or drop. They wanted to catch the fumble, and attack the errors.

Dr. Ken Ruettgers: And there was nothing to attack, because all they did was share their story. And I thought, "Oh my gosh, this is so powerful." I'm listening, I'm in tears, listening to these people talk and tell their stories. And Senator Johnson says, "Look, I'll come back, but I want you to enter. They're here. They've flown from all over the country to be here to tell their stories and to answer your questions. So I'm

going to leave the room so I'm not a distraction. And you can interview and talk to them, ask them, they want to tell, you know, dig into their stories."

Dr. Ken Ruettgers: Because each one had maybe two or three minutes, maybe four at the most. And not one, not one of these people got question from the reporters. Not one. It was like the Twilight Zone. No curiosity, none. And of course now I know they came and they asked me a few questions because of my Packer, Wisconsin, and then, okay, you're going to... I get it. You're going to kind of frame the story. And there's Ken Ruettgers and his wife. And I got that. But man, no curiosity on... The story isn't me. The story that you're overlooking, it's like they had blinders on. It Was absolutely the Twilight Zone, it was nuts.

Dr. Patrick Gentempo: How do you interpret that? Do you think, and you might be speculating here, but do you think that either they were directed not to write anything that could create vaccine hesitancy or do you think they personally just didn't want to cover the story. Was it coming from above them, or do you think it was them personally or how did you read the room?

Dr. Ken Ruettgers: The only thing I can do is speculate obviously. I have a couple of ideas probably where I lean most heavy on is we are such a divided culture right now and we are so tribal, so this came out saying, "We're pro-science, we're pro-vaxx." They go, "You're in this group." Then they came out and they told their stories. "Well, you're not supposed to tell your vaccine injured stories because that's supposed to be safe and effective and that's going against the narrative of the tribe we thought you were in, so maybe you're this tribe." They couldn't support you. They couldn't support them, but neither could they attack them. It's interesting because one of the reporters that was working with us for months and she still can't get her story published. She started interviewing dozens of people in this space and she's a freelancer, and she still can't get her story because nobody wants to touch it.

Dr. Ken Ruettgers: It was interesting even for her, because at one point she was interviewing a person and said, "Well, what side are you on?" She was interviewing a doctor and the doctor said, "What do you mean what side am I on?" She goes, "Well, what side are you on?" She said, "I'm on no one's side. I'm a doctor. I'm on the patient's side." I think we are so vulcanized, so tribalized in our society that the media, they've taken that stance of, "Here's my camp." These people have been othered like a lot of people in our society. I don't think they were told not to cover, but I think that there were messages saying, "We're not going to cover this, unless it is a certain type of story." That wasn't what was being told.

Dr. Patrick Gentempo: Did Senator Johnson come back out and when he did, what happened?

Dr. Ken Ruettgers: He came back out and he knew. He told me before he said, "Look, I'm going to take the arrows. You guys just tell your story, let me take the arrows." I asked him at one point, I said, "How do you do this?" This guy goes and goes and he's like the Energizer bunny. He just goes and he just speaks truth and common sense. He keeps getting attacked. I said, "I don't know how you do this." He said,

"It's really easy." He goes, "I know who I am." I thought, "Wow." Yeah, so he comes back out and of course, they start attacking him and asking him questions. That became the story. That's really the story that they wanted because it was political and they could politicize it. He represented a tribe that they could attack.

Dr. Patrick Gentempo: I think I saw some of those stories come out saying that he was spreading, again, misinformation and he's buying into conspiracies that have been invalidated. The outcome of these people bearing their souls, sharing their stories, even a 12-year-old kid in a wheelchair, on a feeding tube. Yet, the story is, the senator is spreading misinformation and buying into conspiracies.

Dr. Ken Ruettgers: Of course, he did have some data that he presented. He presented the various data in the spike of this years VAERS reports and he seemed very straightforward and common sense. He even asked when he came back in, he even challenged the media. He said, "Can you name one thing, I challenge you, and I'm open to it. Tell me one thing I've said that's not accurate, that's not factual." No one could pick out any of that. Nothing. Yet the headlines, of course, or a subtitle indicated spreading misinformation. Of course, I got to tell you, man, the people in this group were not necessarily excited to have a Republican senator represent them. I think we would've liked to have seen a bipartisan. It seems like this should not even be partisan. It should be people taking care of people who have put themselves out there to get us beyond the pandemic and sacrificed themselves, drew the short straw, took the collateral damage regardless of political party, we should be helping them. The FDA should be, the NIH should be, and the CDC should be studying them and helping them.

Dr. Ken Ruettgers: The other thing that doctors since then have come to believe is that, and this is true of neurological issues, and it's like a stroke. If you can catch a stroke, if you can catch neurological issues early, the earlier you can catch them, the more successful you can be in the outcome. Yet every day there's more people that are taking the shot. Even though it's a small percentage, I hope no one knows because the people in power don't want to know exactly what percentage are suffering from these reactions. Boy, to get on these neurological reactions really and try to help these people, you could really help their outcome and their lifelong challenge in these areas. Yet we're turning a blind eye. We're leaving them behind.

Dr. Patrick Gentempo: It seems that nobody's doing their job. The reporters aren't reporting, the politicians aren't looking out for their constituency. The regulatory agencies like the CDC, the NIH, et cetera, are not reaching out and wanting to know and trying to take care of these people. It's like nobody wants to do their job. This seems like there's one job: drive the agenda, get people vaccinated. Anything that might inhibit that, too bad and we want to actually censor that. Not even allow it a voice, but actually censor that. I can only imagine your frustration because you're now living with it every day with your wife being damaged. You're seeing that people who are willing to stand up like Senator Johnson, are

being maligned viciously and quite frankly, inappropriately. They're lying about him basically to try to discredit him. I'm sorry that you have to go through all this, but you're putting your uniform back on and getting back out there.

Dr. Ken Ruettgers: Senator Johnson said the same thing. We were getting ready, he said, "If you do this, you're going to take arrows because you're going to put yourself out there." He's originally from Minnesota, so we go back. He lives in Oshkosh, Wisconsin now, so he's a Packer fan. He's got a background with the Vikings growing up. I tell him, I go, "Look, when you're playing the Vikings at their home and you're behind, and you got a two-minute offense going on and you give up a couple sacks and you have to answer those questions after a game, this is easy compared to that. This is a cake walk compared to having to answer those question about what happened? Why'd you lose the game?"

Dr. Patrick Gentempo: He must have laughed.

Dr. Ken Ruettgers: Yeah, we laughed. We laugh good. He's a good man. It's been a real strange journey because looking back now, I think that the group thought, and I thought as well that, well, they must not know. They must not know of these things because if they did certainly our government our CDC, our FDA, our NIH, our politicians, our news media, certainly they would sound the alarm. They would help us. They would study us. They would be out there finding a cure for us. Now, a couple months after this has transpired, I think we look at that and go, "No, in fact, we know they knew way back in the trials that these things were happening." Well, one of people that were at the press conference in November had neurologically, they knew of that, that then as well as other people.

Dr. Ken Ruettgers: They've admitted to knowing that of neurological reactions back during the trials. It's not that they didn't know, I think you mentioned it earlier, Patrick, they have an agenda at all cost, whatever the motive is, money obviously is the first thing that most people look at, but it is beyond me. It is beyond me. We've done more for people with peanut allergies than we have for these people that have sacrificed for the team, for the good of the whole in this. We've studied people with peanut allergies. We accommodate people with peanut allergies and we haven't taken peanut butter off the shelf. We find ways to make it work. These people are getting treated worse than people with peanut allergies and these people have taken it for the team. It's crazy.

Dr. Patrick Gentempo: I think the real disturbing thing is it's horrific that you can have children who are injured to do the early study for children, a part of the trial and just abandon them. Not even follow up, try to help them. It's like the thing that they should be like given exceptional attention as compared to being ignored, literally ignored. It's really unforgivable. Well, I appreciate the work you've done and the work you're doing, and I'm glad that you're giving voice to these people. Through the website that you developed in that project, that these people could start to get together. This activism is not going away for sure. One way or the other, this is going to get known and people need to know about it. I appreciate what you're doing.

Dr. Ken Ruettgers: Thank you. It's great to be here and thank you for what you're doing. For you giving us a voice and giving these folks a voice, so important. Thank you.

Dr. Patrick Gentempo: Well, I'll tell you, when you got a guy who had to protect the blind side for Brett Favre, you got a guy who's willing to get into the fight and stand strong, and that's Ken Ruettgers. I was really glad that he said yes to our interview and that he was able to share his information with you right here, right now.

Dr. Thomas Levy

Dr. Patrick Gentempo: When it comes to COVID, a lot of people who don't want the vaccine are saying, "What are my alternatives? I don't think this vaccine is something I want to put into my body, but are there other things I can do to help support my body should I happen to be infected with COVID?" Dr. Thomas Levy has some very unique and powerful suggestions for you when it comes to answering that question. Enjoy my interview with Dr. Thomas Levy. Dr. Levy, I've really been looking forward to this conversation. Thanks for taking the time.

Dr. Thomas Levy: My pleasure, sir.

Dr. Patrick Gentempo: You have, I guess I'd call an unusual academic background in training as varied as it is. Before we get into the core of the topic, let's just talk about that a little bit. What got you started on the road to becoming a medical doctor?

Dr. Thomas Levy: Well, simple little childhood fantasies of wanting to treat people and help them out. Nothing really profound, but I was strongly motivated from a very young age in this direction. It just naturally evolved. I was always interested in biology. Then, when I finally got my chances and my opportunities, they went toward biology and undergraduate school and then medical school. Then the rest of the training onto here.

Dr. Patrick Gentempo: What specialties did you pick after medical school?

Dr. Thomas Levy: Well, interestingly enough, I did diagnostic radiology for one year. Didn't get any certification in that and everything else was a board certification in internal medicine. Followed by cardiology with a board certification in adult cardiovascular disease.

Dr. Patrick Gentempo: You had these great credentials in healthcare, and then next thing you know, I see on your Vita that you've got a JD. What made you go to law school?

Dr. Thomas Levy: Well, I find that MD/JD stands for medical deity and juvenile delinquent. Gradually become a member of every group I hold in the lowest esteem, let's put it that way. I actually did the law because I worked with Dr. Hal Huggins some 25 years ago. Really, what I consider to be the first biological dentist. Quite honestly, I saw the incredible amount of legal garbage being thrown his way nonstop during the time I spent with him that I had the time and the money, and amazingly enough the motivation that I went ahead and commuted from Colorado Springs to Denver for three years and got my law degree.

Dr. Patrick Gentempo: Wow. It was almost out of necessity to be able to practice in the ways that maybe you wanted to practice to know how to legally defend yourself when the attacks would come?

Dr. Thomas Levy: Pretty much. The basic idea for lack of a more elegant expression is self-preservation. Not being deterred by various challenges that get thrown in your way, and we all know what those are.

Dr. Patrick Gentempo: For sure. You've written also on a variety of topics, you've published several books. One of which I noticed you had to do with dentistry or infections or cavitation in the mouth and how they might affect heart health. Was it your time with Dr. Huggins that that led you in that direction?

Dr. Thomas Levy: Yeah, Dr. Huggins triggered it all. I had the opportunity at his. He had a clinic where people literally from around the world would come in for two-week visits and they would get all the dental infections and toxic metals out of their mouth. Get on a program of dietary regimen and supplementation regimen. I just saw things happen that I didn't think was supposed to happen. One time in particular, I just saw a little old lady in a wheelchair, pretty sick, go through about three hours of grueling dental work and come out of it looking energetic and acting spunky. I said, "Al, I give up what the devil is going on here?"

Dr. Thomas Levy: He pointed at the IV and I said, "I know what an IV is, Hal. Give me a little more info." He said, "Well, it's got 50 grams of vitamin C in it." Well, I didn't even know enough about vitamin C to know what type of dosages that was. As soon as he said that and as soon as I saw what happened to this patient over the course of three hours, I said, "I can't deny my lying eyes." I have to check this out myself. That began basically 25 years of research and work with vitamin C.

Dr. Patrick Gentempo: You've also looked at other things, I think nebulizing hydrogen peroxide is something that you advocate.

Dr. Thomas Levy: Yeah. I have a book that just came out in March, Rapid Virus Recovery: No Need to Live in Fear is the subtitle. That all started because I've been fighting my own, everything I've done is because I've developed a problem and I can't find anybody else or any other physician that could help me with it. I begin my own process, and this was the case. I suffered this a long time. Lifetimes over 60 years worth of sinus problems and frequent colds, and all the different respiratory infected diseases. This is about two and a half years ago and the course of doing my research for the book before this one called, Magnesium: Reversing Disease, I ran across some information on the nebulization of magnesium chloride.

Dr. Thomas Levy: I had just never thought in terms of nebulization of anything before, even though it isn't well-established, but little used intervention. I started saying, "Well, if not magnesium chloride, what else?" We could nebulize vitamin C. We could nebulize a lot of different things. I started thinking, "Wow, I can nebulize things that could kill pathogens." Long before the pandemic started, I had already adopted the nebulization of hydrogen peroxide for myself to keep myself from getting sick on the airplane, which I did with a regular basis. After the peroxide, I never got sick again. Then interestingly enough, right before the pandemic started, and of course I was in Cali Columbia, one of my wife's friends

had a pretty bad cold. I said, "Look, nebulize peroxide, it works great." She started nebulization and almost within 50 or 20 seconds, she stopped coughing. She felt great the next day, nebulized one more time and it resolved. Then I was getting ready to come back and take my nebulizer with me and she implored me that she had so many other sick family, friends, and everything.

Dr. Thomas Levy: I said, "That's fine. Keep the nebulizer and keep this bottle of hydrogen peroxide." Well, that was three months before the pandemic started. Now, what I'm going to tell you, I didn't know at the time that I wrote the book, so that's something information that came after the book. I later on found out and a repeat visit to Cali about a year and a half later that she had treated 20 COVID patients with the hydrogen peroxide and the nebulizer. She actually expanded the protocol to give them a half an hour's worth three times a day, 90 minutes a day of 3% hydrogen peroxide for five days. Now, all of these patients were already severely short of breath, which just very close to the end of the line on COVID if you don't have a positive intervention to interrupt it. I emphasize that these were advanced cases, not early cases. In 20 out 20, she cured all 20 of them in five days.

Dr. Thomas Levy: The important part about this and this is why I wrote the book I felt and I feel it's vitally important to have something that can not only knock out COVID and other respiratory viruses or respiratory infections, but I need something that's cheap, that's accessible, that doesn't need a doctor that's available everywhere else on the planet. Truly, the only thing that meets all that criteria is the hydrogen peroxide nebulization. Then, I showed with my friends 20 out of 20 cases that it could also serve as a monotherapy. It could do it all by itself. Now, that doesn't mean if you have other good things to take, you don't take them vitamin C, Ivermectin, you name it. These people in Columbia, they were just regular folks in the barrio. All they got was the hydrogen peroxide nebulization, and it cured 100% of 20.

Dr. Patrick Gentempo: Wow. What they were nebulizing, it was a 3% solution? Now, I'm sure people are going to say, "Do I dilute it to how much? How do I nebulize?" Do you mind a little bit of detail?

Dr. Thomas Levy: These particular patients just were taking over the counter hydrogen peroxide 3% like you get in Walmart for 80 cents for a pint. In taking that straight in the nebulization chamber. Now, my friend knew and people that I've talked to know that I always say, "If it's not tolerated, if it's causing too much burning or reaching or sneezing or sore throat, you just dilute it anywhere from twofold, to fourfold, to sixfold, to tenfold with normal saline solution, until you have something that's comfortable." I said, however, and this was interesting with these 20 patients. Most of them, most of them were a little aggravated by the 3%, but they were feeling themselves getting better so rapidly they didn't want to dilute it. They would start a little coughing, a little sneezing, but almost immediately, this is another important thing.

Dr. Thomas Levy: Especially with the patients who are getting short of breath, hydrogen peroxide is a very effective deliverer of oxygen you into your circulation. You can document it on the oximeter when you start nebulizing 3% peroxide. You can see your oxygenation go from 94, 95, 96 to 97 goes right on up over the course of a couple minutes. All these patients, even though they felt horribly short of breath, very quickly lost their shortness of breath and were able to respire easily. That's why they didn't want to cut back the percentage at all. For less critical situations, you're not on death's doorstep, by all means, you can accomplish a great deal of anti-pathogen property with extremely dilute hydrogen peroxide. Not 3%, even 1%, even a 10th of a percent, they all work. Logically, if you want to get over something much more quickly rather than take several days to do it, you go more concentrated assuming you can tolerate it. I might that many people tolerate the 3% without any problems at all. We're just talking about the sensitive small percentage.

Dr. Patrick Gentempo: Do you care if it's food grade or if it's just the regular over the counter stuff that you clean wounds with? Do you need to add any sodium to that if you're doing the full 3%?

Dr. Thomas Levy: I started out with just the over the counter hydrogen peroxide. It's worked very well for me, worked very well for family and friends, and for my friend in Columbia. You should never be deterred of using over the counter hydrogen peroxide, if you're already sick, and you need to treat yourself right away. Now that said, the book goes into a lot more detail on the long-term benefits of hydrogen peroxide nebulization which include normalization of the gut microbiome and resolution of leaky gut syndrome, in a very large number of patients. If you go on a regular regimen of it, because you start killing all the chronic pathogens and toxins that you swallow 24/7. I say it's perfectly reasonable if you're going to do it on a regular basis for general health benefit, and a positive on your gut to use the food grade. They sell food grade it's 3%, 12%, 35%. You can get the 3% straight up it's already food grade, or you take the 35 or the 12% and dilute it with saline to 3% or even lower depending on what you want.

