NAME
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DURATION
2h 16m 41s

51 SPEAKERS
Del Bigtree
Tracy Beanz
Watch party-goer
Jo Rose
Brad Skistimas
Mikki Willis
Lily Tang Williams
Dr. Judy Mikovits
David Harris Jr.
Dr. Andrew Wakefield
Sam Kwak
Daniel Kwak
Dr. Simone Gold
JP Sears
Dr. David Martin
Dr. Richard Urso
Dr. Sherri Tenpenny
Ernesto Ramirez
Jessica Sutta
Marla Maples
Angela Stanton-King
Rizza Islam
Dr. Christina Parks
Alex Jones
Victory Boyd
The Great Awakening attendee
Jefferey Jaxen
George Bernard Shaw
Mike Wallace
Margaret Sanger
Hillary Clinton
Nicole Sirotek
Bill Gates
Dr. Elizabeth Lafay
Dr. Steven Klayma
Timothy Stonesifer
Molly Rutherford, MD
Michael Turner, MD
Amy Offut, MD
Dr. Kat Lindley
Martin Luther King Jr.
Angela
Various news reporters
Dr. Marty Brueggemann
Rob Schneider
Joseph A. Ladapo, M.D
Jenny McCarthy Wahlberg
The HighWire promotion
Pierre Kory, MD
Edward Dowd
Ron Johnson
Del Bigtree
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Del Bigtree
Good morning. Good afternoon. Good evening. Wherever you are out there in the world, it's time for us all to step out onto The HighWire. Well, I know I'm still floating after the amazing weekend we had celebrating the brilliant release of The Great Awakening, and of course, it was a heck of a party for those of you that made it to Austin and the red carpet. We had so much fun meeting all the celebrities of the health freedom movement and the people that were just speaking from the mountaintops throughout this whole thing was such a celebration of all that was awesome, or whatever awesomeness could be found from COVID seriously. And then a look into the future and this brilliant movie. But if you weren't here in person, certainly I hope you were watching it as we were rolling live. But for those of you that may have missed it, or maybe you just want to reflect on it, just to have one more moment, take a look at this.

Del Bigtree
We're here at the Long Center in downtown Austin. I'm Del Bigtree and this is...

Tracy Beanz
Tracy Beanz, and we're here at the sold out premiere of The Great Awakening.

Del Bigtree
There's 2500 people packing this auditorium tonight, sold out audience. But there's also millions across the world that'll be watching.

Tracy Beanz
Well watch party, live now from Sayulita, Mexico.

Del Bigtree
Hello everybody there in Mexico.

Tracy Beanz
Watch party going on in Calgary, Canada.

Watch party-goer
Yeah.

Tracy Beanz
Jo Rose in New York City.

Jo Rose
I'm super excited to be here.

Del Bigtree
This is loud and proud and staking our claim and saying we are here and I think the world is watching.

Tracy Beanz
I think it's The Great Awakening, right?

Del Bigtree
Yeah.

Tracy Beanz
I mean, everybody here is so excited and energized and passionate.

Del Bigtree
On the red carpet, Brad Skistimas of Five Times August. Brad, can you hear me?

Brad Skistimas
Hey, Del, hey, Tracy, it's good to be here with you tonight on the red carpet. We got the man himself here, we got Mikki Willis.

Mikki Willis
This is the full big picture that will, hopefully when people see this, the crazy world will make sense to them because there's a psychological war that's happening within this nation. And we trace it back and we show the effect of it and most importantly, how to break that spell.
[00:03:13] Brad Skistimas
Lily, how are you doing?

[00:03:15] Lily Tang Williams
I'm doing great. My first time ever red carpet event in the USA. Isn't that great. So many first times.

[00:03:21] Brad Skistimas
It's my first time, too, so we can be red carpet buddies together, that's great. What was your contribution to this one?

[00:03:27] Lily Tang Williams
Well, they wanted to interview somebody who survived Mao's Cultural Revolution. So I was born in China and grew up under Mao. I wanted the world to know my stories and to recognize what is going on today, I'm very concerned.

[00:03:42] Dr. Judy Mikovits
We continue to risk everything because that's what we're called to do according to God. I'm so blessed by Mikki, by this story, by the film, by everybody who participated.

[00:03:52] Del Bigtree
When you think about Plandemic 1 with Judy Mikovits, 1 billion people saw that film. I want to beat a billion. I want 7 billion people to be waking up.

[00:04:01] David Harris Jr.
More people are waking up than ever before, and that's why I love the name of the movie tonight, The Awakening, because I believe that's exactly what's taking place and what must take place in our world in order for enough of us to be able to fight the powers that are trying to destroy us.

[00:04:15] Dr. Andrew Wakefield
I've been talking about the power of film, and one thing that's quite clear to me is that people in their thousands, in their millions, have woken up. So it's making a real impact.

[00:04:26] Sam Kwak
Our parents and our mentors said, you got to stand for something, you got to have...if you believe something and have conviction, speak out, because it takes all the good men to not say anything for evil to persevere. So we're here to speak out.

[00:04:39] Daniel Kwak
When you speak truth, there is no risk, right, because the consequences of living not in the truth is much greater than not seeking it and not going after it.

[00:04:46] Dr. Simone Gold
It's really important that we reveal the duplicity that our government and our media has done to patients. I knew that the shots were bad for people, but I also knew that time would show that, time would reveal that. We're seeing that, and that's caused people's eyes to open.

[00:05:00] Brad Skistimas
The man, the myth, the legend, JP Sears. How you doing, buddy?

[00:05:06] JP Sears
Brad, I'm doing pretty good for a delusional redhead. I like what you're doing, Brad. This whole holding the mic thing.

[00:05:13] Brad Skistimas
Yeah, this is new to me. Red carpet, yeah.

[00:05:15] JP Sears
It looks kind of fun. And not to insult you, but I think you could be doing a better job, so would you mind if I took a turn? You're fired.

[00:05:25] Brad Skistimas
Okay.

[00:05:25] JP Sears
I learned that from President Trump. You're fired.

[00:05:28] Brad Skistimas
Thank you,

[00:05:29] JP Sears
Del.

[00:05:29] Del Bigtree
Yeah.
[00:05:30] JP Sears
Hey, come down to the red carpet.

[00:05:32] Del Bigtree
Oh my God, is it my turn?

[00:05:34] Tracy Beanz
He's already causing problems.

[00:05:35] JP Sears
We need more hands on this.

[00:05:35] Del Bigtree
Okay, we're going to JP. Go.

[00:05:39] JP Sears
The one and only Del Bigtree.

[00:05:41] Del Bigtree
Don't forget how awesome it is to be free. That's why I'm here. I want everyone to remember, be free, for God's sakes. This is our time. We the people must rise up right now.

[00:05:53] Tracy Beanz
The energy in here is amazing. Super high energy, everybody's smiling, laughing, talking to one another. Hopeful for the future.

[00:06:01] Dr. David Martin
The shocking reality is most people will listen to what they're told rather than observe the facts. We allowed humanity to be massacred, and it's time for us to take the human story and the humanity story back.

[00:06:12] JP Sears
Doctor David Martin, any time I'm listening to you speak, you're so well-informed. I feel dumber.

[00:06:19] Dr. David Martin
You know, here's the funny thing. When I hear you speak, JP, I feel boring as bat shit.

[00:06:25] Dr. Richard Urso
They're creating division anywhere they can, so division is their game. As long as we can't see who the real enemy is, we don't even know who we're fighting.

[00:06:33] Dr. Sherri Tenpenny
My mission, actually, for the last 23 years, has been to inform people about the problems associated with vaccines. That they're not safe, they don't keep you from getting sick, they're not necessary.

[00:06:44] JP Sears
Why are you here tonight?

[00:06:46] Ernesto Ramirez
To try to bring awareness for justice for my son and my vaccine injured. This is a fight I have to be in and I'm not gonna stop.

[00:06:54] Jessica Sutta
I'm vaccine-injured by the Moderna vaccine. Three days later, after my first shot, my life has not been the same, it's been two years of hell. I feel like I'm dying every single day. But the silver lining is I've been able to make a community and fellowship that are just family. We lift each other's spirits up and we're here to fight the fight. Anyone injured out there, React19.org, we love you.

[00:07:17] Tracy Beanz
This is all about making sure we give a voice to the voiceless. Those people who haven't been able to speak out about their experience finally getting the opportunity to do so on this absolutely amazing platform that The HighWire has built, for those of you out there who are watching, JP.

[00:07:33] JP Sears
I'm going to take over for Del now.

[00:07:34] Tracy Beanz
What else is new? You've taken over for people all night.

[00:07:36] JP Sears
Well, I like to intrude in people's spaces. Why create your own opportunities when you can take them from someone else? The fabulous Marla Maples.
I've known Mikki since 2011, and Nadia, and we've just gone through such a journey together in filmmaking and in peace messaging and bringing people together in unity, and it's no different now.

We're living in a day and age where a lot of people are sleeping, not aware to what's really going on. And so The Great Awakening explains it all. It's time for America to wake up.

Those who know and who control what happens in this world understand that the people are rising up and we are looking past barriers, whatever it may be, color, religion, etcetera, and they are very afraid of that.

They lied. They continue to lie. Do not trust them.

This film could be the most important film ever made. It documents this assault on humanity, this tyrannical takeover, this seduction of our minds, this attempt at a total takeover of society. So we must defeat this because they're planning new pandemics, new lockdowns, more controls. This is the most important subject, and Mikki Willis is the best filmmaker on the topic.

A huge thanks to Del Bigtree, the team at The HighWire. It is time for The Great Awakening.

(music) I said the free and the home of the brave. I said the free and the home of the brave. Haha.

As you saw in the movie tonight, what's happening in America is a cultural revolution, and that is why everyone escapes from other nations to here, to experience sovereignty and freedom. This is America. We have a spirit that will not die. God bless all of you, thank you for your support. And to the Great Awakening.

I'm speechless really, the film was incredible.

It's eloquent, it's perfection. It's fantastic.

I think it is one of the most emotional movies that people are likely to ever see in their life.

I thought it was inspiring and I think it was unifying.

I came out of it like feeling kind of educated but not anxious. When you're talking about scary things, that's hard to leave it feeling motivated and positive, and somehow I did.

I think everyone has to see it whether or not they're for or against. We have to question and all opinions need to gather.

I think everyone needs to see this film and we have to know this so we can be free again as a people.

2500 people here, right? All these people are on the front lines, need to tell ten people, those ten people tell ten people. This word's got to spread and it's got to catch on like wildfire for us to turn the tide.

It's that reminder that we will succeed in this fight, and I strongly believe that.