Dr. Patrick Gentempo: Now, as you are speaking out publicly about this and seeing the positive effects it's having, are you catching heat? Are people starting to ridicule you because the agenda seems to be do nothing except get vaccinated. It's the only solution and everybody's got to do it. You're proposing something that seems to be extremely effective, extremely inexpensive, no pharmaceutical company profits from it. People can do it right at home. What kind of blowback are you getting, if any?

Dr. Thomas Levy: Not really any. My perception is there certainly are the substantial number of people that say, "That's lunacy. You're going to damage your lungs. You're going to do this. You're going to do that." Even though, hydrogen peroxide is one of the most common molecules existing naturally in your body. My perception, I've seen this with regard to other subjects I've lectured on that are also not necessarily embraced by mainstream medicine, like the use of intravenous

vitamin C, et cetera. I usually, especially in the course of my presentations, my lectures, and definitely in the books that I write, I give solid scientific support for everything that I say. I think most people who think I'm crazy and I shouldn't be saying these things, on the other hand, they can say but, "Boy, he sure has a lot of information at his fingertips. I don't want to make a jerk out of myself and confront him directly or he might make a fool out of me." Bottom line is I haven't got that, but I know there's a lot of agitation out there no doubt.

Dr. Patrick Gentempo: Speaking of the background or the literature review on nebulize hydrogen peroxide, have there been studies done, maybe not specifically for COVID, but in general? Maybe even some for COVID relative to how this is helps people resolve viral loads or respiratory issues?

Dr. Thomas Levy: There's very little on nebulization of hydrogen peroxide. There's a lot on hydrogen peroxide and there's different applications. As the book goes into great detail, as it turns out in your lungs, you actually secrete hydrogen peroxide into the airway. It's really the body's natural antibiotic against any new pathogens that you inhale with every breath that you take. Make no doubt about it, you'll never had a sterile breath in your life and you never will. They've measured hydrogen peroxide in the exhale air, and when you have an infection in that percentage goes up. In every sense of the word, you're just augmenting the body's natural antibody response. Something very important that I like to emphasize is that prescription drugs, they have so many different side effects. They have different toxic metabolic byproducts, well, when you nebulize hydrogen peroxide, after it kills the pathogen, there's two things that are left over as metabolic byproducts. One is water and the other's oxygen.

Dr. Thomas Levy: I pose the question, is there anything better to leave in tissue that's been damaged by infection than a little extra hydration and oxygenation to help heal? It's absolutely for those who are religious God-given, for those who are less religious it's nature design. This is why the body works so well as it does and only rarely gets infected until you hit it with an overwhelming amount of pathogens. It's absolutely in every way, a natural product. Think about it too, you have water H20, you have oxygen, O2, and you have hydrogen peroxide, H202. I can't give you exact amounts, but it's pretty close to being aside from those two, the most common molecule in the body. It's not something that's intrinsically toxic. It only activates under the micro environments that are precipitated where there is an infection, which is acidity, presence of iron, and other transition metals. It's only in that micro environment that it turns on and becomes an anti-pathogen. Outside of those micro environments. It's enormously stable, which is another misconception about it is that it's very unstable, it's just going to break down. It's considered to be a reactive oxygen species, but it doesn't break down easily until you put it in the right micro environment.

Dr. Patrick Gentempo: You also mentioned how it has a beneficial effect on the gut, which of course a lot of the basis for your immune system. If you have a healthier gut, you're going to healthier immune system, is there a challenge for the, let's call them

the good microbes in the gut? Somehow, is it just the ones that you want to basically reign in so that the balance is right? Does it discriminate in some way?

Dr. Thomas Levy: Yes, but I'll back, back up a little bit on that is really before the pandemic started, I was already putting together the type of information to present that as the main theme of the book. The pandemic came along and it became an equal or even more important theme of the book. I was afraid that the gut stuff might get overlooked. From the feedback that I'm getting, it's not at all, which I'm pleased. You have in your aero digestive tract nose, throat sinuses, you have a normal colonization. After you've had a cold or flu, or just about any infection and you've resolved it clinically, you haven't resolved what's called the product pathogen colonization that's present.

Dr. Thomas Levy: When pathogens attached to a mucus membrane in 24 is no more they've developed biofilms that protect them from any antibiotic therapy that you can apply. Bottom line is most people, even when they "feel well" especially, if they have abnormal bowel habits have chronic patches and colonization. It's present in the throat and the nose very heavily on the tongue. It's fed oftentimes by undiagnosed dental infections, toxin infections, et cetera. For most people, the lion share of it as far as affecting the gut is taken out when you nebulize with the peroxide. What are you doing? You're stopping the incessant 24/7 exposure of your gut to pathogens and toxins, all of which are pro-oxidant. As I had discussed in great detail in my book, all disease, 100% of disease is too many biomolecules are oxidized. It's the oxidation that's the disease. You don't have a magical disease in addition to that. The oxidation of a unique array of biomolecules that causes your disease.

Dr. Thomas Levy: Well, a couple things. I first triggered onto this totally inadvertently, but quite dramatically I might add, is when I first nebulized hydrogen peroxide. I was 69 at the time, so I spent a fair amount of time in the bathroom in my life, and 12 hours later I had the most incredible perfect bowel movement ever had in my life. My eyes opened wide, I said, "What the devil is going on?" And then I started thinking about what happened, and what I did, and then I started thinking about the colonization. And then, you read up on leaky gut syndrome, but guess what? The cells that line the gut, that cause the tight junctions that prevent food stuff from getting in, a natural barrier, those turn over every three or four days. So what happens is, and this is a generalization, but I think a pretty good one, I think for most people who have even advanced gut syndromes, chronic ulcerative colitis, Crohn's disease, leaky gut syndrome, celiac disease, and all the different food allergies and gluten allergies, they don't have so much a chronic disease as they have a chronically induced acute disease.

Dr. Thomas Levy: In other words, if you never stop the insult, it becomes a chronic disease, like Dr. Huggins told me many years about a similar topic. He said, "Tom, you can't dry off while you're still in the shower. This I can say with great confidence, you'll never cure, you can ameliorate, you can lessen, you'll never cure chronic gut syndromes until you stop swallowing the toxins and pathogens anew." And in many patients, I got feedback immediately from a lot of doctors, "These two

young women that had irritable bowel syndrome for two years, they started nebulizing and a week or two later, they said their bowels were normal." So this is almost another sacred cow of medicine, you look at the drug stores and the supermarkets and you see the rows, and rows, and rows of gut remedies, diarrhea, constipation, irritable bowel, you name it.

Dr. Thomas Levy: But let me tell you, when you stop swallowing pathogens and toxins, the gut in many people, not only improves, but comes back to normal very rapidly. Now with regard to the initial part, what you've said about the good bugs and the bad bugs: first of all, it turns out serendipitously, I suppose, is that when you hit something that's toxic, for one thing, pathogens accumulate much more iron than nonpathogenic bugs, so the iron is what puts a target on them with the hydrogen peroxide, vitamin C, and other things. So number one, you target the pathogens inadvertently, but accurately, much more effectively, and after the treatment the normal bugs just grow back very rapidly. It's not a long process. When you take the burden off one, the other springs back quickly. Another sacred cow is probiotics. And I'm telling you, if you have a probiotic and you feel good when you take it, it's fine, continue. But you're missing the boat if you don't at least try to address that chronic problem with what I'm talking about here, because this does not need probiotics to sustain a normal bowel effect after you get going with a nebulization.

Dr. Patrick Gentempo: Fascinating. I guess what's interesting is you were writing this book before COVID happened, right?

Dr. Thomas Levy: Yes. And one thing I want to add too, I forgot to say this, I think we all know, but let's point it out in this context, when you have a leaky gut and you have a pathogen overridden microbiome, you're taking those pathogens and toxins into your lymphatics and into your blood stream, spreading them throughout the body. You, number one, cause a lot of disease, but number two, you make all diseases worse. I've had a number of kind of humorous emails. One lady said, "Well, Dr. Levy, I started nebulizing peroxide and after a couple weeks, this pain I've always had in my leg went away. Do you think that did it?" I said, "Well, I don't know." I said, "But it doesn't do your body good to absorb pathogens and toxins, so just enjoy the positive response, but everything that's bad for you in your diseases will lessen when you tighten up the gut and you don't leak things into the gut."

Dr. Thomas Levy: Gluten's a protein. If you digest it like any other protein, you make amino acid, you absorb them and everything's fine. Why is gluten so bad? Gluten so bad is because when it gets into the bloodstream or lymph, partially broken down or not broken down at all, it just happens to be highly energetic. But if you don't have a leaky gut, it doesn't matter. I think peanut allergies would largely disappear as well, all the food allergies.

Dr. Patrick Gentempo: So, with people now, and I guess there's really two modes of this, contextually for COVID, one of which would be prophylactic, the other one is saying, "I have active disease and now I want to try to intervene in the process." Can we start

with the prophylactic side, which you mentioned, but I just want to dig a little bit deeper into. So now, let's say prophylactically, one nebulize, especially I'm a person on airplanes a lot, et cetera. So, would I nebulize a couple times a day for how long? And would I do anything else, like maybe occasional IVs of vitamin C? What would you recommend?

Dr. Thomas Levy: Well, as a general rule, it's individualized. I've been very prone, I don't know if I got a lousy immune system or what, I've been prone to colds all my life, and even when I'm doing well, I'll pick up something quick. In my particular circumstance, I maintain very well by doing it every day or nearly every day. Ironically enough, again for myself and also for another colleague who follows closely what I do, we're sort of carbon copies of this, almost before you start to notice maybe you're getting another upper respiratory pathogen exposure, I find the perfect bowel movements deteriorate a bit. That's my marker, my own personal marker. They're perfect when I'm perfect up here, and when I'm not perfect up here, they loosen up a little bit, they're no longer perfect. That's what works for me. Very logically though, when you're traveling, you want to do it before, and if you have a nice little handheld unit, you can do it on the plane if it's a really long flight, like eight, or nine, or 10 hours, or more, and certainly have it to do at the hotel once you arrive. But most people, a lot of people, they've great systems, they never get colds. If that's the case, I think a good regimen would be once a week. So it all depends on your milieu and your inherent resistance to new pathogen exposures.

Dr. Patrick Gentempo: And then along with that, other things like you mentioned vitamin C, you think that's probably, if I'm someone who's saying, "Hey, I want to gear up my immune system rather than get a vaccine or something. I'd like to take precautions or take prophylactic approaches." So you can nebulize, as you described, vitamin C orally, IV, how would you recommend getting that in your system?

Dr. Thomas Levy: The more, the better, and the closer to IV, the better. Let me say this, a couple things, as it turns out, it's interesting. It's sort of the serendipity of my life, I'm looking at vitamin C at one stage of my life and looking at hydrogen peroxide the next stage of my life, and then it turns out vitamin C and hydrogen peroxide are natural physiological anti-pathogen partners. Pathogens are killed by what's called the Fenton reaction, where vitamin C in large amounts donates electrons to iron and the iron donates to the peroxide, which breaks down to hydroxyl radical, highly pro-oxidant. You do enough of that, it kills the pathogen, it kills the cell. And that's sustained because, as it turns out, you can have other things other than vitamin C donate the electron, but guess what else vitamin C does when you take it in large intravenous doses? You cause the synthesis, serendipitously, of a huge amount of hydrogen peroxide outside of the cell, which then diffuses into the cell and continues to feed the reaction until it goes to completion.

Dr. Thomas Levy: Most people that have taken any chemistry know that no matter what the reaction is, if you want it to continue, you have to continue feeding the

components of the reaction. So you have the vitamin C that comes in, it produces new peroxide and the peroxide, once it's inside the cell, mobilizes more iron from the storage site, so you continue to feed all three aspects of the Fenton reaction until you've completely nuked that particular situation. It's something they work together naturally, you can take other things too, but those should be at the top of your list, the vitamin C and the peroxide for viral infections in general, and then we go into the other prescription medicals, Ivermectin, those are all good. Now let me tell you something that I just came across in the last few days, that's to me beyond exciting. I've had feedback from some friends in India, they run a little clinic there. They do a lot of dark field examinations under microscopy, in which, anybody knows, you see the red cells sit and stand out very nicely.

Dr. Thomas Levy: My friend's son, a very healthy 37 year old male, no medicines, no problems or nothing, took one of the shots. He did okay, he didn't have any real problems. He was a little sleepy the first two days, and then he was in the clinic two weeks later, and they decided to do a dark field examination on him. Well, I have never seen such an abnormal dark field in my life because there were Rouleaux formation where the erythrocytes stack up in the piles like coins and stick together, and they clump all over the place. And what is that, obviously, the predilection to? That's obviously the predilection to a clotting problem, because not only a clotting problem, but a oxygen delivery problem, when they start binding and gather, you can't take up oxygen, you can't let it out, and at the same time, you can't make your way through a capillary.

Dr. Thomas Levy: A capillary is smaller than a single red blood cell, and the red blood cell has to fold up in order to pass. That doesn't happen if they're all glued together in this fashion, it's called Rouleaux formation. My friend did an ozone treatment, ozonated saline and 15 grams of vitamin C IV, and then repeated that, and it was completely normal. So, I make the suggestion to anybody that's watching this, it's only a suggestion, I need more research on this for sure, but there's the excellent possibility that this combination approach, and very possibly just the vitamin C by itself, if you take 15 or 20 grams, intravenously, can completely eradicate and protect you from the potential pro-clotting tendencies of the vaccine.

Dr. Patrick Gentempo: That is obviously a concern with the vaccine and adverse effects that have been associated with it. So fascinating to look at, the in-the-around looking at retrospective groups, "Here's an individual, here's their blood, this is what we see, and then we can look after." That's very compelling.

Dr. Thomas Levy: One good case report, one good observation by somebody who knows what they're watching is just as valuable to me as a clinician than some prospective double-blind study with a thousand people in it. If you can take something that's abnormal and almost instantaneously normalize it, you don't need to repeat that a hundred times. It would be useful to repeat it a hundred times to see if it happened in 50%, 60%, 80%, 95% of the patients, but you don't need to repeat it to verify that what you got was a phenomenal response in that one patient.

Dr. Patrick Gentempo: More along those lines, have you been in touch with other colleagues who have clinical practices, who are doing things like nebulizing peroxide, or IV vitamin C, or other such things for COVID patients? And what feedback have you gotten, if so?

Dr. Thomas Levy: An enormous amount of positive feedback. I don't personally have an active clinical practice, but I have maybe one of the largest arm's length practices on the planet because I don't hide my email. I make my email readily available, I just tell people I'm not here to do consults. I can't do consults for you, but I can answer questions that might not be addressed in my books. And certainly doctors from around the world feel free to write me, ask me questions, and give me feedback. A lot of times I'll say, "Look, you might want to consider trying this. And the only thing you have is to make sure you give me feedback and let me know what's going on."

Dr. Thomas Levy: In that regard, here's a disturbing little anecdote in one way that I got just a couple days ago. A very earnest middle aged mother, registered nurse, her 18 year old daughter went into the ICU and then was intubated for COVID. She was already on the intubation for two days and her mother was petrified, she knew how COVID proceeds, especially when you're already on the ventilator. And she literally begged, begged, begged, the attending physician to give some intravenous vitamin C and also some thiamin. Now listen to this, the doctor finally gave in and said, "I'll do it, but if your daughter gets better, don't be thinking it's due to the vitamin C." Well, they started it and the daughter was off little later, in two days, now out of the hospital and doing fine. So, I get a lot of feedback like that, and none quite so dramatic. That doctor even went on to say, "Now don't go telling your friends that vitamin C cured your daughter. You can't be doing that." And she said, "Well, I'm not going to keep that promise."

Dr. Patrick Gentempo: Good for her. That's one of the big issues, is the censorship, where people are trying to freely share information, especially doctors, who've got the credentialing and the standing to be able to share what they're observing in their own patients so that it might help other people. We're seeing that there's a agenda to not allow that to happen, which I think is really disturbing.

Dr. Thomas Levy: Let me say this, I do want to backtrack and say my hat's off to that particular physician though, because unlike 99% of her colleagues would've said, "No, period. End of story." She actually allowed it and she needs to have credit for that, and in a very lefthanded, complimentary fashion, I applaud her for allowing it to be done. But oh my goodness, what's happening, it's happened a long time, not just during COVID. For two decades now, with my involvement in vitamin C, I've seen patient after patient, after patient die in the intensive care unit when their family members, like this family member, literally begged for intravenous vitamin C.

Dr. Thomas Levy: As a lawyer, along with being a physician, I can tell you, at the very least, that's negligent manslaughter or negligent homicide, because there's no justification at all. It's not expensive, it's not toxic, and even if they think it's the most

ridiculous intervention in the world, which they needn't think, because we always give them tons of documented scientific evidence in peer-reviewed scientific journals to show we're just not pulling something out of the top of our head. But no, it's a big problem, and I discussed this in my book Rapid Virus Recovery too, it can't be understated. Medicine is all about money and the welfare of the patient is a distant, distant, distant second, if it factors in at all.

Dr. Patrick Gentempo: That's really unfortunate. Then you start to get the government involved, and the pharmaceutical companies involved, and you have a situation like we have today. The thing that is painfully ironic, what you're describing when you talk about nebulizing peroxide, as you said, it's ubiquitous, you can get it anywhere. It's very inexpensive, it's really pennies, probably, per time that you use it. Just from what you said in Colombia, you have 20 out of 20, and of course the people who try to "poo-poo" it say, "Well, that's just anecdotal." But no, that's 20 real people that had COVID and were symptomatic. Remember we're not talking about having an infection, we're talking about they had active COVID symptoms.

Dr. Patrick Gentempo: You have to pay attention to something like that and I see also that some doctors won't write prescriptions for Ivermectin or some pharmacies won't fill them, even when the doctor writes a prescription. You really are going to just try to deny access to these things? It gets to be highly disturbing. So I imagine for you, knowing that there's an easy, inexpensive and somewhat ubiquitous solution, it's got to be sort of disheartening that what's going on is going on.

Dr. Thomas Levy: Yes, disheartening, but I'm getting increasingly heartened as days go by, because since April now I've allowed the book to be downloaded for free and we now have over 100,000 downloads. It's stimulated enough interest that, even though I don't advertise it that way, it is available in the physical form, and just because so many people saw it in the free download, it's selling better than any of my other books I've ever sold. People are hungry for the information. The only negative feedback I've gotten is some people just persist in using the peroxide for an extended period of time when they're getting a little aggravation in their throat, and they're getting a little burning or singing in their nose, and they say, "I lost my voice for a while", or this, that, or the other. You just have to use common sense and you have to realize too that, other than vitamin C, basically everything is toxic at a high enough dose.

Dr. Thomas Levy: It's interesting because vitamin C that's not the case, but pharmaceutical medications, for example, when anybody starts to try talk about side effects with peroxide, well, number one, there's no side effects, if you do it according to protocol. Number two, over a 100,000 people in this country die every year, not just for prescription medicines, but for prescription medicines being properly prescribed and properly taken. To even talk about whether or not you get a little sore throat from overdoing the peroxide nebulization is kind of ridiculous when you put it in the context of what you're treating, what you're successfully treating, and what the alternatives are.

Dr. Patrick Gentempo: When you put it in context, it almost becomes laughable that people have some concerns around things like this. Just to reiterate, since you brought that up, I think you said in Colombia, when they were treating, this woman was doing three 30 minute sessions a day with a high concentration, 3%. And then you said for other people, maybe in the prophylactic side, is it five to 10 minutes? What do you recommend there?

Dr. Thomas Levy: Or even three to five minutes.

Dr. Patrick Gentempo: Three to five minutes, a couple times a day.

Dr. Thomas Levy: Actually, my hat's off to my friend in Colombia, because I had never really worked with it beyond 15 minutes, but I had never personally, personally treated an advanced COVID patient. Again, I have an arm's length practice, but never had anybody in front of me and done it myself, and just by her own observation and her own feedback, she decided to extend my recommendation to 30 minutes three times a day. And let me tell you, if you're not deathly ill, spending nighty minutes a day with a mask on your face is a bother. You got to stop what you're doing, and this, that, and the other. It's not a insignificant time investment, obviously, if you're feeling better and you're getting over what would've otherwise been terminal disease, no big deal. But the point is everything, not surprisingly, about pathogen elimination has to do with concentration and duration of the anti-pathogen agent.

Dr. Patrick Gentempo: And I guess, as you said, you could start in a place and maybe modify based on what your results are, you sort of dial it into you personally over time, it makes a lot of sense. I have to say this has been extraordinarily informative and I appreciate so much the work that you're doing and the fact that your book is there and that you're allowing people to download it for free. I know that we're also providing it as a bonus for the people that are watching this, so I thank you for that. Any final thoughts or comments you have for us before we tie up?

Dr. Thomas Levy: Maybe a general comment. Probably most of the people that will watch this might not follow to this category anyway, because they're watching it, but people need to realize, and the sooner they realize it, the better, that you'll almost never be well served with regard to your health if you just pick a doctor out of the phone book and go see him or her and say, "Here's my worn body, do what needs to be done." You have to be proactive, you have to research for yourself, and even in the course of research, you got to remember, they have sets of experts that will say completely opposite things, so you just can't find one article you like and stick with it. It's only with when you're dealing with a significant thing in terms of therapy that you can compare three or four different sources with three or four different sources of funding and be able to see that they're reaching the same scientific conclusion. But right now, one of the things I say the most, and maybe it's a good thing to end on, is, unfortunately, there's more politics in medicine than there is in politics.

Dr. Patrick Gentempo: Very unfortunate and I happen to know, being inside this for some years now, that you're 100% right. I think one data point I saw is that there's more lobbyists for pharmaceutical companies in Washington, D.C. than our legislators. So, there you have it. Again thank you, not only for your time today, but thank you for the work you've been doing in your lifetime and the people that you've served. It's made a big difference, I really appreciate it.

Dr. Thomas Levy: I appreciate that. Thanks for that comment and thank you for giving me the chance to talk about these vital issues. Thanks a lot.

Dr. Patrick Gentempo: It's good to know that people like Dr. Thomas Levy are out there and that they're sharing information that can be very effective and maybe even life altering or life saving for you, so I'm glad that he agreed to sit down and share his expertise with us.

Dr. Patrick Gentempo: That concludes episode 11 of COVID Revealed. Thank you for being here, thanks for taking this journey. It is an epic journey with a lot of twists and turns, and such a range of experts that we've featured throughout this entire series. I want to just say thank you for all the kind comments and the encouragement, this has been one of the toughest things we've ever had to do. This COVID issue is so controversial, people don't want to let anybody say anything that's not a part of the propaganda, and the party line, and the agenda. But we couldn't stay silent, we turned our cameras on to the people who have the right to speak to this issue, with great credentials and credibility, and we wanted to share that with you. Just know, we are still in the free viewing period, so what does this mean? This means that you can still own COVID Revealed at a significant discount with some great added bonuses.

Dr. Patrick Gentempo: So many of you, masses of you, have already raised your hand and said, "We're going to own this." Thank you, I've deep gratitude for that, but if you haven't, you still have time to get the packages that we have to offer and get them at the right price. So take a look if you haven't already, see what's there. You might even know some people that you want to buy this for, consider that too. Anyway, it's been a great privilege, a great honor to share this journey with you. We're passionate about getting this information in the world and because of you we've been able to do exactly that. So thank you, and that would conclude episode 11.

Bonus Episode Twelve

Patrick Byrne: Have you ever heard of governors getting involved in writing special orders that say doctors cannot use a drug to treat this disease. Terrible decisions like this being made so rationally. It's unlike anything I've ever seen in medicine. How much does it have to take to tell us there's some other agenda at work here? I've never seen a case where medicine violated the hypocratic oath so blatantly, first do no harm. These are not people who seem at all concerned about any harm they might be doing. They're talking about bringing up the doctors and the World Health Organization on charges of crime against humanity. This could be snuffed out like that if they just legalized hydroxychloroquine.

Dr. Rashid Buttar: People have the ability to heal themselves. People have to get their mind straight, and the mind is the first place that you want to get straight before you can start working on on your body. Over 1.5 million cases of complications from the vaccine, with over 750,000 of those being serious and permanent. Every week the CDC puts out reports of how many people have died from COVID. Who would've thought that COVID was going to be the cure for cancer and heart disease? Because nobody's dying of cancer and heart disease anymore. Look at the common sense aspect. You must wear a mask when you walk into this restaurant. Now you can sit down, you cannot take off your mask, and you can eat, because somehow you're magically protected by the sophisticated virus that knows that you're only susceptible when you're standing up.

Dr. Patrick Gentempo: Welcome to episode 12 of COVID Revealed. This is something truly unprecedented. In the past, we usually run our docuseries nine, maybe a bonus 10th interview. Here we are at bonus episode 12. How did we get to 12? Because this topic is so broad, so encompassing, so critical, the most important subject in the world today, and in my mind, the most important subject for generations of humanity, and something very unique and sort of magical happened. As we were doing our production for COVID Revealed, even as we released it and people knew about it, experts started coming to us saying, "hey, I'd like to contribute my voice. I have some thoughts about this that I think we can share. They're unique and different than some of the other things that you had heard."

Dr. Patrick Gentempo: COVID is a very comprehensive subject. There's so many aspects to it, and with that, there's also this extraordinary degree of censorship and an enormous amount of tyranny that is using COVID as an excuse to take away our civil liberties and to try to only give us the information that they want us to hear, and I have enormous gratitude, number one, for you being here, for wanting to know this information and share this information, and number two, for the experts who decided that it was time for them to step up and face adversity,

maybe even face termination of their positions. As you have seen throughout this series, several of our experts have lost their very prestigious positions that they worked their entire careers for over speaking out and speaking the truth.

Dr. Patrick Gentempo: So, when somebody's willing to step up and sit down and have a conversation and share it with us, we want to let that conversation happen and share it with you. So, that's how we got to episode 12 here. We let it run, we kept it going, we're willing to be able to extend this free viewing period, extend our production, add to its budget so that we can get it all. Our vision for this was to take everything COVID, find the best experts, bring it all here in one place that somebody can go to really get the entire story and every facet of it, and get it from very credible, intelligent, caring people who dare to speak the truth. So, that's what got us to episode 12 here. That's what got you and I here right now. I'm very grateful for you for taking this journey, and while we're still in the free viewing period, if you haven't already, you can still get the series, you can get it at the free viewing period discount with all the bonuses, et cetera.

Dr. Patrick Gentempo: So many of you have already said, "yes." Thank you. Thank you for supporting this work. We put a lot into this. We put everything we had into this, quite frankly. It was too important not to, and you raising your hand and saying, "we're going to support you," and owning this series is so that means the world to us and lets us continue the work. I have to say, this project has been a bit of a struggle insofar as being able to get this information out to you. All of the phone carriers shut down our ability to text you links. A lot of people signed up to say, "Hey, Can you text me the links of the episodes as they come out?", and they got shut down, but our team was relentless in figuring out workarounds and how to overcome it.

Dr. Patrick Gentempo: Different internet providers completely shut us down, would not deliver any of our emails to let you know when this series was coming or when the next episode was. Again, I want to thank our team who worked tirelessly day, night, weekends, trying to figure out how to work around that. Also, getting this information to you has not been easy. The forces that are trying to prevent it are staggering, but here you and I are right now. So I just really appreciate your tenacity in coming through this experience with us and just know that we were not going to be stopped. We are going to find a way to continue to get this information to you. We expanded the production to where we are now here in episode 12, and this information needs to get out there. It needs to be shared. It's not easy. And for a lot of our guests who came on, man, they've got it real tough.

Dr. Patrick Gentempo: So I'm not complaining. I'm just letting you know that this issue is something that I've never seen, this type of oppression and censorship around. And that's why if you own it and if you have it, it's great. You possess it. Nobody can take it from you, you can share it, you can revisit it. In the meantime, we're doing everything we can to keep streaming and keep putting out this free viewing period so that anybody in the world can get access to it. So, thank you for taking this journey, thank you for sharing your time with us and your trust that you

would sit and watch what we have produced for you. And now episode 12 is here, let's dive into it.

Patrick Byrne

Dr. Patrick Gentempo: For series that we have done previously, not really to healthcare, necessarily things like cryptocurrency and blockchain, and wealth and money management, and that type of thing. I have sat and interviewed Patrick Byrne. Patrick Byrne was the founder of overstock.com. And I have to tell you he's one of the most intelligent people I've ever met. He's got multiple degrees from very prestigious universities. He's had great mentors in his life leading up to what he's doing in the world today. When it comes to looking at things on a macro view like COVID and seeing how chess pieces are being moved around on the board. Patrick has some fascinating insights. My partner, Jeff Hays had the ability to sit down and have a conversation with Patrick Byrne about his views here. And now we get to share this with you. So enjoy Jeff Hays interview with Patrick Byrne.

Jeff Hays: Patrick, thank you for being here. I literally, this never happens. I was up til 2:30 this morning, just because I was excited about this, this interview and I'm so glad to be sitting here with you.

Patrick Byrne: Me too. It's been too many years, Jeff. I've enjoyed working with you before and it doesn't surprise me that we get down the road many years and we keep tripping over each other on the same truths.

Jeff Hays: I love it. A lot of my philosophies were formed from conversations that I either read of yours or had with you.

Patrick Byrne: I remember a lot of great conversations.

Jeff Hays: So, for people who don't know you, will you give us a little bit of your education, personal, and business history, a bio of Patrick Byrne.

Patrick Byrne: A bio? Well, probably the right way to tell it is the personal side first, which is that after getting out of college, as soon as I got out of college, I had cancer and I had cancer three times in my 20s and it really meant my 20s was mostly spent either. I spent three years in the hospital and then another two or three years recovering. So my 20s, I was in that academia a lot. So in that process I did a... I was something called a Marshall scholar. I went to England and at Cambridge university and did a PhD at Stanford. Starting off in mathematical logic and switching to political philosophy. So I speak Chinese, my undergrad was in philosophy and Chinese at Dartmouth, spent a year and half over there in Asia back in 83, 84. So, I've been attuned to things, Asia, I don't know what else should I tell you about?

Patrick Byrne: Oh, well business, I'm really a serial entrepreneur. In fact, since my teenage years, I was starting things and always loved starting old project, Christmas tree, farm gigs and such. Anyway, and that turned into real estate and various manufacturing companies and eventually overstock, which I launched here in October 1999 and ran for 20 years and injected in order to go public, I was

starting to go public about some matters and it was starting to destroy the company, including I discovered that the SCC. The SCC started an investigation against me, their team that go nowhere and they give me apology or no action letters, but this was started by the wife of Peter Strzok. So I knew it was time that I had to get away from it, that there were people targeting the company, it's a way of getting even with me as crazy as that sounds. So I ejected and then began coming forward about some matters that America needs to understand. A news blackout has occurred on me. It's been funny, I've been on Fox and CNN and BBC dozens and dozens of times in my life. But since I started coming forward about some things, it's just been amazing. They have a button somewhere they can hit. I've just been snuffed out.

Jeff Hays: Yeah I used to read your Twitter account until boom, it was gone.

Patrick Byrne: Yeah. In like a month I had 300,000 people and then they went away.

Jeff Hays: And it's funny. So I think you got canceled before it is popular to get canceled.

Patrick Byrne: I got canceled on October 6th and that's when I started to come public about the full story, because there's a cover big coverup going on in Washington. And I know some of the things that are being covered up and when I started to come forward back on October 6th, because I did not think it was appropriate that we get through the election. I'm quite familiar with the subject matter of John Durham's investigation. I know what Mr. Durham is going to find, I've known what he was going to find for several years. I think nobody wants me talking about that until John Durham talks about it, which just fine with me. But I think we were coming into what we're going through now. And so, and in which I believe COVID plays a role.

Jeff Hays: And that's the reason I wanted to talk to you about this. I was in reading the things that you post on deep capture and suddenly I started seeing you have first of all, I watched you get COVID and broadcast when you got better from, from getting COVID, but then I'd see you starting to write some really insightful pieces around what's happening with COVID. And so I want to talk about that and then I want to step back and do a much bigger view of, oh, "where does this fit?" So the mystery of the way this illness has appeared, things like ivermectin being suppressed, hydroxychloroquine being suppressed. What are you learning? What have you been seeing?

Patrick Byrne: Well, it might actually be easier to perch it if we start with the big picture first, right? And the big picture first is we are going through "psy-op" if things seem, seem weird it's because you're living through what used to be called "psy-op". I think they have a new name for it, but psychological operation and they have this down, governments have this down to a science regime change and how you do it. There's one basically the same basic plan, but there's one called the Bezmenov model after Yuri Bezmenov of a KGB officer. And it's how you take a country over in four steps, it's demoralizing the population, then disorienting the population, then you bring about the crisis, and then fourth is normalization

and people only get to exit the fake reality you've created the crisis you've created. They only get to exit by accepting the new normal.

Patrick Byrne: And the new normal is... That's a "PSYOP" and that's sort of the classic model and that's what our nation's going through, and I think it's what the world's going through, but specifically our nation, and the step one, the demoralization is COVID. The disorientation was what happened last year with civil disturbance, with Antifa, with precincts getting burned and nobody doing anything. And people declaring chop independent zone. And in October I was walking through DC and I passed in front of the FBI building the J. Edgar Hoover building, the premier law enforcement agency in the world. And there were a bunch of thugs on motorcycles and the leather jackets and stuff, riding ATVs and motorcycles. They'd just taken over the streets around the FBI and they were doing wheelies and donuts and everything and all traffic stopped and no one does a thing and all the FBIs sit there and did nothing.

Patrick Byrne: So before the premier law enforcement agency in the world, 10 yards in front of them, they're saying, "this is not the America you know," and that's really been the big broadcast since June of 2020, "this is not the America you know," so that's disorientation. The crisis is a rig direction, which we can go into if you want. I feel is so obvious, it's hard to... And then last step is normalization where they're trying to tell you, this is normal. And any claims of the contrary are baseless in the whole takeover of the United States. The the demoralization was done by COVID, and COVID still plays a role. We're not going to get out from away from the COVID monster until we accept. I mean, that's what their plan has been only when we accept our new status or that's really the promise, do things get back to normal.