The Great Awakening is here, for this I am happy and grateful.
Del Bigtree

Well, it was really, truly an awesome experience, and I just want to take this moment to thank all of you that sponsor The HighWire. Obviously, we did that with full regalia. We showed the world we mean business, and when we decide to have a party, we know how to party. But all of this is made possible, that brilliant film is made possible, on the donations that go to Mikki Willis and his group, and of course, our ability to broadcast. It was brand new technology that we just rolled out in order to make that livestream experience happen. You have made that possible. We are building the tools so that they will never be able to shut us down, that they can't censor us or block us. This is all a part of our moving into a new age of media where we actually have to play a defensive position because we stand in the face of censorship everywhere we are looking, where we are turning. We have a government that is turning on the Constitution of the United States. Our First Amendment rights are under attack and many other rights. And for those reasons, we need your help more than ever. If we are going to truly be a part of this great awakening, we are going to need a media empire, and we're going to need a legal empire to fight for our rights.

Jefferey Jaxen

We feel like The HighWire, the work that we do here at icandecide.org, are a huge part of the success that we've had so far and what will bring about the future we're all dreaming of. So if you aren't already a part of this movement and you aren't directly involved, this is how you do it. All you have to do is become a recurring donor. Just click on Donate at the top right-hand side of your screen, or come to our website if you aren't there. This is how you get to be a part of the success and be able to claim your victories alongside of us instead of just watching it happen, you're involved. We're asking you to be a recurring donor. Choose an amount that you can afford every month to attempt to save the world. This is your part. If it's $23 a month, that's awesome. If you can do more, $100 a month, great. Or if you are a person that's done really well in your life and you want a special project, we've got plenty of them, reach out at info@icandecide.org, and we'll find something you can stamp your name on the side of. This is how we roll, this is how we make a difference in the world.

Del Bigtree

Look, we've got an awesome show coming up. I've got Dr. Kat Lindley coming up, and also board-certified integrative physician Michael Turner. We're going to discuss the state of the doctor-patient relationship. How are we ever going to establish trust again? Are you asking yourself that question? I know I am. And I'm going to ask them some seriously hard questions. I know that there are doctors that should be respected and really came out, but how do we know which are the right ones and how do we ever go back to trusting those lab coats again? That's what we're going to be talking about. But first, it's time for The Jaxen Report. Alright. Well, Jefferey Jaxen, I think we have a lot of new viewers now after the incredible screening of The Great Awakening. And so welcome to everybody, this is The Jaxen Report, hold on to your seats, some big stuff coming our way. What have we got this week?

Jefferey Jaxen

Well, Del, for the viewers that have been watching and for the new viewers, we've been covering here the excess mortality during the pandemic years. A lot of researchers, a lot of politicians have been scratching their head and saying, why has excess mortality gone up in countries when this vaccine has been rolled out during Covid, it's supposed to prevent death, prevent hospitalization, severe hospitalization, but we're seeing excess mortalities go up, from the EU parliament testimony there to other countries as well, we're seeing, and people are saying someone should do something about this, someone should look into it. Well, in Germany, researchers have. And now we have really the best paper to date on excess mortality. And this is it right here, "Estimation of excess mortality in Germany during 2020 to 2022." So they looked at the reported deaths versus the statistically expected all-cause deaths. And this is, again, this is one of the best statistical estimates we have to date. And let's look at their results, let's dive right in here, because a lot of people are talking about this paper right now. It says the results, "The results show that the observed number of deaths in 2020 was close to the expected number with respect to the empirical standard deviation; approximately 4,000 excess deaths occurred. By contrast, in 2021, the observed number of deaths was two empirical standard deviations above the expected number and even more than four times the empirical standard deviation in 2022."

Jefferey Jaxen

So you're talking about a four sigma event at that point. And now let's even, let's go even further, we're just going to go right through this paper and dissect it because, again, it's one of the best representations now we have to talk about this in a very, very methodical and scientific way. So they go on to write this, "The mortality wave at the turn of the year from 2020 to 2021 is characterized by a strong age dependency, which follows the age-dependent risk of COVID-19; excess mortality is higher in older people and is completely absent in the age groups below 30 years. This pattern is substantially changing from April 2021 onward at the time when more and more people were vaccinated." So what they found were younger people were starting, that age-dependent curve kind of just evaporated. And it wasn't so much the older people, it was younger people now, there was not....

Del Bigtree

For anyone still tuning, just tuning in or didn't follow the science or The HighWire back through COVID, we were all announcing, and everyone knew really that was reporting on this, that the age demographic that was really being affected by COVID was over the age of 80 or maybe 75, depending on where you were looking, usually other co-morbidities. But it really affected that older age group. And there was even discussions on the fact that in many of these countries they had such a mild flu season the year before that maybe some of those people that would normally die in a flu season that were elderly and feeble and not healthy, that they weren't lost, and so maybe this extreme number we were seeing in the elderly was also due to the fact that they had sort of lived a year longer than usual because they had such a mild previous flu season. So all of those are things that we had discussed, but all of it was about it was just the elderly that were truly being affected here. Alright, so, just wanted to remind people of those thoughts.
Absolutely. And this paper is incredible in the way that a lot of previous analysis would kind of ask the question, but they wouldn't really say, you know, it may have been this, it may have been that. This paper goes on in a more bold step and it says this, this is about German surveillance. It says, "Given the temporal relationship between the increase in vaccinations and excess mortality, it seems surprising that a respective safety signal has not been detected in the pharmacovigilance by the Paul-Ehrlich-Institut (PEI), which is responsible for"--that's kind of like their CDC--"which is responsible for the safety monitoring of drugs in Germany. A closer inspection of the methods used by the PEI to monitor possible deadly side effects of COVID-19 vaccinations reveals that a flawed safety analysis is used that will not indicate a safety signal even if a vaccine causes extremely large numbers of unexpected deaths." And this leads them to say this, and this is really one of the takeaway sentences here. It says, "From the perspective of pharmacovigilance, the simultaneous onset of excess mortality and vaccinations represents a safety signal." And, obviously, we've talked about this. Hypothetically we said, well, yeah, there seems to be something, but to see it in writing, to see it from a statistical standpoint of highly researched numbers and dates and years, is really is, I mean, this is a moment in history, I do believe, not to put too much weight on this paper, but it's really a turning point in the conversation at this point. So...

Here in the United States of America, we keep putting up the OpenVAERS numbers, which is in VAERS, over 30,000 reported deaths. And every time we have put in FOIA or asked the FDA to respond, they say, we just don't see a signal. I mean, it is literally more deaths in this one vaccination period by one vaccine then all the deaths ever reported to the VAERS system of every other vaccine combined. And they're saying, yeah, we just don't see anything here. I mean, look at this. This is what happens. I mean, we're talking usually 4 to 500 deaths a year, which I still think is ridiculously high for a product being forced on people. But 2021, 2022 through the roof, the deaths that are being reported specifically because of the vaccine. And then forget about all of the other issues, weakening immune systems, we've talked about, and other issues, cancers and things that maybe were long-term issues being caused by these vaccinations.

Right. And so the researchers go on to say this. "As...in Figure 8," which we're going to look at in a second, "the obvious hypothesis of a decrease in excess mortality with an increasing number of vaccinated persons is not correct." They just go out right there and say it. They say, "During periods when many persons were vaccinated, excess mortality seems to have increased more strongly compared to the same periods in the previous pandemic year." Now, let's look at this chart, this is Figure 8, and you can see here in the red cumulative a number of excess deaths. You can see around at the end of 2020, that's when they start vaccinating, you can see the spike and it kind of you can just draw a line right up there to the end of 2022. And those blue and green lines there, that's the cumulative number of people fully vaccinated, triple vaccinated, and you can see as that number, as those numbers go to the right, that red number goes up. You don't want that red number going up. That's the excess deaths, that should be going down as more triple and fully vaccinated people become vaccinated. And it's really the opposite. We're seeing an opposite signal. And so reading this paper....

Bring that up again, I just want to state the most obvious point here. You look at, you basically plateau, you've maximally vaccinated everybody. This was the vaccine that was supposed to end the pandemic, that we're being told, oh, keeps you out of the hospital, then why the heck, when you're at their highest vaccine rates, do you continue to accelerate and climb in death? At the very least, what we can see is the vaccine did nothing at all. But I think what they're saying is no, no, it's much worse than that. Clearly, it's contributing to death. So the vaccine, at the very least, did nothing to protect anybody, so the entire purpose of it was a lie. And now we're seeing a bigger problem. Not only was it not effective, it appears to be detrimental to your health.

Yeah. And you know, reading this paper for the first time, I kept hearing talking points in my ear from the media saying, well, you know, excess deaths happened because they closed down medical centers, people couldn't seek medical care. And I was hearing, well, the lockdowns really caused a lot of excess mortality. But the researchers say this in their analysis. It says, "...it seems also very unlikely that the abrupt increase in mortality in spring of 2021 is due to delayed or avoided clinical services, which should lead to much smoother changes or due to side effects of COVID-19 measures. This is more unlikely in the year 2022 when excess mortality increases even further despite a decrease in reported COVID-19 deaths and although clinical care should slowly return to normal." So as clinical care was returning to normal, as these medical centers are opening up, COVID deaths were going down at the end of this. That curve, that red curve on that graph should have been slowly going down at that point if that hypothesis was correct that we'd been hearing in the media. But it was not.

Wow, amazing. I mean, just really explosive.
And we look around and so, the European Union has talked about this, they were seeing that, and we're looking at the current excess mortality numbers. And let's look at Canada. So this is from David Dixon on Twitter, he's a data analyst, and you can see even in Canada here in 2022, in that gray line, that's the excess mortality. And they use 2019 as a baseline. And you can see there in 2022 that excess mortality is way up there. In the red, that's COVID related, and in the kind of the orange color, that's non-COVID related. And you can see the COVID related, the red bar, that really never changes much. In fact, it goes up in 2022, but that excess mortality is just surging. You see the same thing in Japan. They use something called crude mortality, but it's basically the same thing, it's excess deaths per 100,000. You can see there, it's up plus 103, and that's 103 deaths per 100,000. In 2022, it's the highest. And it's the similar trend that we're seeing in Germany here. So that this paper cannot be talked about enough, and I urge other researchers out there to continue researching this topic because the data is there and this can be built upon. This is one of the largest topics of our time that we need answers to. And speaking of patterns, we've seen this issue, we're seeing a pattern. When there is an issue with the vaccine, the pattern seems to be a normalization of that issue. So we saw with myocarditis, when kids started getting myocarditis, we saw the headlines, well, kids normally get myocarditis, this is something that just happens in that age group, and we saw defibrillators being put at schools everywhere, and even with thrombosis and strokes, when those started to come up, we saw headlines, is it too young to have a stroke? No, you can have them at any age. And so now we're seeing....

Watch when you're watching football, did you know that watching sports on television causes heart attacks? I mean, all of this, like, oh, really, I don't remember that ever being an issue, but now it suddenly is, and it's natural, it's all natural. Or in some cases, they've talked about how COVID causes the swelling in the heart, right? Oh, no, it's caused by COVID itself, which we've debunked endlessly here.