Patrick Byrne: In fact, they will never get back to normal. We will exit unless we do something we will exit as the United socialist states of America. If we exit as a country at all, China and Russia may have other plans for us. So look, I know these are a lot of outrageous claims, but I can back up be one of them. But if you want, we'll just focus in on COVID and yeah, you have it, right, I'm sure you've already talked to other experts that will explain to you about ivermectin and hydroxychloroquine and how benign these drugs are. I've had opportunity to be on both of them in my life at different points. I gather you understand how the response, the public policy response has been anything but science based in those.

Jeff Hays: Yeah. We're not treating people for the first time. You can show up in the emergency room, say "I've got a problem" and they tell you to go home.

Patrick Byrne: Well, when I was in college, I mentioned, I was a Chinese student and I went to Asia and that whole time, all the Americans students who went there, were all put on hydroxychloroquine and I remember being told how benign it was, and you can be on it 10 years, and 2% of people get a heart arrhythmia, but you put people on aspirin for 10 years, 2% are going to develop something. So, but all over the world I remember being in Thailand in 1984. And in seeing in a village

store, two jars, one with aspirins and one with hydroxychloroquine and you would buy the way they lived in this village. If you had a toothache, you bought for 5 cents a pill, you bought your aspirin. Or if you had malaria symptoms, you bought your hydroxychloroquine.

Patrick Byrne: That's just how people lived. It's all over Africa, it's all over the world. It's used, it's been in on the World Health list of the two dozen mandatory drugs that every nation should have in unlimited supply. Hydroxychloroquine that's on the World Health. So it's super benign, super accepted around the world for 60, 70 years. And yet, when it came out and there started to be credible reports of it working on early stage treatment of hydroxychloroquine, you could just see the fix coming in. They went to work to esteem, scientist, Didier Raoult, the French guy. I think he has Nobel and medicine for discovering HIV or something, incredible guy. I think he said "he treated 7,000 people and hadn't lost anybody." All kinds of reports like that were coming in from around the world. And oddly enough, the press started demonizing it and act talking about it.

Patrick Byrne: And I remember seeing CNN sometime, and a couple talking heads were talking about, "if you got COVID, would you dare going on HCQ" as if it was some like far out chemotherapy. And they were asking about something, "anybody would you try aspirin?" It was silly talk. And that started waking a lot of people up, a lot of physicians I know started... That was what they call it now a red pill moment waking up the fix was in there's something odd going on here, it's not being driven by the science. And then the same thing happened with ivermectin, where ivermectin has been around since 81. It's also on the world health list of the two, three dozen as central medicines, everywhere. The guy who invented it won a Nobel prize in 2015, he wiped out a disease who in their lifetime and say, "I wiped out a disease in my lifetime."

Patrick Byrne: "I wiped out river blindness in Africa" and other things, and it's a super benign thing. I have fed it to horses. I had it myself in Thailand when I had parasites. And so again, they demonized this and made it horse de-wormer, well, the molecule doesn't know is if it's in this cardboard box or this glass tube, it's the same molecule. So the fact that you see the mainstream press demonize and acts so crazy. So kooky just tells you that there's some other agenda going on. That is not based on the science, and then the fact that any doctor... I had somebody from the American frontline doctor's association, tell me that at this point, any doctor who is following established protocol on COVID is betraying their patients. This idea that you show up at the hospital, and if you're confirmed to have it, and you're told you go home and just, for five or six days and hope you fight through it, they don't even tell you to go on vitamin C and saying this and that.

Patrick Byrne: Doctors are not doctors anymore, they're employees is what's going on. They've almost all sucked up and become employees of big corporations, and they can't tell you the truth anymore. And they can't tell you the truth. They can't put you on these drugs, have you ever heard of governors getting involved and writing special orders that say, doctors cannot use a drug to treat this disease, right?

How odd is that? I mean, how much does it have to take to tell us there's something, some of their agenda at work here.

Jeff Hays: So, I agree with everything you're saying. I want some help adding it up. So when you talk about this being a "PSYOP" and yes, it's disorienting, I see all the steps, but how do I know that this isn't just random, or this isn't massive incompetence. Is it just incompetence that's praised? How do I know that there's really somebody behind this doing this?

Patrick Byrne: I understand I'm familiar with that saying that "When you're dealing with the government, don't assume malice when it could just be incompetence," but this is beyond incompetence. I spend a lot of time with, of Mike Flynn these days, Mike Flynn was a three star general. People don't seem to understand he got there in the field of intelligence within the military, military intelligence and military intelligence knows a lot about this stuff. He's been telling me what to expect before it happens and pointing out how this is being run with military-like precision, they're so good, it's run beautifully. It isn't just random, remember in the matrix, when the guy sees Keanu Reeves sees the black cat that stutter steps, there are little glitches that just tell you reality isn't really what you're seeing as a facade.

Patrick Byrne: So many things that are happening, that things like governors getting involved and saying, "nope, the doctors cannot prescribe this dangerous thing, hydroxychloroquine to anybody for this disease," for an innocuous benign drug that's used everywhere in the world. How odd is that? Did you see India? How the state Uttar Pradesh that said that 250 million, people roughly US size close to us size and population, you go back six months, they were being overwhelmed. There were articles about like the collapse of civilization in India. And Uttar Pradesh, just legalized hydroxychloroquine. And I remember back then, little package got sold for $2 and 65 cents. And it even had a little blood oximeter in it, and you had some zinc pills, some Tylenol, some HCQ and some ivermectin, 10 pills each and in four weeks, the whole thing went away.

Patrick Byrne: They're now a COVID free zone. They're talking about bringing up the doctors on in the world health organization on charges of crime against humanity for talking them out a year earlier of just going the root of hydroxychloroquine, hundreds of thousands of people died in Uttar Pradesh, millions have died around the world. This could be snuffed out like that if they just legalized hydroxychloroquine, but there's more to the agenda than that, and I don't think the agenda is just, "yeah, there's some drug companies are going to make some money." I fear that the agenda is even deeper than that.

Jeff Hays: Are there people that nefarious, and what is the agenda?

Patrick Byrne: Well, I can give you the worst case scenario. Well there is an agenda, I think that's clear that has become clear to me from the left and I never understood. So I was lucky enough to grow up under the tutelage of an actuary, which is a mathematician who does insurance. And always grew up with this concept of

actuarial soundness, which is like an insurance company can run itself, and if it's not actuarily sound, if it doesn't really reserve what it should reserve each year, it can report excess profits for a while. But then it reaches this point where there's like a pothole in the balance sheet, all that amount that you secretly... Anyway, so do you understand that?

Jeff Hays: Yep.

Patrick Byrne: Well, I remember 20 years ago, I was talking Buffet about this, you know about my friendship with buffet, and I said, "the US government, federal government has become this huge insurance company and is not being run on actuarial soundness, and someday it's all going to break like a life insurance company just being run unsound. All the potholes will be exposed, and when it does, the rich are going to have to bail it out." And Buffet said, "well, who's going to bail it out, Patrick, the poor? If the poor could bail it out, they wouldn't be the poor, they'd be the rich," which was classic weather.

Patrick Byrne: And so it is true, so we talked about that. Yeah, it is going to be incumbent on the rich to bail out. But anyway, the point is I've never understood how the left could not see that where we were is unsustainable, that how we were running our country was unsustainable, and that it would crack. I think I now understand that their, their plan for 90 years is meant to let the country go bankrupt. And when it crashes out of the rubble, the authoritarians will emerge and charge. I think that I now get that's been the plan and why they've been so in different to the fact that we have run on a financially unsound basis for so long. So I think that we do have to go through a great reset. The question's going to be, do we go through reset and emerges the United States again, stripped of the mistakes and having learned from the mistakes that got us there, or do we emerge as a totalitarian society of one kind or another, probably a vassal state to China.

Jeff Hays: So, I was reading on your website, you posted, I think it was from Simone Gold, that in the UK people in their 40s now have-

Patrick Byrne: 124%

Jeff Hays: 124% greater chance of getting COVID if you're vaccinated than if you're unvaccinated. And I keep looking at this going, okay, well, these guys sooner or later, going to confront a reality problem. If the vaccines turn out to be as unsafe as I worry they might be, there's a reckoning, and then I think a little deeper on it, they manage to sidestep. Are they going to be able to just sidestep this reality problem? Or will it become apparent?

Patrick Byrne: For them? I think it's not a problem, it may be the goal. I really don't understand. They're doing so badly. You wonder, are they even trying at this point, they're making so many obvious mistakes. I've had a lot of experience with the medical profession because I've actually had, I think surgery 113 since I saw you, they took a growth off my spinal cord. And doctors I know tend to be

quite cautious and first do no harm. People who are now arguing to give this to 5 to 11 years old. First only 2 in 100,000 kids die of COVID compared to 1 in 100,000 when they get the common cold, we don't turn the world upside down to stop that. If 200,000 kids die, are you going to give that vaccine to 100,000 kids?

Patrick Byrne: I think I read somewhere, you have about 28 times a chance of dying from the vaccine, and from the actual disease. So terrible decisions like this being made so rationally it's unlike anything I've ever seen in medicine. Again, I feel there's something else driving it. Yeah. Things happen. China and Russia they're not vaccinating their troops, that they're not vaccinating them with mRNA vaccines. They may be destroying, it's looking like they're willing to accept perhaps a 16%-30% reduction in the military, over people who won't take this vaccine. Meanwhile, there are reports from like an affidavit from the chief medical officer of Fort Alabama, the army air force, where she talks about how 15 physicians within the army are talking amongst themselves about how many people are having to be grounded.

Patrick Byrne: You give healthy 20 year olds this vaccine, and two days later, they can't walk, or hearts in flame and things like this. It's nuts where we may wipe out our own military, and China and Russia are not vaccinating their militaries or they're not using the way the kind of vaccine we do. So it goes on and on. Maybe the economy collapses to some degree, it's playing a role in the supply chain snarl on the left coast. People who aren't in supply, who aren't in retail or restaurants or manufacturing may not have quite the right instincts to understand the significance of that. These supply chain snarls on the left coast... Supply chain snarls can not just sort of resolve themselves. They can actually ripple over time, and it doesn't matter if you fix it upstream it's effects are actually rippling and cascading.

Patrick Byrne: And that happens all the time. So, there's companies that can't get their raw materials in the US. They can't buy their the materials that they need to finish assembling their cars, for example. So they're shutting down car lines and things like that can ripple all around the economy. So I think they really could be a plan. I mean, they're handling it so foolishly that you have to wonder who side... I'm mean when you look at Afghanistan, you have to wonder who side the guy's actually on. So, how it's going to play out is unless something gets fixed. you will see this isn't just going to be a dry Christmas. The economy will crash if the government will keep inflating everything. Eventually there will be a moment of hyper-inflationary growth and then every, then the wheels come off unless we get things straightened out, which you could do in four weeks. You legalize hydroxychloroquine and ivermectin across the board. This whole thing is done by the time... You and I are skiing over Thanksgiving at snowbird, nobody's worrying about it anymore, the whole thing could be finished. And I know there's organizations filled with thousands of physicians who are saying that.

Jeff Hays: So as we look at COVID and this series is about COVID, but you can't watch it and not go, "this isn't all that there's a bigger picture." For somebody that, that

is just wanting to raise their family, wanting to have healthy children, wanting to have health for the themself and their family, what can people, when this is being played out all around them?

Patrick Byrne: Well, I can't give personal medical advice, but you should bone up on all the risks associated with it. And, I recently have heard doctor say "is when you're getting past two shots that were originally a booster that you're just like inviting trouble," but I myself have not been vaccinated, well, I've had it. First of all, which is Israeli science shows is somewhere between 13 and 28 times better than the vaccine.

Jeff Hays: It doesn't count anymore.

Patrick Byrne: Because there's a new terrible study by the CDC on 7,000... A really terribly designed style. I'll take the Israeli study on two and a half million out of their-

Jeff Hays: Over that?

Patrick Byrne: Over that.

Jeff Hays: Yep.

Patrick Byrne: Yeah. Why do they say that the Israeli one doesn't count?

Jeff Hays: Oh, it just blows my mind when I read the New York times every day, and they have given up on any of it. And I read where it's stating that this vaccine induced immunity is far superior to natural immunity. That has never been true in the history of mankind, in the history of vaccines ever.

Patrick Byrne: There's a new report this week by the CDC on a very limited, poorly designed study based on 7,000 people from which they've drawn that inference. It's garbage science, compared to what the Israeli's do. The Israeli's have nine million people. Two and a half million of them voluntarily take part in a health surveillance system. So, they have an incredible... They have the clearest, most granular image epidemiologic ally of their population of anyone in the world. Their rush, their insistence on vaccinating, the federal government... I'm sure you know there And you've probably covered... I have other doctors who I'm in touch with, who give me things to read that shock me. That they say basically, these mRNA vaccines were tested in '05 and 2012 on ferrets. Have you heard about this?

Jeff Hays: Oh, yes.

Patrick Byrne: The ferrets, being as close to humans immune system as they can. And basically, all the ferrets die. And they die sort of 18 months later from things when they take the mRNA vaccines. And evidently, some large group of scientists even signed a letter back after the 2012 experiment saying these should never be

used on humans. So really, it's so odd. I mean, I've never seen a case where medicine violated the Hippocratic Oath so blatantly, first do no harm. These are not people who seem at all concerned about any harm they might be doing. So you just have to wonder, what is the agenda? I'm beyond wondering if there is an agenda. I know there's an agenda. I just, I'm not completely sure what it is.

Jeff Hays: So, we've got this COVID scenario playing out. You've been very active in looking at this last election, and what is funny, where we talked in 2016 in detail. You were not a fan of Trump at all.

Patrick Byrne: Trump.

Jeff Hays: And then all of a sudden, I see you getting killed in the press as pro Trumper Patrick Byrne. And I'm just like, wow, I don't know how they make that connection. But you have really stood up for election integrity and against election fraud. Are these connected? Is this a part of the same thing?

Patrick Byrne: It absolutely is. The COVID was part of softening us up for the take down, which is the election fraud. And with the new regime in, you don't get out from under the COVID blowtorch until you surrender and accept the new reality. The truth has come out in Maricopa. It's kind of funny, I've never seen such a truth blackout in the mainstream media. I've thought for 20, 17 years that there was election fraud. I thought it was on the order of one or two percent, it cut both ways, probably helped the dems a little bit more than republicans, changed a few races here and there. There's never been an audit like there's been in Maricopa, where these got... And these were high end, high end guys. What they found was, and there was also a canvas, a canvas done by hundreds of volunteers. What they found is, in a place with 2.1 million votes, there are 300 to 400 thousand manufactured or suppressed votes, one way or the other. 300 to 400 thousand, 15 to 20 percent of the vote.

Patrick Byrne: It's not one or two percent, it's 15 to 20 percent. Now, it's not like that around the country, but this strong man argument about, "Well, there was no widespread election fraud," misses the point. There doesn't have to be widespread election fraud. In the United States, there are 3,006 counties, oddly enough. And you don't have to cheat in 3,006. You got to cheat in six. And those six counties are special counties that have a special property. They're the anchor counties of swing states. So for example, in Arizona, the county that Phoenix is in, which is Maricopa, has 65 percent of all the votes of Arizona. And in Nevada, Los Vegas has 67 percent of all the votes of Nevada. No one lives in Nevada than right there.

Jeff Hays: Right.

Patrick Byrne: And that means that if you just cheat in those six counties in that, Los Vegas, Maricopa Phoenix, Milwaukee, Detroit, Philadelphia, Atlanta, if you cheat in those six counties like crazy, you can kind of jujitsu the whole system. You can

flip those states, which flips the electoral college, which flips the nation. So, to reverse that, to flip the nation, to steal the national election, you don't really have to cheat all over. You just have to cheat like crazy in six places. And what do you know? On election night, on November 3rd, something unprecedented and odd happened. Do you remember what happened on November 3rd?

Jeff Hays: Yes.

Patrick Byrne: Remember when they stopped counting for three hours in each of six places they stopped counting. And in Atlanta, they said that our Aetna Stadium had a water pipe burst that was going to flood... They had to evacuate everyone. Well, it turns out no such thing had happened. A urinal had maybe overflowed the day before or something. But they shooed everyone out for three hours. And in each... Anyway, it's the six places that happened on election night were the six counties I just mentioned. You know, Las Vegas and Maricopa and Milwaukee, Detroit, Philly and Atlanta. And that's not a coincidence. The six cities in America that have the special property I described are the six places in America that this unprecedented thing that happened on the night of November 3rd that they shut down the county for three hours. And that's part of the whole... And the same thing has happened in other countries, too, where that's one of the marks of when they're doing the rigging.

Patrick Byrne: And what will be coming out soon publicly is, we have a very clear, technical understanding now of how they did all of it. But anyway, it turns out that 15 to 20 percent of the vote is faked or suppressed. And just those six places. And we now know it for sure in Maricopa. And so, what we know in Phoenix, what really came out of that audit is, if you count three or four hundred thousand fraudulent ballots, Joe Biden wins by 10 thousand. Well, that's kind of our point, not their point. All the press picks up of that is, "Oh look, the audit shows that Biden still won by 10 thousand." They're leaving out on page two is the stuff about, yeah, but there's 400 thousand or more votes that we think are fraudulent. But they don't use the word fraud, because they were procluded from it.

Patrick Byrne: So, that's what really got on there. And this all fits hand in glove. They soften us up with COVID. We have a fake election. And I'm so sorry, I feel this is elder abuse, what they're doing to Biden. Biden had a distinguished career as a senator. And I'm sorry that he's being used in this way. But this was all rigged, and obviously, I don't think he's the grand master behind it all. I think he's a puppet on somebody else's chain. And that's how it fits together. And you're not going to get out of COVID until you accept that you now live in a country where that... It's never the U.S. again, because remember what they came in with. They came in, they needed to change three things in the first hundred days.

Patrick Byrne: Nancy Pelosi knew she had rigged, that the election had been rigged. And so if you've rigged your election once, how do you know you don't get kicked out next time? They had to fix it so it never, so they could rig it forever. And so HR1, the first bill was, let's change, let's federalize the election system and make it

filled with all the loosey goosy stuff, ballot harvesting and no voter I.D. and all that, that let us just steal this. Let us legalize 25 million new democratic, undocumented voters, and let us pack the Supreme Court. So, they'll sprinkle holy water on the whole mess. That's why they came in with those three things as an agenda. They knew they had stolen the country, if we let them get away with this. I'm not even sure there will be elections again, or there will be Venezuela-like elections. This is the Venezuelatization of the United States if we let it pass. So, COVID had a role to play in the take down of the United States.

Jeff Hays: Wow, I'm amazed at what I'm curious about is, how do we get the word out on this? I was watching briefly Friday, Bill Maher had Sean Spicer on. And he was talking about election fraud. And Bill Maher... Sean brought up something, and Bill Maher hadn't heard of it. And he said, "Well, here's a fact. You know about Wisconsin," and gave some detail as...

Patrick Byrne: Maher did? Or Spicer?

Jeff Hays: Spicer did. And here's some information. Bill Maher wasn't familiar with it, and finally Bill Maher goes, "Look, I'm not familiar with that. You're like the little kid who focuses on one thing in school, and he's an expert on that." And he says, "So, you know something I don't know, but you know, you're crazy." And it was Bill Maher's reaction to him when he presented this fact was, "Okay, you may have a fact, but I'm ignoring your fact and just going to call you crazy."

Patrick Byrne: Yeah.

Jeff Hays: And this is the reaction that I'm seeing, as you've presented fact after fact after this election, and concern after concern. The reaction is more like, "Well, you may have some facts. I'm not going to look at them. I'm just going to call you crazy." How do we clear that hurdle?

Patrick Byrne: I don't worry about it. I think it's going our way. I'll give you some amazing numbers.

Jeff Hays: Okay.

Patrick Byrne: It has slid at least 15 points in our favor since January 21st. We do monthly robo polling on 2,000 households. And the percentage of households that will now say Joe Biden's victory came about through fraud that was significant or very significant, the percentage of respondents is now 62 percent, and another 10 percent say they are unsure. Which means 72 percent are not confident Biden is the legitimate president. Only 28 percent of people are willing to say Biden won fair and square. So, that's down from about 50 percent, or 55 percent back on January 20th, so it's collapsing on them. And none of that matters. When you start seeing perps in handcuffs, none of that hand waving on mainstream media doesn't matter. And before Christmas, you're going to see people in handcuffs. You're going to see people doing the perp walk. We have them... I mean, we

have uncovered so much. I'll give you something that's not... One hundred percent of the paper in Maricopa, they've advertised, "We've run our elections on vote secure paper." Not one piece of paper is vote secure. The whole thing was run on alternative paper, and that's because it could have otherwise been easier to find how they injected ballots if they had done it on the correct paper. So 100 percent of the paper is fake. It's not vote secure paper.

Jeff Hays: And you really believe they're going to be held accountable.

Patrick Byrne: I think that people are going to be held accountable. In Arizona, it's going to start. People understand it was rigged. And they want to see something done. They're not going to accept. They're not going to accept anything other than the attorney general digging into this. And we already know what's been turned over to the attorney general, and there's no way he can walk away. There's movies of people walking into on the computer terminals and committing felonies, deleting files and such. But there's the security camera movies of that have been turned over. There's no way they can... If they turn a blind eye to this, then there's just nothing that can be done.

Jeff Hays: So, in the grand scheme, for a viewer, for me, for people in a family, what should we be doing to help?

Patrick Byrne: Mike Flynn and I started The America Project as an organization for people who want to fight back. And Mike Flynn knows a lot about this stuff, and I know something about building organizations. So, it's really, it's a network of networks. We are trying to help this grassroots movement that wants to come to life. Actually, has come to life. It needs direction, it needs information. They need to know each other. It's our business to know everybody out there in all these different grassroots movements and help bring them ways that they can cooperate. So, if I can pitch my organization, it's just go to The America Project, americaproject.com and join. It's free. Just become part of our newsletter and network.

Jeff Hays: That's great. Patrick, I love talking to you. I love learning from you. I can't thank you enough for being here.

Patrick Byrne: Thanks for having me.

Dr. Patrick Gentempo: That completes Jeff's interview with Patrick Byrne. I'm glad you were here to experience it. Again, Patrick's got a very powerful intelligence, and certainly, his commentary is something that we should all be paying attention to. So, thank you for being here.

Dr. Rashid Buttar

Dr. Patrick Gentempo: I have interviewed Dr. Rashid Buttar for other health-related series that we have done, and there's no doubt he is quite a maverick. He doesn't bow down to forces that try to dissuade him from doing what he thinks is best for his patients, so he's unabashed in his views. And when it comes to COVID, he certainly has some strong opinions, points of views, and expert opinion. My partner, Jeff Hays, got to sit down with Dr. Buttar to discuss these particular views. And now here we are, able to share them with you. So, let's dive in with Jeff Hays interview with Dr. Rashid Buttar.

Jeff Hays: Dr. Buttar, I'm so glad to have you here today. I've been looking forward to this conversation. Thanks for taking the time.

Dr. Rashid Buttar: Absolutely. I was surprised that you were going to be doing the interview, so it was a big thing to have the Jeff Hays actually here.

Jeff Hays: Yeah, this is the upgraded version. I can say that when Patrick isn't here. But thanks for taking the time to come in.

Dr. Rashid Buttar: Absolutely.

Jeff Hays: So, for the people that aren't already familiar with you, tell me a little bit about your education, your history, how you came up.

Dr. Rashid Buttar: Well, I'm a physician. I was born in England, moved here when I was about eight years old. And I don't know how far you want to go back, when it's a dark and stormy night or anything like that.

Jeff Hays: Let's go back till it's not any fun any more.

Dr. Rashid Buttar: Yeah, exactly. I kind of was labeled as, I don't know how my parents thought that... I guess I made my parents proud. I was an Eagle Scout at 14, and graduated high school at 17, college at 21. Had an appointment with the military, was commissioned as an officer, and I graduated from medical school at the age of 25. Went on to do a general surgery residency at Brooke Army Medical Center, Fort Sam, and left the residency trying to save a marriage at that time, and spent four years active duty plus a number of years as a reservist. Was stationed overseas, at that time, the most volatile zone in the world, which was Northern Korea, because we weren't in a combat situation anywhere for the short term. And got to have a lot of experience with the military, and served with the 2nd Infantry Division in the Republic of South Korea, 101st Air Assault Division, I was attached with them for awhile. I was with the special forces group. And then, when I got out of the military, started my practice. And the rest is kind of history.

Jeff Hays: Actually, that's the history I want to dig into. So, you started your practice. And I tend to think of you as an innovator, doing things that other people aren't doing. Did you start out just to have just a normal family practice? How did your practice evolve?

Dr. Rashid Buttar: Well actually, I was a chief of the emergency medicine department at Moncrief Army Community Hospital my last two years in the military, a year and a half in the military. I was always interested in athletic performance enhancement, but doing it in a way that didn't cause damage to the body. I played college football. A lot of the guys were doing steroids. I'm about as straight as you can find. Unless you count cough syrup, I've never drank alcohol. I've never smoked anything. So, there was no way I was going to inject myself with steroids or anything like that. And I wanted to enhance the ability of an athlete to be able to compete at a certain level. So I was always interested, and in fact, competed in natural bodybuilding for a couple of years while I was in the military. And so, while I was the director of the ER department at Moncrief Army Community Hospital, a lot of the local other doctors in the hospital, what I call the local community, they kind of knew that I was more oriented towards prevention, health.

Dr. Rashid Buttar: I was into being active, an athlete. And I was a big proponent of, even though I didn't know all the nuances at that time, I was a big proponent of making sure that you do things in a manner where they would be consistent with understanding the concept that if you go get a cash advance on your credit card, you're going to have to pay a lot higher interest, right? You're going to have to pay the sharks if you go out and take a... If you go to the loan shark, you're going to have to pay. What do they call it? I don't even know what the term is. You're going to have to pay a much higher premium.

Jeff Hays: Right.

Dr. Rashid Buttar: And so, to me, not working out, or not exercising and not doing basic fundamental nutritional things today, you're going to have to pay the price tomorrow. It was the same type of though process. And so, it wasn't that I had any insight to anything. That was just how I was wired. And so, a lot of the doctors, when they'd have patients that would come to them in family practice or internal medicine, and they would say, "Well, is there anything else I can do for my blood pressure?" Or, "Is there anything I can do for this issue or that issue?" They would say, "Well, go talk to Dr. Buttar." And I was down in the ER, so I'm taking care of motor vehicle accident, or somebody just had a heart attack. And then, there'd be somebody waiting for a lull so that they could talk to me because their doctor upstairs told them to come and talk to me.

Dr. Rashid Buttar: And so, it was kind of like, that reputation I got. And some strange things happened, and I actually wrote about this in my first book, The Nine Steps To Keep The Doctor Away. It actually a specific little story that was in retrospect, the turning point. And you know, when certain things happen in your life at that moment, you don't realize. But in retrospect, you realize that very moment in

history, in time, when you go back, that's where things changed. It could have gone right or left. And it was that critical point that everything changed. And I actually had something like that happen, and I think that's probably why I went the way I did.

Jeff Hays: Okay, so what was this thing?

Dr. Rashid Buttar: Do you like the way I set you up for that.

Jeff Hays: It's like, am I going to just, "Okay, moving on."

Dr. Rashid Buttar: Well, it was one of those things that it was about cancer. It was a lady that had cancer, and cancer is to me, it's probably the most misunderstood component in modern medicine. And it's sort of strange. I mean, I'm sitting here talking to you, and I'm thinking... I've been a physician now for 30 years. That makes me feel really old. And I really am not that old at all.

Jeff Hays: Me, neither.

Dr. Rashid Buttar: I'm just a young whipper snapper.

Jeff Hays: Me, too.

Dr. Rashid Buttar: Yeah, exactly. So one of the things that when you start looking at what, why do I say what I'm saying, based on what? Well, it's based on observation over the last 30 years. And in this particular moment in time that changed, this lady came in. The head nurse at that time was a, he was a major in the Army. And it was a very busy day in the emergency room. And that actually was a night. And normally, there's three doctors that cover the ER. And one of the doctors was sick. Another one of the doctors, so he didn't come to work. The other doctor, his wife was pregnant, and she was just not considerate enough to time her birth of her child at the right time. So, he wasn't there. So, I was basically covering the ER by myself with the PA. And it was just a very busy night. And it's one of those times when sometimes, the clock moves really fast, and sometimes it doesn't move at all. And I looked up, and what felt like an hour later, I looked up and it had only moved like, four minutes. And yet, everything was moving really fast.

Dr. Rashid Buttar: And this nurse, the head nurse, slides this chart in front of me. So normally, the ER nurses triage, and they decide who's urgent. And it says, "Patient with left lower extremity swelling." So, I see this chart pushed in front of me, I'm like, "What is this? I've got a trauma sitting in the other room." And I slide the chart back. He pushed it back to me, and I look up and I'm like, "What are you doing?" And he had tears in his eyes. And he said, "I need you to see her." So it came to find out later on that that was that woman, was the best friend of his mother. I'm sorry, of his mother, who had died just a few months earlier. And she'd died of cancer, and this lady also had cancer, had a history of cancer. So, I realized it

was a personal thing and the trauma was stable, so I checked in on them and then went in to see this patient. And it was very, very quick. I was known to be very... The national average at that time was 2.3 patients per hour for an ER doc, and I had like, I was like 5.6 or something. And I never sat down. I just went in, did my thing, and walked out.

Dr. Rashid Buttar: And I went in there, and I kind of gotten a woke up and I got a CAT Scan before I went in there. And sure enough, she's had a history of cancer. She had left lower extremity swelling. It was pretty obvious she had lymphatic obstruction, mass effect. And she had a recurrence of cancer. And the CAT Scan confirmed it. I came in there and I told her, I said, "Ma'am it appears your cancer has recurred, and you need to follow up with your oncologist." And as I said that, I was starting to move out. And she said, "I'd rather die than let you bastards touch me again." And it wasn't what she said that bothered me. What bothered me was that she classified me as one of those bastards. You know, I considered myself a good doctor. I had the most fly back rate, as far as people. You know, when people get misdiagnosed in the ER and have to come back, they call that the fly back rate. And I mean, I was high speed, low drag. And all of a sudden, this woman categorized me as one of these bastards, and she'd rather die than let one of those bastards touch me.

Dr. Rashid Buttar: And I did something I'd never done. I turned around to her and I was a little angry. But I saw in her eyes determination, and also a combination of fear, but with loathing. It was almost like she held the doctors responsible for her cancer type of thing. And I just didn't understand that. But I could also tell there was fear, and the fear out weighted all the other things, and I could see that in her eyes. And I didn't know what to do. I wanted to help her, but I also was kind of angry at her for categorizing me. But part of that was also like, but she categorized you in this area, as one of these bastards, and you're angry. That's exactly what she's talking about. And so fortunately, I'm reactive. But fortunately, I wasn't reactive at that moment. And I did something that I never did. I just sat down with her. I didn't know what to do, so I just sat down with her. And I think she could tell when I sat down and I was trying to connect with her, I think she softly... It was obvious she could tell that I was trying to be helpful, and she softened up.

Dr. Rashid Buttar: And I didn't really know what to say, but it was almost like a download from somewhere else, from the Creator, if you will. I had just seen a program on 20/20 about shark cartilage. And the name of the gentleman now escapes me, but 25 years later, I met him before he passed. And he came up to me and wanted me to sign a copy of my book. And then I told him the story, that I'd seen him on this 20/20 commercial, 20/20 program. And it's basically that cancer is a... There's certain common characteristics of cancer. Cancer is an anaerobic metabolizer. It's an obligate glucose metabolizer. Cancer needs to create it's own blood supply, et cetera, et cetera. So the premise behind shark cartilage was basically, it has an anti angiogenesis factor, anti meaning against, angiogenesis, meaning the formulate of new blood vessels. And by taking the shark cartilage, which is actually based upon some studies that were done on

bovine cartilage, if you take high enough of a dose of this, it helps to prevent the formation of new blood vessels, thus essentially, strangulating the cancer. So it dies. There were studies out of Cuba that were talking about the use of shark cartilage for the acute treatment of cancer, and they were assessing the efficacy of it at the time. This was back in 1992 time frame, 1993.

Jeff Hays: Yeah, I remember the sharks don't get cancer was the...

Dr. Rashid Buttar: That's it, that's it, sharks don't get cancer. That's exactly right. So I made the suggestion to her, I said, "I don't know what else to do, but maybe you could try the shark cartilage." And she was curious. And after I finished with her, she put her hand on my hand. She didn't say anything. But it was almost like a thank you without saying a thank you. And it was sufficient for me to feel that maybe just perhaps, she wasn't going to categorize me in that category of you bastards. I finished with her, called her oncologist, told the oncologist what had happened with her, and that was basically it. It was done. And about three months later, this woman comes through the non emergency entrance, usually for hospital staff to come in through the side. And I'm walking down to the corridor, and she's got a big fruit basket. And she's waving this piece of paper with a big smile on her face, coming towards me.

Dr. Rashid Buttar: And she looks familiar, but I didn't recognize her right away. And it was that same woman. And she had actually gained about 15, 20 pounds. She didn't look cachectic anymore. She looked vibrant, she had this fruit basket. She dumps this fruit basket in my hand, in my arms as a thank you, and she's waving this report, and "Look, look." And I look at the report, and it was a PET Scan. Or I'm sorry, it was a CAT Scan, and showed that the tumor, compared to three months previous, had reduced by 75 percent. And all she'd done was the shark cartilage. And that was, she just started talking to everybody in the hospital about it. And then the other doctors had heard, and then some of the doctors had come and talked to me about it. And I literally, I didn't know anything. I just had suggested this. And then, it forced me to start reading more and inquiring more. And that's kind of like how my mind was kind of prepared, if you will. The mind was plowed to think that way. When I got out of the army in 1996, I didn't really know what I was going to do. I was going to do ER medicine or continue with general surgery. And maybe save up money, and then I had this long-term goal of starting a clinic where I could do more of these types of things outside of the box, if you would.

Dr. Rashid Buttar: This was in 1996. I get out of the military in June, and there was... I used to moonlight up in North Carolina, but I was stationed in South Carolina. And in Charlotte there was a small community where my ex wife's family was from. And there was an OBGYN there that was sub-letting his office. And it was literally like, I happened to drive by and see it, and just curious what... Again, I had no intention of starting my own practice. And they had a sub-lease, and I don't even know what happened. I signed it, and for the next four years, from 1996 when I opened the clinic till 2000, actually till 1999, January of 1999, I

worked four days in the clinic during the day, Monday, Tuesday, Wednesday, and Thursday.