Exactly. Exactly. Now the studies are showing that there is a major myocarditis risk for kids, especially in certain age groups and males. And now we've been tracking the increased cancer rates. We've had Doctor Ryan Cole on to talk about what he's seeing in his practice. But we've been talking about, these cancer rates have been rising throughout the pandemic, and it was actually you who said, wait, wait for it. They're actually going to blame the cancer rates, the rising cancer rates on the virus itself and say the virus causes cancer. And Del we're here, May 23rd, 2023, a paper has been pushed out, rapidly, from my understanding, and this is it. "Possible cancer-causing capacity of COVID-19: Is SARS-CoV-2 an oncogenic agent?" And it says this, "...we have reviewed the impact of coronavirus disease 2019 (COVID-19) on the vulnerability and susceptibility of specific organs to cancer development. It is important to note that the cancer-related effects of SARS-CoV-2 proposed in this article are based on the ability of the virus and its proteins to cause cancer but that the long-term consequences of this infection will only be illustrated in the long run." So they're saying, this is just a hypothesis, there's mechanisms, but we don't really have the data to show this, but we're just hypothesizing this. And notice, a key point here, they say, the virus and its proteins. Well, you know, there's a major protein there that they could have talked about, and there's literature called the spike protein. They did not name the spike protein. And I suggest the reason they did not name the spike protein is if they mentioned that, the public would have a very big problem. Because we know through studies that the spike protein in vaccinated people sticks around in your body in the exosomes and outside the cells for months. So if this thing is cancer-causing, if the spike protein is cancer-causing, vaccinated people have this thing for a long time, natural infection, they're clearing it faster.

And so if people start putting two and two together, say, wait a minute, why was I being injected with a cancer-causing agent, and we have, I'm not going to drag us through all the Toll-like receptor investigation, but this vaccine, the one difference between the natural spike protein and the vaccine spike protein, is this pseudouridine injection, where they basically mutate this spike protein so that it puts your Toll-like receptors to sleep. Your Toll-like receptors are the guardians of your immune system that detect cancer and ask your immune system to fight cancer. This vaccine was designed to put those guardians to sleep, and we've been saying, we believe you're going to see a rise in cancer. Now, of course, they've got to cover this up by saying, oh, it's COVID. And honestly, Jefferey, why I knew this was coming is it was really the benefit, for those that made this vaccine, the benefit was that it didn't work and it was actually going to help them protect themselves because everybody that got the vaccine also got infected 2 or 3 times. So it sets us up an ability to say, well, it's probably COVID that caused it, since everybody that's getting cancer had COVID. What I would say is we need to see a study of those that got COVID that never got the vaccine, compared to those that did get the vaccine, since essentially almost everyone on the planet has now had COVID, and who has the higher cancer rates? You know they're never going to do that study. Instead, they're going to put it out there and hide this mistake that they've made, and we're really worried about the numbers that are coming our way. This wave looks like it's going to be huge.
[00:27:52] Jefferey Jaxen
Right. And that study you're suggesting is kind of the vaccinated, unvaccinated study that we've been asking for the entire childhood schedule to see what health outcomes are better, so that's going to be a talking point, a rally cry. But let's go back to this study. Let's look at one of the images from the study, and this is kind of their hypothesis of these possible oncogenic mechanisms of SARS-CoV-2. So they have the renin angiotensin aldosterone system, that's kind of the maintenance of the blood pressure and the vasculature in the body. And then they straight-up call it a viral mutagenicity, and then inflammatory cascades of the virus. So those are the kind of the ideas of the virus and these these proteins, these ideas of these nebulous proteins, we're not really going to say which ones, but they're saying this could be the possible mechanisms. And throughout this time, again, throughout this pandemic, we've seen cancer rates rise, we've seen people say, well, it's because the medical systems have been shut down. But now we're seeing another data point that's really concerning, we're seeing a shortage in cancer drugs, which is going to, obviously, it's pointing to a rise in cancers with people taking these. So in Michigan here, this is one of the first headlines I saw. "Michigan lawmakers in DC call for action in cancer drug shortages." And it says, "The nationwide shortages of critical cancer drugs, specifically cisplatin and carboplatin, are causing hospitals and health systems in Michigan and across the country to ration products and delay needed treatments for cancer patients," the lawmakers said in a statement.

[00:29:13] Jefferey Jaxen
But then we see this article, they're talking about more, not just the couple here. "As cancer drug shortages grow, some doctors are forced to ration doses or delay care. Fourteen cancer drugs are in shortage, according to the Food and Drug Administration." So, above, again, above, we just talked about the first study to kind of hypothesize that it's the proteins and the virus that's causing the cancer, but over the last three years of the show, we have shown you study after study showing that the parts of the mRNA vaccine, the constituents of that are upregulating, downregulating the immune system, leaving to dysfunction, so we have this new study as well, out the same month. So we have these competing studies, these rails of ideas, and it's important to really let truth come to the surface here. "IgG4 antibodies induced by repeated vaccination may generate immune tolerance to the SARS-CoV-2 spike protein." And they go on to say this, this incredibly strong study. "...emerging evidence suggests that the reported increase in IgG4 levels detected after repeated vaccination with the mRNA vaccines may not be a protective mechanism; rather, it constitutes an immune tolerance mechanism to the spike protein that could promote unopposed SARS-CoV-2 infection and replication by suppressing natural antiviral responses." Well, Del, just like you said, you know, you get the vaccine and people have these reinfections. They initially said, if you get the shot, you'll never get the vaccine, you won't be a reservoir for the vaccine. So are there...

[00:30:43] Del Bigtree
For the virus, for the, yeah, yeah, reservoir for the virus.

[00:30:46] Jefferey Jaxen
Yeah, for the virus, sorry. And so, are there other problems with reducing the immune system? Well, the study goes on to say this. They give six points, but number two, specifically for this subject, "mRNA and inactivated vaccines temporarily impair interferon signaling, possibly causing immune suppression and leaving the individual in a vulnerable situation against any other pathogen. In addition, this immune suppression could allow the re-activation of latent viral, bacterial, or fungal infections and might also allow the uncontrolled growth of cancer cells." Wow. It goes on to say this, number four, "The combined immune suppression (produced by SARS-CoV-2 infection and further enhanced by vaccination) could explain a plethora of autoimmune conditions, such as cancers, re-infections, and deaths temporarily associated with both. It is conceivable that the excess deaths reported in several highly COVID-19-vaccinated countries may be explained, in part, by this combined immunosuppressive effect." So we're having pieces of the puzzle, a lot of pieces of the puzzle coming together here in the scientific literature, and these are big, big landmark studies that we really should be paying attention to.

[00:31:52] Del Bigtree
Amazing. I mean, it's...this show, we talk about it all the time has some of the most painful I-told-you-so's I've ever experienced. I mean, I'm thankful for all the people I know that tune in to this show and watch, then sort of protected themselves, at least stopped taking consistent rounds, one after the other. Because as we're seeing, the more you take, I think the Cleveland Clinic study that we've talked about before, that the more vaccines you take, the more doses, the more likely you are to be infected. All of this is adding up to the same problem. Immune suppression, you're no longer being protected, it's doing the opposite, negative efficacy, now immune system suppression, all things that if you've been watching The HighWire, you would have known almost from day one. We were pointing out these issues. Some of them we saw in the animal trials before this vaccine was ever injected into a human being.

[00:32:42] Jefferey Jaxen
Right, right. And Del, so last week we talked about the Club of Rome and how it played really an integral part in the climate discussion we are living through, kind of the end stages of today. And during the inception of the Club of Rome in 1968, there was a lot of talk about what sounded like eugenics. They never said the word, but some of the wording and paragraphs hinted at this, and we kind of were scratching our heads reading this and saying, well, is this part of the climate movement? So we have Aurelio Peccei, the founder of the Club of Rome, and he wrote a book a year after the Club of Rome was founded, in 1969, called "The Chasm Ahead." And just to remind viewers from last week, I'll read this passage here. He's talking about reducing the population of the planet, and he's saying basically, people, if this isn't done by education or persuasion, he writes this: "...some solution will come the hard way. Many hypotheses have been advanced. I will cite three ghastly solutions that are ventilated as belonging to the realm of the possible.
One is biological: nature, which maintains so many balances, will see to it that human incontinence will be remedied, through some new germ or virus. Another is constructive and prophylactic: the day may not be far off when—by grafting a population from one region to another, forced exodus, or mass sterilization, or with the help of other clean methods biochemistry might suggest—a ceiling on population or new births will be enforced, in some nations by due process of law, in others perhaps by international measures. And the third, the harshest, is hinted at in a most pessimistic essay by Professor J. D. Bernal. He, talking about enormity or logic and hypocrisy in the ultimate solution in October of 1967, says, “there is no limit to human folly and callousness”—in the sense that all will end, as the only compassionate, rational solution left, with the elimination of all surplus humans, who will of course belong to the poor of the world. No comment is necessary.” So again, this sounds like eugenics talk. And let’s go back in time to the...

And we discussed last week how all this led to sort of a war on humanity, that we’re going to use climate change as a way to say that human beings is the problem with the earth, so that we will fight against ourselves. And so, all of that, just to recap. And people should go back and watch that to understand what we’re talking about if you haven’t seen it.

Jefferey Jaxen

Yeah, incredibly important puzzle piece. And so, was this ideology of eugenics, or we need less people, war on humanity. Did it start with the Club of Rome? Did it start in the 1960s and it kind of just swept into this idea of climate? Let’s look at some of the roots of the inception of eugenics in the United States and in the UK. Those were kind of two the two hotbeds of it. And we start with Francis Galton. He was kind of called the father of eugenics. He was the cousin of Charles Darwin. If you remember, Charles Darwin wrote “The Origin of Species,” gave the foundation for evolutionary biology, survival of the fittest, natural selection. So Galton was what you would call like a proponent of social Darwinism. And he wrote a book in 1883 titled “Inquiries into Human Faculty and its Development.” And this is the first time we hear this word eugenics, and he writes this. "We greatly want a brief word to express the science of improving stock, which is by no means confined to questions of judicious mating, but which, especially in the case of man, takes cognizance of all influences that tend in however remote a degree to give to the more suitable races or strains of blood a better chance of prevailing speedily over the less suitable than they otherwise would have had. The word eugenics would sufficiently express the idea..." And that’s the first time the world has seen that word in writing, and that idea. And a year later, 1884, after that word is basically uttered into the lexicon of the language of humanity, we have the Fabian Society that was created.

This is Britain’s oldest think tank. It was considered an elite society, and their idea was to reconstruct society, to build like a socialism, but not by revolution. It was more by stealth, and they used the word permutation. And you can think of that as like the Trojan horse coming in. They would enter the ranks and the minds of the politically influential with programs and ideas, and they would support them with robust statistics and science, and they would try to influence public policy. And that was the Fabian Society. And if you look at their logo, the very logo of the Fabian Society is a wolf in sheep’s clothing. So they weren’t too subtle about what they were doing when they raised this flag. And we have one of the most prominent figures at that time of the Fabian Society was Irish playwright George Bernard Shaw. And George Bernard Shaw, just to give you an idea, at that time, the Fabian Society really married itself to this idea of eugenics, because that was a popular topic at that time, late 1800s, early 1900s. And in comes George Bernard Shaw, he’s an influential thinker at the time, a socialist, and a Fabian socialist. And this is an interview, just give me an idea, you might know his plays, but this is his eugenics side. Take a listen.

I object to all punishment whatsoever. I don’t want to punish anybody. But there are an extraordinary number of people whom I want to kill. And not in any unkind or personal spirit, but it must be evident to all of you, you must all know half a dozen people, at least, who are no use in this world, who are more trouble than they are worth. And I think it would be a good thing to make everybody come before a properly appointed board, just as he might come before the income tax commissioner, and say every five years or every seven years, just put him there, and say, sir, or madam, now will you be kind enough to justify your existence? If you can’t justify your existence, if you’re not pulling your weight in the social world, if you’re not producing as much as you consume, or perhaps a little more, then clearly, we cannot use the big organization of our society for the purpose of keeping you alive, because your life does not benefit us, and it can’t be of very much use.

Well, it’s amazing when you think how many of us in high school studied George Bernard Shaw, maybe even did the plays, “Pygmalion.” I think about “Pygmalion,” right, which ends up being turned into a musical called “My Fair Lady,” but the idea being that you can take a useless human being and if you gave them money and dressed them right and taught them manners, they would become a successful person in society. It seemed like a great idea, but when we look at, we’re studying this guy’s plays, not realizing that he really thinks people should apparently just be exterminated if you’re useless and not come up with standards. And of course, “My Fair Lady” turns into “Pretty Woman” with Julia Roberts and Richard Gere. So this idea of, you’re a useless person, but maybe if we either put some money into you and raise you up, we can make you into a real human being. But just wild to think that it’s acceptable to celebrate a man and and his work that had this idea about society.
And you know, in true Fabian socialist fashion, you can hear, he comes into a like a voice of empathy and compassion, he wants to do this to help humanity, and he's asking you to justify your contribution to society and justify are you producing enough, and surely enough in the survival of fittest way. They justify, because they're wealthy, because there are of a higher class, the people of the lower class, clearly, just by the means of them being by the lower class, don't really deserve to be here because they can't pull themselves out of it. Therefore, they can be, anything can happen to them, and if they're not pulling their weight, then they should be done with. And so he goes on further, this isn't one just kind of off interview, they caught him on a hot mic. So in 1934, he does an interview with BBC magazine out of London called The Listener, and he says this, among other things, this is a quote by him, "I appeal to chemists to discover a humane gas that will kill instantly and painlessly. In short, a gentlemanly gas -- deadly by all means, but humane not cruel." I mean, these are chilling, chilling words, Del, and this really, again, that was 1934, so that's a year. 1933 is when Hitler assumed control of Germany as their leader. So, you know, he was really echoing an ideology at the time, which was historically dangerous and destructive.

But let's go back to this eugenics idea. So in the early 1900s, it starts to really ramp up. In 1913, in the UK, we have the Mental Deficiencies Act, so now it gets legislative. Now it's just, it's out of the Fabian Society's, you know, sitting around smoking cigarettes and saying, what if. Now we have laws and this is an act of Parliament in the United Kingdom. Only three MPs voted against it. And this law uses words like imbecile, feeble-minded, idiot, moral imbecile. But it also, this is another aspect that people forget about eugenics. It also made it possible to institutionalize women with illegitimate children so they also could be sterilized as well. And at the height of this law, 65,000 people were placed, according to the history and institutional settings. But over in the United States, the United States was a little more aggressive on their aspect of that. So in 1910, the United States set up at Cold Spring Harbor, the Eugenics Record Office, and this was funded by seed money from the Rockefeller Foundation and then what was called the Carnegie Institution.

And from there we had laws enacted, one after the other. Indiana was the first to enact eugenic sterilization laws in 1907, followed by California and Washington in 1909. Those that stay on the books for decades. But really, where this thing takes an even more sinister turn, is eugenics was gathering steam in Germany, and by 1927, again, the Rockefeller Foundation provided funding to start what was called the Kaiser Wilhelm Institute. And they were studying anthropology, human genetics and eugenics. And that was in Berlin, that was created. And again, 1927, 1933, Hitler comes to power in Germany. And listen to this New York Times article I found, this is 1936. So the Rockefeller Foundation committed to start this, but they also committed to continue funding it. So New York Times has to really make these pieces fit. Says, "Rockefeller Gift Aids Reigh Sciences; $655,000 given by Foundation." And it says, "The Rockefeller Foundation has granted $655,000 to the Kaiser Wilhelm Institute of Germany in fulfillment of pledges made before the Hitler regime came into power, it was learned yesterday." So they're basically saying, hey, look, I know this guy Hitler came into power, but...

We stick to our commitments. We stand by our word. If we've committed to something, we're sticking it through. You know, and I sit here thinking, when you think about this infiltration, which is a lot of what this conversation is about, how many universities do our children go to that have wings or arms that are dedicated by the Rockefellers Foundation or Carnegie. I mean, how much of our university system has been affected by people that are investing in eugenics as a concept.

Right. And just as a side note, the Kaiser Wilhelm Institute became the "main," in quotes, scientific engine that drove the Nazi eugenics policy, and that was really the headquarters. So it played to say a pivotal part is an understatement. But let's go back to the United States here for a second. So there's a couple of offshoots, so we have legislative eugenics and sterilization. But we also have, you know, we call it by other means. In 1916, we have Margaret Sanger starts the first what would be later called Planned Parenthood in Brownsville, New York. And that is looked at, as, you know, to help families, to help women in family planning, to help them have their children spaced apart for better financial reasons. And so her ideology at that point was kind of, you know people didn't really question it. But by 1959, she does an interview with Mike Wallace. So several, several decades later, World War II is over, the idea of eugenics has become repugnant in popular culture. Listen to what she has to say in this interview.

Do you believe in sin? When I say believe, I don't mean in believe in committing sin. Do you believe there is such a thing as sin?

Well I think the greatest sin in the world is bringing children into the world that have disease from their parents, that have no chance in the world to be a human being, practically. Delinquents, prisoners, all sorts of things just marked when they're born. That, to me, is the greatest sin.

And Del, there's this idea that Margaret Sanger and Planned Parenthood, those two were married together and people will say, well, Planned Parenthood was ahead of its time and it was empowering women and it was looking after women's health. And for decades in the media and popular literature, those two ideas would not be divorced. People would say, but, you know, your founder held this idea even through the 50s that, like she just said....
[00:46:16] Del Bigtree
Like she was really big in moving in Planned Parenthood and abortion into African American communities. It's well-documented in lots of language she had around that. She talks about criminal, you know, being born into a family where your only hope is crime, therefore you shouldn't be alive. I mean, she sort of basically says it there. Very, very shocking statements, you know, that she made.

[00:46:38] Jeffrey Jaxen
Right, yeah, 100%. And so we have people, before it really came out fully, we had a lot of people endorse Margaret Sanger that knew this history. One of them was Hillary Clinton. Take a look.

[00:46:50] Hillary Clinton
Well, thank you so much. It's great to be back in Houston with so many friends and to have an opportunity to participate in the Planned Parenthood annual meeting, to tell you that it was a great privilege when I was told that I would receive this award. I admire Margaret Sanger enormously. Her courage, her tenacity. Her vision. Another of my great friends, Ellen Chesler, is here, who wrote a magnificent biography of Margaret Sanger called Woman of Valor. And when I think about what she did all those years ago in Brooklyn, taking on archetypes, taking on attitudes flowing from all directions. I am really in awe of her.

[00:48:00] Del Bigtree
Wow.

[00:48:02] Jeffrey Jaxen
So we hear Clinton there say, I really admire her vision. So let's take a closer look at her, at Margaret Sanger's vision. So Margaret Sanger also started a publication called "Birth Control Review" in 1917. It ran for a few decades, and she published this piece in "Birth Control Review, talking about her plan for peace. She says this. "The first step would thus be to control the intake and output of morons, mental defectives, epileptics. The second step would be to take an inventory of the secondary group such as illiterates, paupers, unemployed, criminals, prostitutes, dope-fiends; classify them in a special departments under government medical protection, and segregate them on farms and open spaces as long as necessary for the strengthening and development of moral conduct." And you read those things and it's kind of, it's just chilling, I don't know what to say after reading that. But you see Margaret Sanger here....

[00:48:55] Del Bigtree
What's hard to imagine is saying that that's a hero of yours. I mean, it's really hard, an educated person that prides themselves and tells us all how intelligent and well-read they are, to come to a conclusion and stand on a microphone in front of a camera in the modern age and say, this is a hero of mine. Really, it boggles the mind. So either you are not educated or you do agree with the perspectives being held here, you know. Shocked either way.

[00:49:29] Jeffrey Jaxen
And you see these weaving stories come together. So we have the Fabian Society, that's over in the UK, and they're gripping onto the eugenics idea and really pushing that. But you also have Margaret Sanger, who was giving talks at the Fabian Society. This was one of them in 1915. "A tremendous Awakening": Margaret H. Sanger's speech at Fabian Hall." She delivered a speech to the Fabian Society in London, England, in 1915, it's one of her first speeches. So you see, I mean, they were clamoring to hear from...

[00:49:57] Del Bigtree
Connected altogether. Yeah.

[00:49:58] Jeffrey Jaxen
Right. So again, this was a person that had, Sanger had boots on the ground, she was doing something, this was out of the just conversational space of the Fabian Society. So basically, tell us how you're doing, what are you doing this? But now in 2020 you see things come around somewhat full circle, the public acknowledgment of Sanger's true history and actions. New York Times, "Planned Parenthood in N.Y. Disavows Margaret Sanger Over Eugenics." So at least there was a recognition of that to set the history straight and the record straight after all this time.

[00:50:29] Del Bigtree
We'll continue her work, but will disavow, you know, celebrating her any longer.

[00:50:34] Jeffrey Jaxen
Right, right. And so, again, Sanger is just an offshoot here, there's so many narratives. I mean, researching this, obviously so many narratives here. And we're going to go back to the legislative piece, because that's really important here. So throughout the United States, starting in 1907, Indiana, they were the first to put eugenic sterilization laws on the books. And throughout then it just continued to go state after state. And Virginia, 1925, they passed the Virginia Sterilization Act, and as a first test case to see the legality of that act was a case, it was called Buck v. Bell, and that was a court case, a Supreme Court case, and the supposed, they called an imbecile, in question at that time was a woman named Carrie Buck, who was 21, she was from Charlottesville, Virginia, and at the age of 17, she became pregnant. It was later found out that it was a rape that she became pregnant from. And as a result of that, they, after the birth of her child, she was committed to what was called the Virginia Colony for Epileptics and Feeble Minded. And that's what happened to young women that had children out of wedlock during these eugenics laws.
[00:51:39] Jefferey Jaxen
So the Supreme Court took up this case, because this was obviously a hot topic at the time in the United States. And we have Justice Oliver Wendell Holmes delivers an opinion on this case, Buck vs. Bell, and this is the historic opinion, we can read this now here directly from the paper. He writes this, "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Jacobson v. Massachusetts, 197 U.S. 11." He says this, this rings through history now: "Three generations of imbeciles are enough," writes Oliver Wendell Holmes.