Dr. Rashid Buttar: And then on Thursday nights after I finished the clinic, I would work ER's, Thursday night, Friday night, Saturday night, and Sunday night, 24 hours. So, Thursday was a 24 hour shift for me from clinic to ER, and then Sunday, Monday was a... Sunday night was an ER shift, and then Monday morning I'd come to the clinic. And it wasn't a big deal, because I was trained in general surgery. So we work 24 hour shifts every other day all throughout residency. But that's how I basically started my practice. I had no referral base. I had one patient my first two months in the clinic. And that was a cancer patient that was referred to me by my uncle who was in his sixties. And actually it's interesting, he's still alive 30 years later. He even told me, he said, "One day it's going to be so hard for me to get an appointment to see you." And I was like, "Never for you, sir." And then I found out he was trying to get in to see us about 12 years ago he...

Dr. Rashid Buttar: Yeah, and so anyway, I had to change the policy in the clinic that anybody who's an established patient with a history of cancer, you supersede them and bump them up. And it was just kind of cool how things happened. I didn't know how the clinic was going to survive. I basically used my ER revenue to pay for the clinic, and many times, there wasn't anything going on. But by the time my son was born, my son Abi was born in 1999, January of 1999, we were so busy that I didn't need to work the ER's anymore to support myself and pay the overhead. And the rest just cascaded from there.

Jeff Hays: So, I know you developed a national reputation for treating cancer and treating it differently. And it's really this perspective is the reason I wanted to get that history. Today, we're talking about COVID, but the mind that you bring to the discussion of COVID and how we're treating it is the same mind that caused you to look at cancer differently, look at alternative treatments, looking at getting to the root cause of cancer, as opposed to dealing with just the effects of cancer. So, from a broad perspective, as you saw the first news of the COVID virus and if you remember, there was these reports there's this thing happening in China. And I remember, "Wow, that's bad for them."

Jeff Hays: And the numbers were really low. You know, well, there's 14 cases in China. And I just really couldn't have cared much less. And then, 90 days later, from that point, our world had shifted completely. From the lens that you view through, what were you seeing as this came about? And what were the thoughts that you... What's the evolution of your thinking?

Dr. Rashid Buttar: I've always kind of been a loner, if you will. I don't conform well. And in the military, you can excel if you do the right thing. And I did. But then, there were also times where you could see how others that were vested in the status quo that didn't want to do, necessarily, the right thing or that had a self interest would then try to inhibit or prevent you from doing the right thing.

Jeff Hays: Sure.

Dr. Rashid Buttar: Based on their own self-interest, and that just never flew well with me. And that's a different story, but there's numerous times that happened in the military. And so, to me, injustice should never be tolerated. And I don't remember who said the quote, I think it's maybe Edmund Burke, said that in order for evil to perpetuate, the one thing necessary in order for evil to perpetuate is for good men to stand by and do nothing. And so when this COVID thing happened, to me it seemed like anything else, you hear about anthrax, you think that it's not a big deal. Then as it started building up, it was a little aggravating. I saw how my own staff was paranoid and I'm like, guys, this isn't how it works, you know? And I'm thinking you can fool the public, because they're not educated, but doctors are going to be laughing at this. This is ridiculous. And nobody said anything.

Dr. Rashid Buttar: Days passed and then weeks passed, and nobody's saying anything, and I'm dealing with my own staff. And my significant other, Dr. Ashton, she, of course, knew right away too and we laughed about it. But even my own office manager, who I'm not usually affectionate with him or anything, but I could tell, the way he was keeping his distance, I said, "Come give me a hug." And he's like, oh no, COVID and what is going? We had some interviews for new staff members. They didn't want to have it in the office. My office manager didn't want to have it in the office in case they brought COVID in here. It was just really, in fact, I ended up doing the interviews in the parking lot of Whole Foods. And I remember thinking somebody is going to come out and say something. They've got to. Doctors can't just sit around, and nobody was saying anything. And then I don't remember how it happened, but Next New Network, I think it was a name of it, they asked to interview me about this. So I ended up, I put out videos, I had put out my own videos. I was trying to compete with your industry.

Jeff Hays: Jump on in.

Dr. Rashid Buttar: Yeah. And so I did these videos and it looked like I hadn't slept in two days because I hadn't. And you know, I do all the research on it and then I didn't want to lose everything that I'd just gotten. So I do the video at five o'clock in the morning from the side of my bed type of thing. I just wanted to get the information out. So I put these videos together talking about the COVID 19 conspiracy question, asking the question, and I would just answer the question. And it actually started off because on Instagram some people asked me question and I said, "Oh, if you are curious about it, if I have more than a hundred people that are interested, I'll tell you." And I looked at it four hours later and I had 700 people saying, "Yes, yes, we want to know what you think, Dr. Buttar." So I started telling them, viruses don't work this way.

Dr. Rashid Buttar: And so that's how it kind of started. And then I started putting out these videos and the videos started getting massive traction. And on YouTube, I was getting videos that were getting 10,000, 20,000 views. And then it jumped to 20, 30, 50,000 views. And then put a video out and I'd have a hundred thousand views in a day. And then it went to 500,000 thousand a day. Then I had videos that were hitting a million, 2 million views just within 24-48 hours. And the Next

News had reached out to me. And this was, I guess in early April of 2020. And at this point I was already being shadow banned on YouTube and many of the other social media channels because the numbers were growing so fast and they never stopped. You can't have 83,000 new subscribers in three days and then have nobody subscribe for the next two months. And so Next News interviewed me and I didn't expect it to go that way, but I just sort of, they asked a couple questions and I answered them and it just escalated.

Dr. Rashid Buttar: And I guess I sort of lost my temper maybe, not with the people that were interviewing me, but with the situation. And I basically called out the medical profession and I called Fauci out. I talked about the gain of function. I'm being told that I was the first one to expose Fauci. I don't know if that's true or not, but I do know that after that interview, it hit 9.2 million views in six days. And the White House reached out to me within about 24 to 48 hours, and 48 hours after that interview, President Trump announced that they were looking into the Wuhan funding, if you will, the diversion of funds that were sent there, the 3.8 million. I think when I talked about it I said 3.8 million. And I think it was 3.7 million. So I was wrong in the number. But again, my information, my research had shown that it was in excess of three and a half million.

Dr. Rashid Buttar: And this is after the US government had passed a moratorium on gain of function on chimeric research because of the outcry from many virologists that doing this type of research is inappropriate. It's wrong. And if you look at the data and you look at the research, they were, the chimeric derivatives essentially making a Frankenstein version. And the reason they were doing that was in order to study the potential of what would happen if a pathogen was that virulent, what would it do? And here's an idea. How about not creating this garbage so you don't have to worry about the potential. You know, it's the most ludicrous thing. It's like saying, I want to study the effects of what would happen if I ignite this building in fire. So I'm going to ignite the building in fire and then study the effects. How about just doing prevention so you don't ever set the fire and you don't have to worry about the effects of causing mass fires. So the logic was illogical at best and circuitous.

Jeff Hays: And illegal.

Dr. Rashid Buttar: And illegal, because the government then had passed that moratorium in 2004 said no more chimeric research. And that's when the interesting things happened. The research was being done in my backyard. So I'm in Charlotte, North Carolina which is where I started my practice. Now I'm not there, now we have practice on the West Coast on the East Coast. But in Charlotte at that time University of North Carolina Chapel Hill, which is only about two hours away, that's where the chimeric research was being done. And there was a lot of other collaborators. There were some doctors from Sweden. There were some doctors from Harvard and there was a doctor, one of the doctors, in fact, who was one of the main people, was from Wuhan, from China. And so when this moratorium was passed, apparently the research continued.

Dr. Rashid Buttar: Now, I don't know whether they actually took the specimens and moved them to Wuhan or just diverted the funds or what happened. But everything got moved from North Carolina Chapel Hill to Wuhan. And it just continued. And I talked about that during the interview and they asked me if that was wrong and I said "that's treason." I mean, the government has passed a law, this is a governmental official, he's going against what the government said. He's funding a country that we are building up our military might against, and he's funding them. He's funding something that our government said we can't do anymore. That's treason. And then it just went to the next level where I was just was angry at the doctors for not speaking out. And I said, if you're a doctor not speaking out, and it just went viral, I guess. And from there, I didn't have a choice.

Dr. Rashid Buttar: I didn't want to say anything because to me, I've been fighting the medical board nonstop since 1999. And you know, I'm not going to paint a massive target on my chest, but that's not going to prevent me from doing what's right. And when we were in that interview and they asked me, it just triggered that response. That doctors are the problem here, that they're not saying anything. And thank God now there's thousands of doctors worldwide that are speaking out and then talking about it. But at that time I was angry at the profession. I've been angry at the profession many times because doctors are inherently the most fear oriented human beings that I've seen as a group. And I just don't understand that. Our responsibility as physicians, physicians means to teach. But more so than any profession, even more than the profession of preaching, the holy man profession, if you will. I believe that my job as a doctor, my profession, is more holy, is doing more holy work than holy men do. And it's not treated that way. It's not seen that way.

Dr. Rashid Buttar: And I think the evolution of doctors is a very interesting thing, because I remember again in the same ER, one of the same moments, you can go back in history and see how your life changed. There was a woman that came in who had been making macaroni for her family and had a cardiac event, they brought her in. When they brought her on the gurney, she was morbidly obese, and they were doing chest compressions when they brought her in, and took her into one of the trauma rooms. And I had some medical students that were rotating with us at that time in the ER. And you always let medical students try. They were trying to intubate her and they couldn't intubate her.

Dr. Rashid Buttar: Then I took over after two or three tries. And as I intubated her, there was a macaroni piece that had lodged in the endotracheal tube and it was pulled out and went up in the air and I was standing by while the respiratory therapists were trying to clear the tube after I passed it, this macaroni piece went flying up and landed into my head because I was bending over tying my shoes. And one of my medics started laughing, so I picked up the macaroni and I threw it at him and it's a big joke going on, just like a regular trauma going on. And he picked up a bucket water to throw at me, this is right in the middle of the code and I'm calling out the drugs. And I remember trying to prevent him from throwing the

water on me and I backed out of the trauma room. And as I backed out of the trauma room, I'm looking like this because I think this water's going to hit me.

Dr. Rashid Buttar: And as I looked, I knew it was her family because they were all obese and they were all walking away. The nurse was taking them into a room because it was pretty clear that she wasn't going to make it. And the smallest person, who's also morbidly obese, turned around and looked. And I'm looking at this family, they can't see me, they're walking away but this child turns around and looks at me and I'm thinking somebody's dying here. And I don't feel it. I had a goat that died and I remember crying about it, but I couldn't feel this. And so after the trauma had been called, the room had been called, the code had been called, one of my medics walked in and I had my shirt off in the trauma room and he asked me, he said, "Doc, are you okay?"

Dr. Rashid Buttar: I had a 12 gauge needle and I was hitting myself here. And I was bleeding, not deep, but I was just doing this. And he's like, what the hell are you doing? Are you okay? And I told him I can't feel anything. I couldn't feel anything. And that was disturbing. That I'm a doctor and I can't feel anything. I was seeing patients as numbers that had to be taken care of. You take care of the number. Boom, they're done. Next one. I wasn't seeing them as human beings. I was just seeing them as a number to hurry up and get done so that my shift was over. So I could get the hell out of the ER. I was planning on leaving the the profession of medicine. I was like, I can't do this anymore.

Dr. Rashid Buttar: And I actually could have left. And my goal was, I set a goal that I'm going to make enough money to buy an island. And when I accomplished that and I was always looking to get out. And couple times I decided, okay, I'm going to be out of medicine and things just wouldn't go right. But for me, medicine was literally like breathing. It's so simple. I see things, I see patterns, I can see what needs to be done. And I finally resolved myself to the fact that everybody has a life mission and my life mission was to do what I was doing. And I was meant to do that. There's some interesting stories that went on to kind of super, I don't fight it anymore. To me, no matter what I do, and I do a lot of things, medicine is the primary focus and this primary focus, because the message is that people have the ability to heal themselves. That people have to get their mind straight. And the mind is the first place that you want to get straight before you can start working on your body.

Dr. Rashid Buttar: And these are universal messages. This isn't rocket science. It's simple principles that we should be looking at how the body works, the study of physiology. Physiology is how the body works. But everybody's looking at pharmacology. They're looking at all these other aspects, not understanding that the body already is functioning correctly. I'll just give you a quick fundamental component. Somebody comes in, they've got diarrhea. How does a doctor treat it? Stop the diarrhea. But that's not following the design of the engineer who created the body. The ultimate engineer is the creator. And he, or she, designed the system that if you have something that you've ingested that's not good, or maybe it's bad, or whatever. The system is designed to eliminate it. So you're

either going to vomit or you're going to have diarrhea or both. But what do we do? We suppress it. We give an anti-emetic, we give an antidiarrheal. So we are stopping the natural process. Now to me, I never did that. I would enhance it. Let them vomit. Or control the diarrhea.

Dr. Rashid Buttar: How would I control the diarrhea? Just sit on toilet and make sure you drink fluids. The only time I gave somebody something to stop the diarrhea was if they were in a combat situation, because you don't want to get shot while you're needing to go to the bathroom. That was the only time. Otherwise it's, and my patients that would get food poisoning or sick two days, 48 hours, and then they're fine. There are doctors that were treat it by stopping the diarrhea or whatever, 5, 6, 9 days. I can give you example after example of this type of thing in physiology, how we supersede physiology and think that we, because we are smart, can supersede the physiology. But the human physiology is such an, and not just human physiology, all physiology is so intricate. So the balance, the negative inhibitory feedback loops that are designed in the system. And if we just get the hell out of the way, we remove what shouldn't be in the body and get the hell out of the way, the body is a self-healing system.

Dr. Rashid Buttar: And I've heard be people talk about that, but they, it's almost like words, cliche. It's almost like they're saying it because it's a new message and they'll bring more patients. But it actually is a universal principle. And I've had people say I believe in non-conventional treatment and I'd never do this and never do that. And then they get cancer and guess what? Chemo, radiation, which one should I do?

Jeff Hays: I've seen it over and over.

Dr. Rashid Buttar: Those people are living in conflict. How can you say one thing because it's the trend or it's the popular thing to do. It's avant-garde now, it's the cool thing. It's kind of like when people used to smoke, it's a cool thing to do. Oh yeah, I don't believe in the pharmaceutical. I don't believe in chemotherapy. It's a cool thing to do. And then when the proverbial poop hits the fan, you forget all that stuff and now you want to go chemo and radiation. And I've had people tell me this. So when patients would get on the phone, we have patients from 94 countries. So a lot of times with the initial consultation, we do them on the phone. And this woman starts off, "Oh my God, I can't believe I'm talking to Dr. Buttar." This was 2014, 2013. And just so excited. I listened to her accolades for about 30 seconds and then I had to kind of cut her off and I said, "Thank you, appreciate that, your kind words, but let's go ahead and get on with the visit." And she said all this stuff, I've followed you for so long and blah, blah, blah, et cetera, et cetera. And I've read all this stuff and okay.

Dr. Rashid Buttar: So primary diagnosis of cancer and she starts telling me she would never do chemo or radiation. I just knew that, she was a pharmaceutical rep. And her naturopath, she's telling me she's trying to decide what she should be doing, telling me that her chiropractor told her this and her naturopaths told her that and blah, blah, blah. And I said "So you've got a naturopath as a provider and a

chiropractor as a provider. She said "yes". And she had an acupuncturist. So she had all these nonconventional practitioners. So I said, "And you're still considering chemo or radiation that nobody's talked to you about?" She said "Oh no, I always knew I would never do chemo radiation. But now that I have it, I figured that I should do that first. And then I can start doing all this other stuff." And I'm like, didn't you just say that you would never do chemo or radiation? She goes, "Well, yes, I did say that. But that was because I thought that, I have a simple type of cancer now and it's not a big deal." And the contradiction in everything she was saying.

Dr. Rashid Buttar: Even when I would checkmate her, she would change the subject to I thought it was this, but it's this. And it's not a big deal because I'm going to do this and I'm going to do that. But at first I thought I'd get the chemo and the radiation. And her husband was on the line and then I asked him, "Am I the only one that's part of this conversation that's seeing this? Or do you hear something that's wrong?" And he says, "No, Dr. Buttar, I hear it." And then I just told her, and I don't mean to make people cry, but I made her cry. I said, "You are living in massive conflict. You are creating turmoil for yourself. You say one thing and you are do doing something else. And now you're wondering which treatment you should do. And you're asking me?"

Dr. Rashid Buttar: My job as a doctor is to help you, but I can't help you here because the conflict that you're creating, you're feeding it. You're pouring gasoline on a freaking fire. You need to make a decision of what you want and then go forward. You cannot live a lie because cancer is nothing more than a conflict. And I'm writing a book called The Cancer Conflict because I believe that if there is inherent conflict in a person, like you've got anger against somebody, but you love them or you haven't forgiven them. That's where cancer actually starts. And it's an emotional issue. All the other aspects, it's easy to turn off the cancer cells. That's not a hard thing to do. but we've had patients that have actually passed on and then the families agreed to autopsies, and on autopsies, even despite having a completely clean bill of health, not understanding why they died, PET scan is negative, lymphocyte subpopulation is totally normal. They still died within two weeks plus or minus when the oncologist said that they were going to die.