[00:52:46] Del Bigtree
Wow. Connecting the vaccination program. And we've taken your rights away there, therefore, we can absolutely cut your fallopian tubes, sterilize you. Obviously, he was unaware that the technology in vaccines would be that we could just sterilize you without cutting your fallopian tubes, which is what I have always warned, is the basis of my greatest concern of mandatory vaccination programs.

[00:53:08] Jefferey Jaxen
And so, Del, we've, throughout the years here, we've looked at maps of the lockdowns throughout the United States, we've looked at maps for all the legislation for various masking. And now we go back in time in 1935 and we look at a map here of the eugenic sterilization in the United States. This is the legislative status, and you can see all the states with these, these horizontal lines, they're the laws in effect January 1st, 1935, that have eugenic sterilization laws. So it's about 30-something states. The black states are states with bills pending as of 1935, or the laws are being repealed. So you can see here this wasn't a one-off shot. This was something that swept through the United States for decades and decades. And in the case of California, through the 60s, even into the 70s, for institutionalized sterilization. And now that brings us, now we start moving to present day here. So you have that base, you have the Club of Rome taking up this idea in the 1960s. And we have Bill Gates Sr., the father of Bill Gates, of the Bill and Melinda Gates Foundation, and he's often connected with this in a way. And it says here, upon his death, there was a write up. And in this article, it says, "Gates Sr. didn't shy away from contentious political issues, serving on the local and national boards of the Planned Parenthood before Roe v. Wade..."

[00:54:26] Jefferey Jaxen
And so this was someone that was on both, again, local and national boards for Planned Parenthood. And now you get Bill Gates, his son, and you see these current headlines, if you will, from the Bill and Melinda Gates Foundation. "Gates Foundation commits 2.1 billion to advance gender equality globally." And it says in here, in their press release, "...the Bill and Melinda Gates Foundation today announced a commitment of $2.1 billion over the next five years to advance women's economic empowerment, strengthen women" - -I mean, these are words right out of Margaret Sanger-- "and girls' health and family planning." There's that family planning again, we keep seeing those words, and it's a nebulous word. But when you start looking at what that means, you have to question that, given the history of this country and this ideology. And so, just like Planned Parenthood had to apologize in 2020, California also had to apologize, and they did. So we have Gray Davis, he was the former Governor of California. In 2003, he put out a press release and he said this: "To the victims and their families of this past injustice, the people of California are deeply sorry for the suffering you endured over the years. Our hearts are heavy for the pain caused by eugenics. It was a sad and regrettable chapter in the state's history, and it is one that must never be repeated again. California enacted a eugenics law in 1909, resulting in the involuntary sterilization of approximately 19,000 'undesirable' Californians."

[00:55:47] Jefferey Jaxen
And then we have Bill Lockyer. He was the Attorney General of California at that time. He also simultaneously came out, his letter of apology as well, he writes this: "California policymakers and even then-Attorney General U.S. Webb mistakenly upheld the popular belief that selective breeding could improve the human species. The state law, enacted in 1909 by Governor James Gillett reportedly resulted in the sterilization, between 1909 and 1964, of more than 20,000 men and women considered feeble-minded or prone to moral perversions. Victims of this false science included the disabled, who were forcibly denied the ability to have children. California was not alone. 32 other states had similar laws." And so Del, now, you may ask or people watching may ask, yeah, that's old history, why, why are we doing this again? This is terrible chapter in history throughout the last century, why do we have to rehash this? And this is why we have to rehash this. Because present day in Canada, let's start in Canada. They have the MAID act, the medically assisted suicide. Here's the headline, "Who Can Die? Canada wrestles with euthanasia for the mentally ill." Over to the United States, we have Ezekiel Emanuel, Doctor Ezekiel Emanuel, and he writes a story in The Atlantic, an op-ed, and he says this, this is a couple of years ago, "Why I hope to die at 75."
Byline: “An argument that society and families—and you—will be better off if nature takes its course swiftly and promptly.” And you go into that article and sure enough, there’s a chart, looks like it could be written by George Bernard Shaw himself, talking about productivity and your contribution to society. Very simple chart for anybody to really see, and by 40, your best contribution years, and from there it’s just downhill, and kind of we don’t need you. And so who is Ezekiel Emanuel, Doctor Ezekiel Emanuel? Is he just some guy with this idea, he got lucky, he got an op-ed in The Atlantic. Absolutely not. So during the coronavirus, Biden administration comes in, Biden picks him for the Coronavirus Task Force Lead. “Biden’s pick for Coronavirus Task Force: ‘Living too long is also a loss.’” And again, he’s a medical ethicist, and you see these words medical ethics, bioethics. This is kind of a soft version, some of these ideologies of eugenics, you can see wrapped into medical ethics to give it more of a scientific error in bioethics. These are kind of new words that are using to obfuscate some of these conversations that are really uncomfortable and that have historically dangerous ties to them.

Jefferey Jaxen
And then we go over to the UK, you have the Medical Disabilities Act in 1913. We go back now 2023, 2022, we have during the COVID pandemic, this was the headline, we covered this before. “Fury at ‘do not resuscitate’ notices given to Covid patients with learning disabilities.” And we have whistleblowers coming out, and families as well, whistleblowers and nurses saying, look, they were on their charts, I don’t know how they got there. The family said, I never agreed to this, they never agreed to this. So there was an investigation, a bipartisan investigation, MPs wanted answers to this. And the results of that investigation was during both waves of COVID, they found this: “Report finds COVID patients with learning disabilities given blanket DNRS,” do not resuscitate orders. So it wasn’t just a bad apple here or there, blanket do not resuscitate orders throughout entire institutions were given, and throughout hospitals were given for people with learning disabilities, and we saw that at some of the nursing homes, too, with the older people. And we even have whistleblowers here in the United States, when we’re talking about this ideology that came forward during COVID. Nurse whistleblower Nicole Sirotek, she came forward and did a popular video at the beginning of the pandemic, and she had this to say.

Nicole Sirotek
It is 8:42 New York time, and I got to my regular unit and they took my patient away, my black guy. And now I’m getting switched units. This is exactly what happened before at the other hospital. As soon as I told somebody, like management and tried to advocate for my patient, they take the patient away from me and then they move me. I was trying to advocate for my patient and talk to management here and get the care that he needs, because he’s being medically mismanaged. And I just had a complete <bleep> breakdown. I wasted my time advocating for <bleep> patient who’s just going to die anyway. So like, I legitimately don’t even know what to do anymore. Like, even the advocacy groups don’t give a <bleep> about these people. Like, literally, like black lives don’t matter here.

Del Bigtree
I remember when she was talking about that and she was going to these hospitals that were in really heavily, you know, large black communities and just saying, they are not getting the same care that they’re getting elsewhere in the country and basically said we’re killing them. And really just, I don’t know if we can connect all these things, but certainly the players are there. You have a eugenicist that’s the head of the task force, he talks about quality of life, and when you’re productive, and all of these themes are running through all these conversations. And it was really wild how this virus and how it was handled and putting sick people in nursing homes just wiped out, you know, really your pension class, as we’d say. Just something that sits in the back of my mind all the time as I try to make sense of everything.

Jefferey Jaxen
And looking back in history, we saw the major funders of that time were the Rockefeller Foundation, the Carnegie Institute, and they were, I mean, multi-billionaires by today’s standards, and they were funding a lot of this, they were behind the scenes, funding a lot of this and giving seed money. And today we have one of the largest NGOs in the world funding the WHO. Remember, we have the WHO pandemic treaty that’s trying to be pushed through here to tell all the other countries how they’re going to act during a pandemic, how they’ll treat patients. We have the largest organization that is funding a lot of this, which is the Bill and Melinda Gates Foundation. And let’s take a look at some of the ideas that Bill Gates thinks is okay to talk about publicly over the years. Take a look.

Bill Gates
The population is growing. Population problem. High population growth. Moderating population. The population growth rate goes down. You’re going to have a tripling on population by 2050.

Bill Gates
Here we can see a chart that looks at the total world population over the last several hundred years. And at first glance, this is a bit scary. The world today has 6.8 billion people, that’s headed up to about 9 billion. Now, if we do a really great job on new vaccines, healthcare, reproductive health services, we could lower that by perhaps 10 or 15%.
[01:03:03] Del Bigtree
Yeah, I mean, everyone’s seen that, we all know it, but when you really think about this and you think about the dangers now and the genius of Bill Gates was, I think, deciding to take over the world through the health systems, right? Everyone else is investing in banks or whatever. I just think this guy became one of the major players in the world by using this idea of, I'm a non-profit, and I'm just investing in the WHO and Gavi and all of these groups that are deciding literally the fate of humanity, our bodies, trying to push laws that forcibly inject us whenever they want to, and I keep saying, once you can be forcibly injected, then it is very easy. We inject deer with vaccines every year in America to sterilize them, and then you think someone that says the biggest problem is population, we need to reduce it through vaccinations, and I am invested in every non-profit and health system in the world and pushing mandated vaccine programs. And now we've just reported a couple of weeks ago, we got Chelsea Clinton in there saying she's going to make the biggest vaccine push that we've ever seen. Folks, folks, wake up. Wake up.

[01:04:14] Jefferey Jaxen
Yeah, Del, it's tracking this, it really simply, it's this idea that has gone throughout the decades and the centuries. Before, it was churches and communities that would care for people that needed the care. And then you saw during the eugenics phase, the government stepped in and it was the government's burden and the government said, well, basically, you justify your burden on society. But now today's age, it seems like the medical community has taken up this ideology, and we're talking about rationing care, not enough goods for everybody, and things like that. So this is definitely something to keep an eye on.

[01:04:49] Del Bigtree
Incredible. Jefferey. Wow. I mean, just, what a journey. I mean, last week you blew my mind and the whole Club of Rome, but Fabian Society and seeing how it's really being carried through, and just incredible reporting on that. Jefferey. Very enlightening, thank you.

[01:05:06] Jefferey Jaxen
Thank you, Del.

[01:05:07] Del Bigtree
Alright. I'll see you next week. Alright, well look, at the heart of all this is, you know, we have doctors that, and I still believe this, I believe that doctors decide to become doctors mostly because they want to help society. They want to help people. They care about people. But when you look at what happened in COVID and how far that went wrong, and as Nicole Sirotek, a nurse, is saying, I'm watching doctors like literally like kill people, decisions being made, products being denied. What happens if you're a doctor that was in the middle of that system? How do you come to terms with what happened, especially for those that were speaking out or they were starting to say, wait a minute, we have lost our way here. What's happened to the doctor-patient relationship? Why is there a government bureaucrat telling me what drug I can use off-label, telling me I'm not allowed to use anything at all? Literally, the protocol for COVID was, don't do anything until you're almost dead, then we'll stick you on a ventilator and make sure you die. What happens if you're waking up to that and you got into this because you cared? There's a new group that's getting together and trying to address these issues, for doctors that are trying to find their way out of what took place. Take a look at this.

[01:06:22] Dr. Elizabeth Lafay
My name is Dr. Elizabeth Lafay, and I'm a doctor of osteopathy.