Dr. Rashid Buttar: And then when you get the autopsy results and you see that there's no cancer anywhere that can be found in the body. In fact, one of them, one of the cases was a pathologist that sent, the pathologist sent back to the funeral home, back and forth, back and forth, four different times saying that you've sent me the wrong patient because he knew the patient had hepatocellular carcinoma. And the funeral home finally said we only had four patients that came through our facility. Three were women. One was a man. We know the difference between a man and woman. We sent you the only man. And it just so happens that this man that we're sending, he's the uncle of the owner of this funeral house. So we know we sent you the right person. And the pathologist report was not only did this guy have no cancer in his liver, he had the liver of a 30 year old. Now we'd rebuilt that all up over a period of a few months.

Dr. Rashid Buttar: But the point being why is it that you can actually, these people die and you have a clean bill of health and there's no cancer yet they still died and they died exactly plus or minus a couple weeks from when the oncologist said they would die. It's because they believed that they were going to die. It was already self-fulfilling type prophecy, right? They were told something by the doctor, they had something that was going on. They didn't believe that they could overcome it no matter what they did. And they still died. So that shows that it is, I mean it's not a conclusive thing, but it's happened enough times that it shows me that cancer is something that supersedes what just the biology that we're dealing with. There's a spiritual part of this. There's an emotional/psychological component to this. And until that's addressed, I've had many patients over the years. And I know that if I can get to that point, we'll be successful. It's getting the patient out of the way.

Dr. Rashid Buttar: And we have had other people that there's no reason that they should die, but that emotional part wasn't taken care of. Why did the stage four cancer patient with multi-organ system failure, metastatic disease, end stage, cachectic, terminal diagnosis, failed chemo, failed radiation, failed everything, and has been referred to hospice now and three years later, five years later, 10 years later, 13 years later, they're still alive after our treatment. And we've got it all documented with video. Why is it that that person succeeds and then another person with only stage two B cancer couldn't even tell they had cancer, no metastatic disease, no end organ failure, no cachexia, normal ambulation, normal intake. And two years later, they're dead. What's the difference that defines success versus failure in that stage four, that was already literally at the edge of death's front door versus the one that should have survived, statistically should have survived and she didn't?

Dr. Rashid Buttar: It's that factor, that emotional, psychological, spiritual factor. And that's actually the premise of where, to me, cancer is nothing more than the ultimate business success versus failure. What defines success versus failure in life, in general, in education, in your family situation, in your professional situation? There's those same factors as in cancer. If you apply those same things, it's the ultimate in testing whether or not those same principles will be successful or not. Meaning that you can apply this to a business, if you fail, the the business fails. If you're successful, the business thrives. Well, cancer is the same principles. But what's at stake is much greater than a business or your education or whatever.

Jeff Hays: It's a bigger game.

Dr. Rashid Buttar: It's a bigger game, but it's the same exact principles.

Jeff Hays: So, let's take this perspective that you evolved over 30 years in practice and having treated so many cancer patients. Now we see COVID come on the scene. I remember when your videos started coming out and suddenly a million views of this, a million views of that, and reluctant or not, you developed a voice in this COVID situation. There's no question that the fear machine has been running overtime. For those of us that don't have your clinical experience, we're

sitting back, I'm sitting back going, okay, I see what's happened in Italy in the early months of 2020 and I'm watching this progress. And then suddenly we're going to have a 14 day lockdown to get rid of this forever. And that we're going to be wearing masks for a brief period of time.

Jeff Hays: And now here we are in late 2021 and phrases are disappearing, herd immunity I don't hear about anymore. Natural immunity is suddenly inferior to vaccine induced immunity. The ground is shifting so fast. Advise us from your unique perspective, somebody like me, who's reading the papers, paying attention, trying to discern. What do we need to do here? People are racing to get an experimental vaccine.

Dr. Rashid Buttar: The question you asked Jeff is something that still escapes me, how gullible people are. From stage at a cancer conference there was a question/answer session on one of the days and I was on the stage with a number of other doctors. And this is prior to COVID, I guess it was 2018. And Andrew Wakefield made the comment to the audience that if you don't do something, and we were talking about the vaccine damage children that were vaccine damaged autism. We deal with a lot of cancer and a lot of autism. And I had testified before the US Congress in 2004 about autism. My oldest son is the youngest formal witness before the US Congress testified May 6th, 2004, regarding the effects of mercury on neural development and how it's implicated in autism, more than implicated. So I've been in this vaccine issue for a long time, over 20 years. And I've always said that people try to label me as anti-vaccine. I'm not anti-vaccine, I've never been anti-vaccine. I'm anti-stupidity.

Dr. Rashid Buttar: And if you can show me, for example, this whole thing about stamping out childhood diseases in 1991 when they started the national vaccine initiative. A child, when they're born and given a vaccine the first day on the planet, it defies logic because they can't even see or converse, they don't even have an immune system. The whole reason that they need to have breast milk, et cetera, et cetera, is because the mother is transferring her immunity to the child. So they can't, they don't have any antibody response because they don't have any B lymphocytes that are capable of creating antibodies. So why are you giving this? And then on top of that, then you say things like we want to stamp out childhood diseases and we want to build immunity of the child. Then if you are giving a child this vaccine, that's supposed to build their immunity, yet they don't have an immune system. And then you add things like adjuvants and preservatives that are known neurotoxins like mercury and formaldehyde, nickel. It's all stupid, it doesn't make any sense. It's all lies.

Dr. Rashid Buttar: So I've known about the vaccine issue for a long time. And so have many other people, and that's why they've been talking about it. But after Andrew Wakefield made this comment that you better wake up because if you don't do it now, they're going to come after you. Now, I thought that was a strange statement for him to make, but I have publicly for probably the last eight, 10 years, said that I think that if there's ever a civil war in our nation, it will be on the issue of vaccines. But I was talking about the issue of vaccines for childhood

vaccines, because I figured, you can mess with a man's property, with his dog, with his car, even with his wife, but you cannot mess with his kids. Same thing with a woman. You mess with a woman's child, they'll go postal on you. And at some point when the world realizes the atrocities we've committed in the so-called prevention game for children causing this epidemic of autism. One in 10,000, in 1991, children were getting autism. And then they start a national vaccine initiative and now it's one in 30, right?

Dr. Rashid Buttar: There's no such thing is a genetic epidemic. And they call it an epidemic of autism. So the vaccine issue was always forefront. When this COVID stuff started, it just didn't make any sense. What are they talking about? It didn't change our practice. We've never worn any masks in our office. We have the sickest people from all over the world in our clinic, nobody wears a mask. And sometimes when patients would ask, I'd ask what are you worried about it? You remember the thing that you do with the ozone, the ultraviolet radiation? That'll kill anything. You don't have to worry about it. And there was no fear and people went on. And so to me, the stupidities are only going to have so much limit. I had no idea that the human brain was so gullible and so able to be manipulated by just simple misinformation.

Dr. Rashid Buttar: Let's forget about the science. I've been telling people for the last year, forget about the science, the science that's published. I showed a slide yesterday of a microbiology and infectious disease journal that talks about COVID and talks about COVID in the capacity of it being a bio weapon. And that the vaccine is far dangerous than the actual pathogen. This was published a year and a half ago, in July of this year of 2020 after Biden named me as one of the most dangerous people in the United States, because of the misinformation. The misinformation that he's saying that I was talking about? Here's the misinformation. VAERS, vaccine adverse events reporting system, is basically the government surveillance system to monitor any type of adverse reaction from the vaccines. In December of 2020, Harvard published a study saying that the VAERS data is only 1% accurate. Whatever that number is, you need to add more zeros to it, because doctors and nurses get lazy or they're being manipulated and they don't report stuff.

Dr. Rashid Buttar: And they weren't talking about COVID, they're just talking about naturally in the various data, it doesn't get reported. So whatever the number is that's being reported, just assume that you need to add two zeros to it. So if they say a thousand reactions, it's not 10,000, it's a hundred thousand reactions. Now this is published by Harvard. How accurate that is? I don't know, but this was published by Harvard. Now at the same time we see the numbers coming in from VAERS, how many people are dying, how many people are having complications? In July of this year, I was speaking at the World Health Forum in Spain. And at that time, the EU reported over 1.5 million cases of complications from the vaccine, with over 750,000 of those being serious and permanent. Now this isn't in July, this was four or five months ago in.

Dr. Rashid Buttar: In the United States, those numbers were being reported and VAERS was reporting their numbers of people that were dying. But again, very, very under reported. Cases of doctors being threatened, nurses being threatened, reporting stuff, you'll have to pay the ramifications of putting this information out, being coerced, manipulated, intimidated into not reporting things. But let's just go with their data, let's not talk about the under-reporting of it. At the same time period every week, the CDC puts out reports of how many people have died from COVID. Now we know that those are very artificially inflated numbers. If you look at the death rates from cancer, heart disease, who would've thought that COVID was going to be the cure for cancer and heart disease, because nobody's dying cancer and heart disease anymore. So you start looking at these deaths. There's a difference between dying with COVID versus dying from COVID obviously, and people don't seem to understand that. There's a 99.97% statistical chances of surviving COVID. There's a greater chance, a 2700% higher chance to be dying from a motor vehicle accident than COVID, if you just look at the numbers.

Dr. Rashid Buttar: But regardless, now you look at the deaths from CDC and from July 9th to July 15th, in that time period VAERS reported more people had died from the vaccine than CDC reported died from COVID. Now when you start seeing this and this is the government's own numbers, even though I know that the VAERS numbers are a lot higher and the COVID deaths are actually a lot lower, even their own data after being manipulated, shows more people dying from the vaccine. And so when I pointed that out, that's supposedly misinformation. VAERS immediately went down and for maybe, I don't know, four or five days VAERS was down. And now whatever's up there, they're adjusting the numbers. In fact, this was in July, in August, they came up with a new definition of what it means to be unvaxed. So if you get the vaccine and you have an adverse reaction and die in the first 14 days after getting the vaccine, you're considered unvaxed. Did you know that?

Jeff Hays: Yeah. I just read this.

Dr. Rashid Buttar: They changed it because of this issue that happened when people were observing, oh my God, there's more people dying from the vaccine as reported by VAERS than COVID, they changed the definition and they're not calling them unvaxed. So the point is that when I put this information out there, I'm being labeled as danger to Americans because I'm providing misinformation. In fact, I pointed this out during the CNN interview. Of course, they didn't talk about it. I think five or six different times he would start, I would respond. He would try to turn up the heat. I would slap him in the face and it would just get in the combat situation where check mate, I've got him in checkmate now.

Dr. Rashid Buttar: And you can see where he had nothing more to say and they just divert to a totally different subject and go on. And it happened five or six times. Of course, they didn't show that. It was supposed to be a 20 minute interview. It was an hour and 45 minutes. And then they condensed it down to the best that they

could. People are outraged by the interview. I'm like, well, if after an hour and 48 minutes that's the best that they could do?

Jeff Hays: That's all you got.

Dr. Rashid Buttar: That's pretty good. I was surprised that they aired some of the things where I said I don't want to be part of this genocide, they actually aired that. I thought that they wouldn't air that. I think they were trying to paint me as crazy. I thought they were trying to paint me that my information is wrong. I think they were trying to paint me as an eccentric, crazy person, which you probably know I am, but-

Jeff Hays: In a good way.

Dr. Rashid Buttar: The facts are the facts, whether I'm crazy, is not the issue. The issue's the facts and the data, and the numbers. To me, just didn't make any sense, but I'm trying not to talk about the science aspect of it, because I think that's what they're counting on people to be stupid and not understand the aspects. I shouldn't say it stupid. I should say there's a difference between stupidity and ignorance. Stupidity is not curable. Ignorance is curable. Unfortunately, many people don't even want to listen to the actual facts, and that makes you fall into the stupid category, because either you're not capable of processing the information. You don't have the raw cognitive power to actually process that information, or you simply refuse to acknowledge that there's another viewpoint, which now becomes dogma. It's religiosity. It's not something that's curable like ignorance is curable. I'm ignorant on certain things. I can learn, I can have somebody teach me and then I become educated.

Dr. Rashid Buttar: Now, I'm not ignorant on that subject matter, but there is a difference between ignorance and stupidity. I think a lot of people, and I've started feeling this way, I've said it a couple times that Bill Gates and all, he couldn't keep viruses out of his software, but he's going to try to keep viruses out of us. That's interesting. When people insist that I'm wrong. I tell them, "Look, I have no beef in this game. You want take the vaccine, go ahead and take it. Just let me know how it works out for you." In fact, to me, it's a fundamental aspect of what makes me who I am. I've served my nation. I've had to take off my dog tags and take off my name tag off my uniform. God forbid, U.S. Forces couldn't be acknowledged in those areas if something unforeseen were to occur. I have put my life in the country to ensure the freedom of everybody to do whatever they want. I tell people all the time I have served my nation in order for you to be as stupid as you want. You're free to be as stupid as you want. I don't care.

Dr. Rashid Buttar: I've stood up there just like millions of other soldiers have, but when you start taking your stupidity and imposing it on me and on my family, now we have a problem. That's the whole thing, it's the freedom to choose. When people say, "Well, Dr. Trump, well the science" Forget about the science. Forget about the spike protein. Forget about the PCR test. Look at the common sense aspect. You must wear a mask when you walk into this restaurant, now you can sit down,

you're now two feet, three feet lower. You cannot take off your mask and you can eat because somehow you're magically protected by the sophisticated virus that knows that you're only susceptible when you're standing up, but when you're sitting down, you're not. You must maintain social distancing when you board a plane, six feet apart. Then once you sit down, you are now seated next to somebody you don't know four inches away, and you can take off your mask and eat. This is the departure from common sense that when a person doesn't see this and they're talking about viruses, I'm like, "Forget about the damn virus. Why don't you just start looking at how stupid this whole narrative is?" That's the simplicity of it.

Jeff Hays: The restaurants put a fine point on it for me every time when I would stand up and put my mask on to go to the restroom and come back and then sit down, "I'm glad I'm in the safety zone." I think maybe this why I haven't had COVID because I'm short. I think I may be walking underneath the COVID layer.

Dr. Rashid Buttar: That's right. Whenever I'm walking, I walk like this to make sure I'm protected.

Jeff Hays: I had a friend tell me day before yesterday, the airport was full and there was only a seat left that said, "Don't sit in it for social distancing." She had been in the airport all day. She sat down in the seat and the lady next to her said, "You can't sit there." She looked at her and said, "You realize it's quite possible I could be sitting next to you on the plane, but it's dangerous in the lobby." It's these things. Let me ask you about where I'm more concerned, I was on the phone with a dear friend of mine who's a director. He just finished a feature film. While filming it, they had a COVID outbreak. Amazingly enough, on films, you have to have a COVID person in charge who's been trained.

Jeff Hays: That was the person who somehow got everybody sick. That was the first case. Anyway, they had to shut down for a few weeks. This was a major multimillion dollar feature film. He got COVID on the set. That year, didn't have any problems, still had antibodies and then he just took a job directing another film. We had talked before and I said, "You've got antibodies. You don't need the vaccine." He was wondering should he do it? Not educated on this subject at all, but open-minded, but had COVID just months ago. Now, as a condition of his employment, he was paramount insisted that everybody must be vaccinated, or he is going to lose his job directing this film.

Jeff Hays: One of my high as values is choice. I've always stood for choice and I'm like, "Everybody should have their choice." Now, I'm starting to have to think about words that I don't normally think about words like resist, because the choices are getting smaller. Now even overtly, we should make it more and more inconvenient, unable to travel, unable to go to a restaurant. Where are you in this? What do people do on a daily basis if you're living in New York and you can't go into a restaurant without proof of a vaccine or in San Francisco, or now in LA county?

Dr. Rashid Buttar: Well, the question that you ask is a question that I'm asked literally every single day, multiple times. The resist aspect is one part of it, but you can think of it in a different aspect. This is actually what I've had a conversation with many other people, including one of your senior managers, Kat. I created something called TAP. It was really to get the mindset at straight start to understand it's tap into reality. It's a transforming abundance potential to reality. When you said, how do you deal with these types of things, you've been thinking about words such as resist, I would challenge you to think what's greater than resistance? That is when you look at the evolutionary process, evolution is always to make whatever the system is that's going through this evolution process better able to deal with the environment. Faster, stronger, more efficient, et cetera, whatever it may be. When you look at what's going on through society, this is a beautiful, beautiful time to be alive.

Dr. Rashid Buttar: We are going through an evolutionary process from a global society standpoint. In order for the new to come in, the old must go, and this is part and parcel of that growth process that takes place. Now, growth is characterized inherently with tumultuous and it can be very, very difficult. It can be downright destructive, and that's what we're going through. If you start looking at it from a global perspective from not the 30,000 elevation viewpoint, but maybe the two light years' perspective, aerial perspective, we are going through an evolutionary process that I think is essential for mankind in order for us to truly have the world of abundance that this planet was created. Just think about this for a second, in all the monotheistic religions man is created. When I say, man, I mean, men and women, the race of man was created in the image of the creator. By definition, if we were created in the image of the creator, then we are by definition creators, are we not? If we're creators, then it's up to us to create the world that we live in.

Dr. Rashid Buttar: That's when I started realizing that we have the ability to change the world. Now, I'm a student of helping one overcome mindset, I always had an interest in this, but when you deal with cancer, the biggest challenge is to convince a person that they can't actually beat this because many times they've already been programed to believe that they're going to die. The mindset of how to overcome these challenges and letting people discover their own power. It's an interesting journey, but when you start to look at it from a belief system that starts from what we've been indoctrinated for. The belief system is that we live in unlimited world. We are taught that you need to save money, not to make more money, but to save money.