[01:06:27] Dr. Steven Klayma
My name is Steven Klayman, I'm a doctor of chiropractic.

[01:06:30] Timothy Stonesifer
Hi, my name is Timothy Stonesifer, and I'm an osteopathic family physician.

[01:06:34] Molly Rutherford, MD
My name is Molly Rutherford, and I'm a family doctor who also treats addiction.

[01:06:40] Michael Turner, MD
My name is Michael Turner, and I'm a doctor of physical medicine and rehabilitation.

[01:06:44] Amy Offut, MD
My name is Amy Offutt, and I'm a doctor of integrative medicine.

[01:06:51] Dr. Elizabeth Lafay
It's time to talk about what has happened to us all. We are doctors saying what tens of thousands of silenced medical professionals from all over the world have not been able to say.

[01:07:06] Timothy Stonesifer
I think seeing the censorship of these wonderful super smart doctors, that was scary. To start censoring science, that's a slippery slope. In general, I think we've always trusted the CDC and the FDA, but with this pandemic, it just became, became questionable to me.

[01:07:27] Michael Turner, MD
A sad realization, progressively, that they don't have our best interests in mind, they're not doing their job, they're not acting in the public's well-being. They're captured, they're paid off, they're corrupt.
Molly Rutherford, MD
After several articles in The Lancet and the New England Journal of Medicine were retracted during the pandemic, after learning what happened with Pfizer and Moderna with their clinical trials, and all the information that's coming out, in the future, I will definitely take the time to look at the data myself.

Dr. Elizabeth Lafay
I was working in the E.R. at the start of all of this, and we had really no COVID patients for a very long time. Tents empty, garbed from head to toe, free meals sent to us, everyone telling us we were heroes. And what we were really seeing were patients who were so fearful that they were coming in with horrible, debilitating anxiety and depression.

Amy Offut, MD
So many patients I see are literally sitting in front of the television and absorbing everything to tell them, stay home, don't be with your family, don't be with your friends, isolate, hibernate. It's really taken its toll.

Dr. Steven Klayma
The fear has been instilled in people, and I think that was the goal of the government, to make people fearful, and to be forced into taking this vaccine.

Molly Rutherford, MD
I understand why people are doubting the medical profession right now. I want to assure everyone out there that there are many of us who feel this way, and the majority of doctors cannot speak out because they're not independent like me. They work for someone else and they can't afford to lose their job. They have a family to feed.

Dr. Elizabeth Lafay
You know, it's really tough because we're all owned at this point. It's easier for me to come on camera maybe and say some things like this because I am an independent practitioner now. If you don't have your practice, then you really can't help people, and I think that's where a lot of their fear comes from, is the fear of not being employed.

Dr. Steven Klayma
On the other hand, there's a certain amount of integrity that is a moral issue. Are you going to give in to what you know is wrong or are you going to fight for what's right?

Amy Offut, MD
We need to give the doctors and their patients their relationship back. Doctors used to take longer with patients and spend time to know them, to know their problems, to know their situations, and it became a business. And I was just one of the employees, which is not really what I had signed up for. You know, doctors these days have high burnout, and I think a lot of it is because what they really wanted to do, this is what I wanted to do, too, was to help people every day. Getting back to even the basic foundation of what makes a person healthy would be a great starting place.

Timothy Stonesifer
I would say, 20 years ago, most doctors had their own business, and there was a lot of talk. Hey, what do you think about this, or what's this new drug or? And I think some of that's been lost through corporate medicine.

Michael Turner, MD
There is a uniformity and conformity that's encouraged, and the decision-makers at the top usually are not physicians, and this is a big problem, right. So the people in the C-suite, the people who are really making the decisions, are mainly the lawyers, and they're doing it for medical legal purposes, looking to minimize risk, minimize lawsuits, and the accountants who are looking for return on investment, operating margin, and to avoid audits by the federal government. That is their whole MO, and then you've got a CEO there as well. We need to take back our power. As patients, as doctors, we need to fight for that doctor-patient relationship and say, let's reimagine what health care should look like.

Dr. Elizabeth Lafay
When doctors work for all of these big systems, between insurance and pharmacology influence, we don't really have a voice anymore. We're not really making choices that are best for our patients, we're checking boxes. Unless we fight for the doctor-patient relationship and work to maintain privacy and decision-making that is based on an individual patient scenario, then that will be lost. The art of medicine will be gone, and we may as well be replaced by artificial intelligence.

Molly Rutherford, MD
If we all did it, if we all came together, acknowledged what happen, said we're not doing this again, we need to fix our profession, we need to kick out all of the middlemen who are making money off of our health care system, they don't have any power. We have the power. We're the ones that provide the care.
[01:12:32] Amy Offut, MD
Own your health. Take charge of it, starting with just examining our habits. Start with the basic things. Get outside, get sunshine and fresh air and move around. Eat real food. And then as time goes on, I think a lot of that anxiety and depression would just fade into the past. And honestly, there is no pill or quick fix or someone else to do it. We have to do it for ourselves.

[01:12:59] Dr. Elizabeth Lafay
If you've been terrorized by fear through this, stop listening to the news. Start focusing on faith and just talking to people around you. We've lost our connections. We're all feeling connected through online communities, but that's not ever going to replace having face to face conversation and having a hug. There's power in human connection.

[01:13:26] Molly Rutherford, MD
I think doctors who maybe did some things that they regret should come out and acknowledge what they did and assure patients that they're going to learn from it and change. I think that's necessary, some accountability. And then I think we need the truth. We need to investigate why did all of this happen and how can we keep this from ever happening again?

[01:13:54] Michael Turner, MD
I believe the truth always prevails in the end. It always works its way out. It's like light that tries to get bottled up, it always just starts to break out and illuminate. And I see people coming together from all sides of the political spectrum. We've got people from all walks of life, all income gaps, coming together around core values, things like accountability, honesty, respect, self-determination, bodily autonomy, freedom. I think we're discovering common ground again. We're discovering back to some of the core values of what it means to be an American. And it's broader than even our country. It's really worldwide, there's an awakening going on. So it's exciting. And we're going to come out the other side on top of this.

[01:14:33] Dr. Elizabeth Lafay
I solemnly swear to listen to my patients, respect their wishes, and together make the best choices for that individual. And to do no harm.

[01:14:52] Del Bigtree
Well, the idea of doctors doing no harm, obviously, is the ultimate oath. The Hippocratic oath behind that video and this idea of really getting back to what doctors are supposed to do best, and I think repairing that relationship between doctors and patients is the Global Health Project, and I'm joined now by the co-founder, Dr. Kat Lindley. Thank you for joining me today.

[01:15:16] Dr. Kat Lindley
Thank you for having me.

[01:15:17] Del Bigtree
It's a beautiful video and it's really powerful. What is the goal?

[01:15:24] Dr. Kat Lindley
Our goal is to start having conversations. A lot has happened to all of us in the past three years, but when it comes to the healthcare and to medicine in general, people have lost faith in their physician. So we need to have this conversation so if something like this happens again, we are prepared and families know that they can trust their physicians again.

[01:15:45] Del Bigtree
So is this, is your group, would you say is it focused on the patients or is it more focused on doctors? When you think about the work that needs to be done to repair this relationship, where do you want to focus?

[01:15:59] Dr. Kat Lindley
Focus is on both actually. I think the work starts at the physician level, the physicians have to recognize that mistakes were made, that we didn't do our best, and that we need to do better. But the work is also on the population patient side, because I would like them to actually empower themselves to take charge of their own health or their life or their children's lives or their education. We want to create this community where it's okay to talk, where it's okay to come to your doctor and say, I think that what you're saying is not right and it's not good for me so what do I do now? It's a two-way street.

[01:16:39] Del Bigtree
It seems like you have a really uphill battle. When I look at some of the most outspoken doctors out there, whether it's Dr. Peter McCullough or Pierre Kory, when we look at the doctors, Paul Marik, that really were these sounding voice, like loud voices for medicine, for science, screaming Hippocratic Oath, and I should be allowed to treat my patients as necessary, what I feel like we watched, we watched them being fired by the institutions, and so I think the question really is what power does the doctor have now? It just seems like the major issue right now is sort of the corporatization of medicine, where, and we saw this, like bureaucracies making decisions for hospitals. Doesn't matter if Paul Marik is reducing death in his COVID patients in the ICU, the most extreme patients, by 50%, his hospital doesn't care, the state doesn't care, if you don't get in line and stop treating them the way you are, which is successful, and move in our direction, you're fired. How do you see a way forward right now? Because it seems to me doctors in some ways are powerless.
[01:17:51] Dr. Kat Lindley
I don't disagree. And the reason I don't is before COVID, I actually did a lot of work on legislative level, because of the fact that physicians have lost their independence. They started working for big institutions, hospitals, corporations, and you're right, they practice corporate, it's a corporate practice of medicine. They don't have a voice. Now, instead of being a voice for patients, physicians have become really employed and they have to do what the big boss tells them. The only way we can get out of this mess is for physicians to remember why they went into medicine. And I'm a firm believer in independent practice of medicine. The physicians have to realize that our boss is the patient. That's who our allegiance goes to, it doesn't go to the big corporate office. Until that happens, yes, it's an uphill battle. But I also believe, like you do, that physicians went into medicine because they want to help people. They want to help community, they want to grow with the community, and I think if we remind them of those things, and our hope is that this video will, because you have these six health professionals who are sharing their stories, telling them it's okay to be, you know, where we were then, but we've learned, we've learned the system shouldn't be trusted. And it's always good to question things, and we need to just remember why we went into medicine. I would like them all to remember that moment when they walked the stage, when they got their diploma and they said, I'm a doctor now and I'm going to help the world.

[01:19:25] Del Bigtree
When I think about COVID, and what's interesting is, it really challenged the foundation, I think probably the most powerful pillar of modern medicine is vaccination. And we've watched doctors just push vaccines. doesn't matter how many people seem to be saying, my children are being injured. All this, this is the work that I've done for years now. COVID seemed to push this, though, and it was something that I saw coming. I said, one day there's going to be a mandated vaccine program for an adults, and you're going to see a totally different reaction. You're going to see adults saying, no, I don't need it, why would I do that, and having some common sense around it. What I was actually shocked at was the number of doctors that really sort of turned on the vaccine. And when I think about moments when I remember, on the stand, you had the FDA and the CDC, it was asked how many of you have gotten the vaccine that are working at the FDA? And he said, I don't know, I don't have all the numbers on that, but probably like 50%. They go over to the CDC, yeah, I think about 50%. I'm thinking 50% of the people that are pushing this vaccine. And we have a mandated product that everybody is being forced to take and all of this. So when we look at doctors, why didn't we see more publicly coming out about it, and how many do you think were actually there? How many doctors are hiding right now that knew the truth the whole time?

[01:20:51] Dr. Kat Lindley
I don't know that answer, I have to be honest, but I do think that probably more than we realize. I think what's good that, the good that's happened is that some of them are starting to question everything that we've learned. And it's not easy to be in that moment because if you, you know, when you go through medical school, you're indoctrinated. There are certain things that you learn and this is how it goes and stuff like that. I think COVID has opened eyes of a lot of families, but also physicians, and that's good. Because we need physicians to start questioning this system. The system is corrupt. For me, I've realized it early on and it was something really simple. It was the masks. The reason why is because we started with, you know, I call it the spacesuit. It was the whole full gear, N95, and then they didn't have any. Then they went to surgical masks, they didn't have it, they went to cloth mask. When CDC said we can use bandanas, I was like, you have to be kidding me, because everyone knows. So if you work in a hospital every year, you have to be fitted for a mask, and they put this helmet over your head, and then they spray some substances inside the helmet.

[01:22:06] Dr. Kat Lindley
So if you can taste saccharine in your mouth, the mask doesn't work. So when they said bandana, and this was really early on, I was like, this is just nonsense. So it was really easy for me to see things that were coming. You know, I questioned everything. And like you said, early treatment. As a doctor, sometimes you don't know how to treat things. That's okay, but you start thinking about it. Okay. So if they have this stage of disease, I would give them this medicine, or that stage, I would give them something else. But they told us not to do anything, that makes no sense. That never made any sense. For us to tell patients to stay home until they can't breathe and then go to the hospital never made sense. I'm sad that not enough physicians questioned that. That was a huge flag for all of us. We should have really went to our authorities and say, this is nonsense, I can't believe you're making us do that. But they didn't. And the reason why is that corporate practice of medicine. They are enslaved by having to practice for big systems. Big systems tell them what to do and how to do it, and that's probably the biggest corruption in medicine.

[01:23:21] Del Bigtree
I want you to imagine. When we think of great doctors, we want to think of doctors that get a great education, care about humanity, maybe even do volunteer work and things like that. Well, imagine if you're coming through the system and you start realizing, wait a minute. I'm not sure I like how this is all going, I want to be able to do very specific things and I'm not being allowed to. Well, one of the doctors that was in the video, a young doctor that really struck out to make a difference, to help people, found that the system wasn't exactly what he thought it was. This is the story of Dr. Michael Turner. Take a look at this.

[01:23:56] Michael Turner, MD
Had a great childhood. I was doing sports, I did Boy Scouts, and my mom was always very dedicated, conscientious, attentive. She came from a conservative family but yet chose to go to Cal Berkeley in the height of the 60s. So she was working at a health food store and going to protests and educating herself. She actually went to a speech from Dr. Martin Luther King, which was a lifetime experience for her.

We've learned to fly the air-like birds, we've learned to swim the seas like fish. And yet we have not learned the simple art of walking the earth as brothers and sisters.
Michael Turner, MD

My mom's approach to health growing up was a mix of traditional but also more hippie and progressive ideas. On the conventional side, I had a pediatrician, I had a Kaiser doctor that I went and saw, got all my shots. My sophomore year of high school, we had a health class. They had us write down everything we ate for a day, all the ingredients, and I remember being pretty shocked. So I stopped eating the junk, actually started running a lot, started lifting some weights, and so embarked on this experience of trying to be healthy. And frankly, have never stopped. I signed up for the exchange program to get selected to go to the Dominican Republic. It was very eye-opening. I saw a lot of poverty. It changed my direction in the sense of, I knew that I wanted to be of service now to the world, a sense of wanting to give back and somehow being a part of a solution. So after high school, I ended up going to Stanford University and studying economics and political science in the summer after my freshman year at Stanford. That was when I worked as a camp counselor for one of the Paul Newman camps with kids for pretty serious medical problems. HIV, sickle cell anemia, cancer. The kids were living in the moment, like this was their time, this was their favorite part of the year. It was an inspiring place to be. And that's really where I saw my vision for medicine come into view. I went back my sophomore year at Stanford, completely revamped my course of study. I began taking pre-med classes, and just deep in my heart, I knew that I was going to eventually be a doctor. My medical school days, I was a little bit of an odd duck, you know, like I was that med student who walked around with a Ziploc bag of supplements that I was tucked in my scrub pockets.

Michael Turner, MD

I was a guy when I was in the break room, being on call at night, I was doing yoga to just kind of get some little bit of a workout. Wanting to do things that are more holistic and integrative. I graduated with my MD degree and ended up getting accepted to the program of physical medicine and rehabilitation to the Mayo Clinic in Minnesota. As a resident doctor at the Mayo Clinic, there was a pocket handout that all of the incoming doctors would get and it had different quotes in it. One of them was, the best interests of the patient is the only interest to be considered. Okay, that was from William Mayo. The needs of the patient sometimes are very much infringed upon by outside influences. It could be a drug company, could be an insurance company, right. And you have to push back against that and say, I'm going to be a patient advocate because the bottom line is the needs of the patient come first. And I'm so glad for that. That's what I took away, of course, tried to put that into my own practice. So ended up here in the Pacific Northwest working in a neuroscience center. My career was progressing nicely. However, I felt a certain sense of disquiet and angst. Internally, I was feeling too confined in my role at the hospital and not able to express myself fully as regards some of the integrative and holistic ideas that I had. And so I stepped out and launched my own practice as an integrative medicine doctor, January of 2020, right before COVID.

Del Bigtree

Well, you know, you're a doctor, you have a belief that the most important thing is to take care of the patient right in front of you. Literally living by the Hippocratic Oath, you develop your own practice so you can bring in all the thoughts that you have, and then COVID hits. Imagine what happens then when the whole world shifts, and especially the destruction of the doctor-patient relationship. Take a look at this.

Michael Turner, MD

So here I am, just starting my own practice, and COVID hits. I was fairly disappointed at the information that was coming out as far as prevention and treatment. I never saw the CDC or any other group come down and say, look, these are the talking points that you tell patients about how to keep people out of the hospital effectively. And so I felt like I was scrambling, trying to do my best, and one of my patients actually mentioned ivermectin. He said, have you heard about ivermectin in COVID, it's showing some promise. And I'm like, okay, interesting. It's a medicine I know we use for parasitic tropical diseases. Through the FLOCC I found some very clear instructions and protocols on how to treat COVID. They started with ivermectin, hydroxychloroquine, and also other natural methods to help stimulate someone's immune system. So vitamin D was a part of their protocol from very early on. Vitamin C, quercetin, zinc, all of that. I immediately brought it into my clinical practice and just started seeing tremendous benefit. I had a very close personal friend. She comes down with COVID and she calls me and says, Mike, I'm really not doing well, I'm struggling. I'm like, okay, well no problem. I'm going to order you up some ivermectin and you're going to do alright. So just don't panic, we're going to get through this. However, most of these pharmacies were now backpedaling and refusing to fill ivermectin prescriptions. Absolutely refusing, which I had never experienced. Next thing I know, her son panicked, took her to the hospital.

Angela

Hello? Michael, this is Angela, I'm in the hospital. They're wanting to intubate me. I don't want them todo that. I don't like the decisions. They're telling me that, I'm going to die. Maybe you've got some ideas.

Michael Turner, MD

I'm like, get out of the hospital as soon as possible, get back home. I don't care if I have to drive to the pharmacy across the state. We're going to get that ivermectin, now let's see what we can do. Well, a day or two later, she got Remdesivir. A day or two after that, her kidneys failed, essentially, and she never made it out of the hospital. It's so upsetting that I still have that voicemail on my phone and I can't delete it. And in some senses I guess I still use that as motivation every day to make sure we don't have to live through something like that again. Word got out that I was helping provide ivermectin to patients, and next thing I know, I walk by my front desk and my front desk staff just hands me this business card and says, oh, this TV reporter wanted to come by and talk to you. I'm like, oh, okay, great, I'll call her when I get a chance. I go to the gym that night, I'm working out. My cell phone starts blowing up and we're all over the news.

Various news reporters

Local doctor is allegedly advertising ivermectin.
[01:30:39] Various news reporters
A Kennewick Doctor is advertising an ivermectin consultation.

[01:30:44] Various news reporters
As a way to treat COVID-19.

[01:30:47] Various news reporters
To prevent or treat COVID.

[01:30:49] Various news reporters
Dr. Michael Turner practices out of the Pacific Clinic in Kennewick. Patients can sign up for telehealth ivermectin consultations.

[01:30:56] Dr. Marty Brueggemann
If there's doctors out there using not only non-proven treatments, but treatments that can be harmful, they do run the risk of being reported to the licensing agency here in the state of Washington.

[01:31:10] Michael Turner, MD
I was just shocked. I mean, at the end of their print piece as well, they go, and if you want to file a complaint with the medical board, here's what you can do, and they publicize this hotline number. Spring of 2021, vaccine's about to get rolled out. I came into it giving the benefit of the doubt and thinking that if they had managed to pull out a vaccine that was going to be helpful, then let's eradicate COVID and move on. But I was dealing at that time with a lot of patients coming to me interested in vaccine exemptions. One of these guys was a health care provider, very knowledgeable, informed. She's like, you know what, there's a lot of increasing chatter that these vaccines maybe aren't great, so he started forwarding me some information. A lot of it was around Dr. Malone. That led to other linked articles, to where I started to realize these vaccines aren't as safe as they're cracked up to be. Months later, my former host mother in the Dominican Republic got her second dose of the vaccine, and the breast cancer came back very aggressively. She was gone within 4 or 5 months. I had to then ask, is this plausibly related to the vaccine? If so, how? And then a big turning point was understanding the spike protein. The vaccine mRNA strand was engineered in a way to persist for a long time, because they wanted you to mount a huge spike protein response. But we know that injecting this vaccine is about to unleash a tremendous burst of spike protein all over this person's body, and we know that that's unhealthy. As I realized that, I was deeply troubled. I had some blogs on my website in which I had articulated my pro-vaccine position. I took those down. So I was very interested to learn more, and I ended up going to the Defeat the Mandates Rally in January 2022 in DC.

[01:32:57] Dr. Richard Urso
We stand before you today and we are not one doctor. We are 17,000 doctors.

[01:33:09] Michael Turner, MD
Being there there to Defeat the Mandates Rally in D.C. was an emotional experience, an empowering experience. How ironic is it, in Washington, D.C., you couldn't walk down the street and go into a restaurant without showing that you got vaccinated. So here we were at the Lincoln Memorial talking about rights of citizens. It was eye-opening. So I came back resolved that not only am I not supporting the vaccine, but I'm ready to fully speak against the vaccine. Shortly after that, the article that I put out on Substack called "Losing My (Vaccine) Religion: A Doctor's Journey from Hope to Despair." The article generated a tremendous amount of interest, tremendous amount of support. People often say, man, you're very courageous, you know, you're out there speaking out. Perhaps that's true. I think in my mind, it reminds me of my pocket book from the Mayo Clinic. The best interest of the patient is the only interest to be considered. Getting back to true science, which allows for dissent and questioning and vigorous debate. And in the end, the truth always prevails.

[01:34:13] Del Bigtree
Well, it's my honor to be joined now by Dr. Michael Turner. Thank you for joining us today.

[01:34:17] Michael Turner, MD
Sure, thank you, Del. It's a pleasure to be here, and I appreciate the opportunity to share my story.