Dr. Rashid Buttar: It's always a poverty mindset, reduce your expenditure, reduce, not make more. It's a finite, exactly, not the infinite possibilities. I tell people all the time, look at the blades of grass in the field, how many blades of grass are there in the field? Then how many fields are there in the planet? How many leaves are there on a tree? Then look at the number of trees in the planet. How many grains of sand in a beach and how many beaches are there and you start looking. The world is a world of abundance. I argued with life for a penny only to find dismayed that anything I would've asked of life, life would've paid. If that's came from a book

that my dad gave me when I was a teenager. Now, if you start thinking about it from that perspective, we are arguing about scarcity here. We have the potential of creating whatever world we want and that's what I'm in the process of doing. By definition, your mind is only capable of thoughts that are possible. Therefore, if something's impossibility, it could never ever enter your mind.

Dr. Rashid Buttar: By default, if something does enter your mind, is it possible? It most definitely is possible because of where it not possible you couldn't have even conceived of it. The mere a conception of the idea tells you one thing, it's possible. Now, that doesn't mean it's going to happen. It takes action to make things happen. It takes effort. It takes alignment. It takes many things. My point is the fact that once something enters your mind, you know right now, anybody that's listening to this, if you don't take anything from this interview, just remember that anything that your mind can conceive by definition, you can achieve. If you couldn't achieve it, you could have never even thought of it in the first place.

Dr. Rashid Buttar: That's a premise that I've my life's been based on, but when I thought about, can we change the planet ourselves? When it hit me, it hit my head. That means it can be done. That's what my per has been become in the last nine months is to drive the world towards a direction that people understand what is happening right now is a great thing. It's necessary. CNN cut out the part when I said the best thing that can happen to you is you get COVID. They were like, that's the best thing that can happen. Of course, they didn't let me explain. Natural immunity far supersedes, the study substantiated, I mean, intuitively we all know that. You going to trust some doctor, some research or some government or some laboratory or Moderna or Pfizer, or you going to trust the ultimate engineer. To me, I'll take my chance of the ultimate engineer, but when you look at the science and you understand the body works you realize the body has two immune systems.

Dr. Rashid Buttar: Nobody talks about the two immune systems. The only person that talked about the two immune systems was Dr. Atlas when Trump appointed him, he talked about it. You've got the humoral immune system and you've got the cellular immune system. Now, the cellular immune system is the cytotoxic cells and natural killer cells. Boom, you got an infection, you got to cut, boom, the white blood cells come in their microphages, they do their job. They're ready to go. They call them natural killer cells, because that's what they do, they kill pathogens. That's a cellular your immune system. Then you've got another immune system and that's the humoral immune system. The humoral immune system's job is to take with a B lymphocytes, create a template off of antigen. They create antigen receptor sites to that and then create something that leaves the B lymphocyte called an antibody that fights the antigen that happen, whatever the foreign substance is and fights it and creates a complex.

Dr. Rashid Buttar: Now, the thing with the antibodies is that it takes time. You may take three days, five days, 10 days for you to build up that response. That's the humoral immune system. Now you got the is two immune systems. I'm just going to ask you as a non-medical person, if I said you can have one or the other, which

immune system would you want? Would you want the one that's ready to go boom, right now that doesn't need any programming, that is designed to deal with emergencies? Would you want the one that's leisurely sitting back, "Let me get this template. Let me create an antibody and then be in storage in case you ever need it." Which one would you want?

Jeff Hays: Well, I don't want to give up either of them, but I would choose the one that was immediate.

Dr. Rashid Buttar: Everybody's talking about the humoral immune system with the antibodies and the vaccines. We are not taking, I'm going to take a vaccine. This is the logic, take a vaccine. That's going to deal with the delayed aspect of the exposure for a pathogen that has a 99.9% answer of survival. Then the things that are being introduced with that vaccine are known to be causing all sorts of problems. That's what they're doing and they're they're doing it. It's a propaganda campaign. Yale University was involved with a study that was trying to decide how people should be compelled to take this. They looked at shaming people.

Dr. Rashid Buttar: They looked at coercing people. They looked at rewarding people, to incentivize people. Why are you studying how to convince people to take a vaccine? How many times do you know that the governments come to you and said, "This is something that's good for you. Here you can take it and we're not going to charge you." They want our taxes. You can't buy this car seat because it didn't pass the safety standard. One person died of chelation because a doctor gave it six times a dose, in one third, the time never talking about the millions of people that died from the conventional aspect. Now they're going to talk about this. It's like literally they think that they can change history.

Dr. Rashid Buttar: They can change time. They can change definitions. They can change the narrative. People say, "Yes, Dr. Buttar, you're right. People should start to critically think." I'm like, "Guys, I'm not even picky. I don't care about people critical thinking. Just think. You don't even to critically think." That's why you come back to the same thing of you walk into a restaurant, you got to wear a mask. You sit down, now you're safe. That's not, that's not critical. That's a third grader would look at you and say, "This doesn't make any sense." I talked to my sons, my youngest son is about to turn 17. He was 13, 14 when this whole thing started, he wasn't worried about this.

Dr. Rashid Buttar: He goes, "This doesn't sound right." I said, "That's because it's not." What should we do, dad? What do I tell you to do? When you walk into the house, wash my hands, then wash your hands. That's it. Everything else, take their vitamins, it's the same thing. Why is it the best thing that you can do to get COVID because your body will perform its own natural immunity. The studies have shown that once you're immune to it, once you've got that immunity, it supersedes any aspect out there. That's assuming that you even think of vaccine works, but I can tell you the vaccines inherently have never worked. They never report the actual side effects, autism, fibromyalgia. That's many things that vaccines have caused. The cardiovascular disease, the implications and cancer

it's all from the vaccination aspect and people can find say, "You're crazy. How can you say the cancer has something to do with vaccine?" Look at the research. Listen to Dr. Judy Mikovitz and her research when she was doing.

Dr. Rashid Buttar: It's so much information out there. A person should understand that at a point in history, where in public, if you sneeze, you feel self-conscious or you blow your nose, you feel self-conscious and everybody turns in and looks at you, there's something wrong. Like what, all of a sudden, nobody had a cold? I've got a cold right now. I think you hugged me yesterday when we had dinner. There's no fear there. That's the thing people have to understand that things don't mutate to become stronger things mutate and they get weaker, weaker. The evolutionary process makes you stronger. Mutations of viruses if the case was a mutation can get stronger and stronger and stronger, guess what? We, would've not been not on this planet.

Jeff Hays: There'd be nobody around to have the discussion. To wrap this up, I want to go back to something that, because this is something that's available for anybody who is listening to you speak. One of the words that Patrick and I have used for what we want to be doing is transcendence. What we mean by that when we say it is, is we've done some controversial topics we've done, and if you're in an argument, regardless, whether you're on the right side of it or the wrong side of it, you're in an argument. How do we transcend this argument? You touched on some really transcendent the thoughts that are outside of the box of we have the potential of creating a better world. We have the potential of creating. To me, that's outside of the discussion of nebulizing with hydrogen peroxide versus ivermectin versus, we won all this practical information, but let's finish up on that philosophy.

Dr. Rashid Buttar: Well, before we do that, if you'd allow me indulge me, did we talk about the use of hydroxychloroquine or nebulizing budesonide or ivermectin? Did we talk about that two years ago, when 1.5 million people were dying every year from tuberculosis or all the other things. Did we ever talk about this before? Why are people now worried about it? It's no different than it was before. The only difference is that they've pushed it, pushed, pushed it and made it to be the paramount thing that everybody talks about. That's the first thing he is realizing that the only thing to be afraid of is the concept of fear itself.

Dr. Rashid Buttar: Who said that Kennedy said that Roosevelt said, someone said that, and this is the thing. People are paralyzed by fear. We never had these conversations. Remember people talk to me about treatment. I'm like, "Why are you talking about treatment? Did you talk about treatment for cold?" Well, no, but it wasn't COVID. Yes, COVID has been around coronavirus, which COVID, it's all based on coronavirus. It's been right since 1963. There's over 10,000 publications that I have in my own computer on it. I don't know how many you've been published. It's just informing them, that don't talk about all these treatment aspects. Talk about the logic. There's nothing to worry about. I said this way back, if you saw any of my videos, when the first start coming out, Jeff, you can see me saying a year and a half ago, a year and eight months ago, I'll go anywhere on the planet

with this COVID I don't care where it is. I'll go anywhere. I will meet with the people. I'll shake the hands.

Dr. Rashid Buttar: If she's good at looking enough, I'll even kiss her on the mouth, but just let me take my own potions and whatever I do, I'm not worried about it. I may get sick. I may get a cold fine, but I'm not worried about it because the body doesn't work that way. Now, you put a vaccine in my body, I know I'm not going to survive it. Bottom line is people should not be afraid because this is nothing more than the boogie man. Wake the hell up. As we used to say in the military, pull your head out of your fourth point of contact. Look under the bed and realize that there's nothing there and whatever is there, it's just going to make you stronger. If you find somebody has, COVID get it, you'll be sick for a day or two, just like a common cold flu. That's it. Now, if you've got the vaccine, I don't know what to tell you that is not designed. They really harped on that about the population control and all that stuff. Your own natural innate immune system is far superior than anything that's on the planet, that anything the man can ever create.

Dr. Rashid Buttar: If you're willing to put your future in the outcome of what some scientist created in a lab for your immune system, then you really need to go back and understand the nature of the creator. You need to understand that's all based on fear. Everything comes down to fear versus love. I think you and I talked about that a little bit off the air, and this is the thing that people have to really grasp. That if you make a decision, any decision based on fear by definition, you're always wrong. You can never be right when you make a decision based on fear. Now, it's the road most traveled. The road less traveled is decisions made in love. If you really want to say, should I go right? Should I go left? Which is the one that's most traveled? It's going to be the one that's fear-based. Now, if the world really was motivated by love and people went on the lesser road, do you think that we'd be dealing with any of this nonsense right now? It wouldn't be tolerated because all based on love. People wouldn't be afraid. I love my father, my mother enough to see them, even though in the nursing home, it's okay.

Dr. Rashid Buttar: We've had people sitting next to us and say, "Can you please put your mask on?" We are the people that never wear masks in the airport. Never. I was sitting in the, in the Dallas Fort worth airport. We came through security and there were two police officers standing at the side. I didn't have my mask on Dr. Ashton didn't have a mask on. Police officer says, "Why aren't you wearing your mask? I said, I'm a doctor. She's a doctor. We know this is stupidity. That's why we're not wearing a mask because it's stupid." One police officer turns and walks the other way. The other sees him walking away, pulls down his mask, reaches out his hands and says, "Thank you, sir." I go and sit down. I'm sitting there waiting for Dr. Ashton, come back from the restroom, stand there or sitting there. I know people are staring at me, everybody giving me this look, but they've all got masks on and I don't have a mask on. I look up and there's a guy in front of me, probably in his late 70s, early 80s, no mask on.

Dr. Rashid Buttar: He's reading a newspaper. I'm pretty impressed. It's just like, to me, the only human being here is this guy that's sitting in front of me, everybody else, they really are, I don't know what, what I'd call them, but I didn't really consider them because they were all wearing masks. They're looking at me and him in a horrid fashion. Like we've got the plague or something and this man's just flipping through this paper and he looks up and he sees me and I said, "Where's your mask at?" He gets really upset he goes, "None of your damn business, where's your mask at?" I said, "Wait a second. I'm impressed. I'm a doctor. I know that this is ridiculous. That's why." Again, we're talking as if nobody's there, but they're all staring at us. It was one of those memes of the people like staring and going back and forth. It's like, "You're the only two people in the fish bowl." He goes, "Well, I served in Vietnam. They didn't get me there. If it's my time to go, it's my time to go, but I ain't wearing a face diaper."

Dr. Rashid Buttar: I was like, "That's awesome." That's the attitude people need to have. If you're that afraid of dying that you're going to stop living, then you got a problem. You're not living anymore. How can you call that living? You need to go on and continue living and show gratitude to the creator for your life, rather than being in that restricted mindset, "Oh my God, I'm going to die." So what? Everybody dies, you can't escape. Live your life. The sad thing is the people that are in fear of living, they slowly start dying and that's really what cancer is. They're in a fear state and their fear of living, or they've lost their connection to live. That's all we have to do is give them the connection to live. Reinvigorate that connection to live. It's a non-issue. I see this virus as a cancer of the mind. The only real virus we have to deal with is stupidity virus and maybe the fear virus.

Jeff Hays: Before we go, let's circle back to when you were talking about your TAP program, but this is new material coming from you. I can't help, but feel like as you were talking about it, it's almost like I raise my head up from studying this problem and you raise your head up. You go, "Well, there's a sky. There's sunshine. There's evidence of God all around me." Pick up that theme and let's leave it on that.

Dr. Rashid Buttar: Jeff, just when you said that the resonance that I picked up from that, and this is what I just experienced that people can't see is what people experiencing with TAP. There's some people that I have been a great admirer of and when I saw their name come across they just joined TAP. It just was just reaffirmation from the creator that it was the right people will come at the right time. Even when you just said what you just said. TAP is nothing more than showing people the power that they have and giving them a template to follow, giving them opportunities, whichever ones that they want to follow, giving them information.

Dr. Rashid Buttar: Empowering them with knowledge so that they can never be taken advantage of. They can never be victimized. It's not just a mindset really, it covers every aspect of it, but it starts with the mind. It's going to impact your it's going to impact your friends. It's going to impact your finances. It's going to impact your relationships. It's going to impact every aspect of life. I'll tell you, it's hard to

express in words what it really does, but it's bigger than I could have ever imagined. I'm just humbled that the creator chose me to allow it to come to the world. I can't watch more than five or six of those videos of my TAP members, it's just too emotionally too much for me because it's so overwhelming.

Dr. Rashid Buttar: After the first day of training, which was a five-hour webinar, I asked the of people about 1,080 just under 1,100 people, if they felt any value of this program, to share it with me, I just want some feedback. I had over 330 people that submitted a video. It just was awe-inspiring. I just discovered that one of the executive director for TAP has started getting asking people a motivational video. People are coming on telling how their lives have changed. One of the ladies from, from Romania, I think she was from Romania, she said that I've always been shy. I've always been introverted. She goes I've always felt like I had a special purpose in my life that I was supposed to do. Then I joined TAP and she said, "Now, I don't know why Dr. Buttar but every morning I get up the world this beautiful and it's sweet."

Dr. Rashid Buttar: I don't see any of the other garbage that other people are afraid of. I realized that I have the power. Now, my friends are coming to me and asking what I'm doing and how I'm doing it. When you realize, do you have an impact on a person's life, that's great, and it never gets old. I've been truly, truly blessed beyond imagination. If I died right now, I've lived three people's, maybe four people's lifetime. If you've ever had somebody tell you how you saved their life and I've had that happen. If I've had once, I've had it a thousand times that people said that it never gets old. To be able to impact a person's life that you've never met, that you've never see, that you've never encountered, you've never shook their hand. You've never seen them eye to eye, and they tell you that you've impacted their life. I cannot imagine anything better in life.

Jeff Hays: The ripples.

Dr. Rashid Buttar: It really is. That's what TAP has become. It's become a community of people. I never even thought about it being a community because become a community of people that are the most extraordinary people you can imagine. It was only supposed to be open one time and that was it. It was never going to be open again. The group voted against me 780 wanted to open it up again for a second round. We're going to do it now because I said, "Guys, this is your organization." It's going to be opened up again. We have over 6,000 people that are on a waiting list right now. I decided to do it right before Thanksgiving. Hopefully, we'll do a webinar that we can talk more about.

Jeff Hays: I love it. Lot of my goal, it was a concept that, that was introduced to me just a couple of years ago that struck home with me. Instead of discovering who I am, it's remembering who I am. This remembrance of wait a minute, I'm not this small little thing that's scared of this deadly COVID. Wait a minute, there is the entire world around. I love that you're doing that. I love that you're introducing this into the world and we look forward to playing a role in it.

Dr. Rashid Buttar: Thank you.

Jeff Hays: I've seen it played out. Part of me is fascinated to watch this continue to play out. That's not the loving part of me.

Dr. Rashid Buttar: That's the curious part. I've got the same curiosity, but I think I know what the outcome's going to be.

Jeff Hays: My belief is that the people that are really pushing for the harshest response to this have a reality problem that will eventually confront, but we'll just see what happens, but that's the curious part. Rashid, Dr. Buttar, I can't thank you enough for being here. I know you're really busy and we caught you in between a flight from here to a flight from there. Thank you for the taking the time.

Dr. Rashid Buttar: Absolutely. Appreciate it.

Dr. Patrick Gentempo: Well, that's it for Jeff's interview with Dr. Rashid Buttar. Dr. Buttar is somebody who speaks his mind, has very strong expert opinions, and cares about the truth. I'm glad that Jeff was able to sit down with him and have this conversation and that we could share it with you.

Dr. Patrick Gentempo: Well, that completes episode 12. As you can see, there's a lot to discuss when it comes to this topic. Again, I can just say that my heart is filled with gratitude. We've been fighting a cat and mouse game here. We've been censored. All those things have happened to us that have made it difficult for us to get this information to you. Here you and I are right now. That completes episode 12. Again, great gratitude for being with you through this series. Thank you.