[01:34:21] Del Bigtree
Absolutely. So would you say that COVID has changed how you practice medicine or look at medicine in any way, or did it just fortify thoughts that you already had?
[01:34:30] Michael Turner, MD

Well, both, but very much on the change side, I would say, by and large. So one of the disturbing things about COVID was I learned that you couldn't trust some of the national healthcare institutions which were tasked and funded and mandated to safeguard the public interest. We had to begin to see that they were corrupt and easily influenced, manipulated, etcetera. I also had to then come to terms with the fact that the medical societies similarly weren't taking leadership. Leading academic medical centers weren't taking leadership. You know, as Dr. Lindley pointed out, and others, as you've mentioned before, let's just consider the example of early treatment, right? There was a vacuum, a deafening silence of what to do for the patient. They were getting sent home from the E.R., told to take some Tylenol, ibuprofen, and then when they couldn't breathe, they'd come back and they'd get intubated, get Remdesivir, and die. And so where was Harvard Medical School saying here's the outpatient Covid treatment protocol? Where was John Hopkins? Where was the Cleveland Clinic? Where was the AMA? None of those groups. In fact, I did a Google search, "how to treat COVID at home" and I put this in my Substack article, it's really interesting. You know what's the most prominent thing that comes up, how to treat COVID at home, Del, it says get vaccinated. I said, that's curious, because first of all, the vaccine, even if it were great, it's not a treatment for outpatient COVID. It's a purported "prevention strategy." Let's just be very logical and simplistic. What if someone who's already vaccinated gets COVID? Then we're back to square one, how do we treat COVID at home? Short of the hospital, even for vaccinated people? No answer. Get vaccinated, it's nonsensical. Not to mention, if someone has COVID, it's actually medically contraindicated to get the vaccine. Again, even if we thought the vaccine was great, it's medical malpractice to give it to someone while they're suffering from COVID. So, again, the fact that the most number one, Google prominent search for how to treat COVID at home was get vaccinated was just disturbing and shocking. Promulgated by the CDC.

[01:36:28] Del Bigtree

Right. So when you look at that now, and I would think, I mean, I've tried to say to people that when we try to understand what happened here, the logic and reason, you just start shaking because there's no logic, no reason to it. Like you said, why is Harvard not getting involved? Why is the Cleveland Clinic not getting involved? Why is it the AMA is just sitting back? For the first time in history as we know it, early treatment is not being attempted. In fact, it is being thwarted. Anybody that comes up with anything that could be an early treatment, they're attacked and shut down, we've got to go back to doing nothing. I mean, it was the most insane thing I've ever seen in modern medicine, where it doesn't matter if it's cancer or an infection or whatever it is. Everything we know about modern medicine now is the sooner you treat it, the better, and in this case, no, no treatment, go home until you're sicker, then come back. And so under those circumstances, I've been saying it's more like a religion. That this thing is not clearly based on science, I don't know where we lost it. But as, when I look at doctors now, I feel you're almost more like clergy, you're a part of a religion. That's where it's at with them. Like they are so like, I just can't accept this, not because, I mean, you can put science in front of them, but because there's this like ideological connection to this concept of vaccines that they can't let go of.

[01:37:55] Michael Turner, MD

True. And that is very difficult to overcome. Very difficult to overcome. Dr. Kory was on your show recently and did a great job mentioning, speaking to this point, right. Which is to say, as we come through our training as physicians, the idea of vaccines not being helpful is not even discussed, it's not a question of open debate. Like we can discuss whether the latest and greatest cancer treatment is good, or heart attack treatment, but are vaccines good or not? It's like asking is the earth flat or not? It will literally get you that ostracized. So it's so ingrained and assumed. Therefore, to question that at a strong level, to go right after that with a laser beam, it's very destabilizing towards everything that a physician has been taught. So we also have to have respect for physicians as human beings, first of all, right. With belief systems, some of them challenged, some of them well thought through after lots of introspection, some of them well chosen based on evidence, some of them glibly handed down from other people, some of them with financial motives and conflicts of interest. And human beings make most of their decisions from an emotional viewpoint, we know that from neuroscience scans of the brain, when we've asked people questions and have them make decisions. We're not logical and rational, right? And so we have to have that appreciation.

[01:39:08] Michael Turner, MD

And I guess one word of encouragement, perhaps, is as you're trying to have that discussion with your doctor, right, more facts and more data is not the place to start. Again, as Dr. Kory's mentioned in a lot of different interviews, right. The place to start is with a question. More facts and more data can just be dismissed, but a question makes them think through it a little bit more. And also I would start along the lines of being conciliatory and respectful, right. That doctor, as you mentioned earlier, as Doctor Lindley mentioned earlier, came into the profession with an idea to help people. Now they're in a system that's not doing that, an increasingly poor job, even dangerous, even irresponsible job within COVID, that is true. But that heart of the physician to be a healer, to be someone who puts their head on the pillow at night feeling proud of their day's work, who's proud at family gatherings, I'm a doctor, I'm a healthcare provider. I help people. That's their core value and drive deep inside, so you have to touch into that, and say, hey, can we talk about this a little bit? I'm not trying to say everything you believe is wrong, right? That won't get you too far.


But I have a question here do you mind? And that's exactly what happened with me. I had a well-respected patient who was a chiropractor in my area, Washington state mandated vaccines for all health care providers. He said, absolutely I don't want this thing, I'm not going to get it, can you write me a exemption? I said, well, I'm not so sure I'm comfortable with that. I haven't written an exemption yet, and I haven't really heard that these are bad, you know, tell me more. He said, well, have you heard of Doctor Malone? No, never heard of him. Would you be willing to read an article? Sure. Next thing I know, he sends me a few things on my cell phone, I start reading about Doctor Malone, and it went from there. So we had a great doctor-patient relationship the whole time. On his side, he was asking some good questions, on my side, I was trying to be open-minded and be the best healer I could be, which is what we all want deep inside.
[01:40:52] Del Bigtree
Alright, so, I'm going to challen-...I have you both here for a reason, because I think you represent, I've known you for several years. We've been in this fight in many ways together. You sort of woke up in the middle of COVID. You've gotten the vaccine, it was my understanding at the beginning, and then it's like, oh my God, what is this? And you were kind of skeptical before it was all coming out. But we're talking about the doctor-patient relationship. And you're saying, you know, I have to appreciate what this doctor's gone through. And I'll tell you, I think there's a lot of people in my audience, and I'm just, I'm not going to speak for them, let me speak for myself. I don't have a whole lot of appreciation, to be totally honest. I believe that maybe a half a million people or more were murdered by doctors over the last three years. It is going to be one of the most horrific incidences in the history of mankind. And so as I sit here and I appreciate that in the future we are going to need doctors, they have always played an important role in our lives, but what we just saw was genocide because we appreciate doctors so much. Because we have just learned to turn ourselves over. And so as you want to work at redeveloping this relationship and bringing doctors in to help them understand that you need to take back control of this, I just, there's a lot to repair here.

[01:42:16] Del Bigtree
And I'm not sure, I don't know if I'm ready for it. And so to that point, where do we start? I mean, where do we start in repairing this, because this isn't some tiny little event that just happened. People were denied life-saving care, were put on drugs like Remdesivir that have a horrific testing background, and then ventilators. And while, as you pointed out, nine out of ten people are dying using this protocol and none other, denying all the others, everyone kind of just goes along with it. I mean, when I talk to doctors that are like, yeah, I mean, I've asked doctors, you have COVID patients dying of kidney failure, Does COVID cause kidney failure? No. Does that make you ask yourself at all, like maybe this drug Remdesivir, which has a side effect of kidney failure, that maybe you're killing them? And it just doesn't even sink in. So I want to be honest right now. We got a long ways to go. How the heck are we going to get, at least for people that are are waking up? My, my, what I've said here is I think you've got to be very careful to trust doctors. So how do we move forward?

[01:43:22] Michael Turner, MD
Yeah. Well, thank you for sharing that, Del. Truly, I can understand. Just a comment on that. I can sympathize. I lost a close friend, that was the voicemail we heard played during my cue. She was a close friend, personal friend. I was treating her successfully with ivermectin. She was going, doing great. The pharmacy right down the street refused to fill the script, okay. I reordered it, it got lost in the mail, she got hospitalized, got on Remdesivir, died of kidney failure and a staph infection, okay. All because the pharmacy across the street would not fill a valid prescription for me the doctor, and I had to resort to mail-order pharmacy and it got lost in the mail, and she died, and her voice mail, still sitting in my phone, she's breathless, as you said. I don't want to die, I think they're going to intubate me. And by the way, she had said before, don't ever give me Remdesivir. Everybody knew that. But they waited till after she was intubated, and then they prevailed on the power of attorney. I think some family member convinced that person that was the last best shot, etcetera. So there is some righteous anger that needs to be here. I'll use the word indignation, and accountability, and justice, and truth that needs to come out. I completely agree. I would just make two points. I would say to focus on the doctor is too low on the food chain. It's too low on the pyramid, right.

[01:44:37] Michael Turner, MD
Because the doctor is practicing in a system. Again, I'm not taking culpability away, but I'm just saying let's illuminate this iceberg a little bit more, right. And at the top of the system, we have the government. So when the CDC and the NIH and the FDA all get on point and say, this is how you don't treat COVID, stay away from hydroxychloroquine, ivermectin, those people are quacks. This is how you do, safe and effective vaccines, okay. And then all the medical societies fall into step. And all the major journals fall into step. And all the state medical boards fall into step. And all the state medical boards come out strongly and say, we will sanction and discipline you if we find you prescribing ivermectin, by the way, right. And California comes out with a law and says, we'll go after your license if you're guilty of COVID misinformation, how is that defined, right? When my pediatrician friend...

[01:45:22] Del Bigtree
Good point.

[01:45:22] Michael Turner, MD
Yeah...has an email sent out to him to say --he's a pediatrician-- email got sent to all the hospital employees, including him, right, saying, if you speak against the vaccine, consider it your last day at work. Okay, and he's a pediatrician. So imagine if we could turn that around. So I'm going to speak to the possibility of hope and renewal and change, right. Imagine if we can turn that around. If we exerted enough pressure at the top, leverage the whole thing to flip, imagine if federal government, state medical boards, journals, leading academic medical institutions, etcetera, all got on board and said, you know what? It's proven now. Hydroxychloroquine, ivermectin are great. Vitamin D and zinc are great, right? It's a standard of care.

[01:46:03] Michael Turner, MD
If we had a new standard of care, then all these doctors who work for that system would fall into line with the new standard of care because that's what they do and that's what they're getting paid to do, right? So if we manage to change the standard of care and the protocols that shake down, all of a sudden all these doctors who are acting, in our minds, recklessly, would be acting in our best interest, because conformity and uniformity are valued within medical care. And again, that makes sense to a degree, right, Del? If you have a heart attack, right, you don't want to think, if I go to this hospital, they're going to treat it completely differently than if I go to this hospital, or if I go out of state. And we got three different ways to treat a heart attack, right. As a patient, we're going to say, get some consistency, get on the same page. What's the best way to treat a heart attack? And then we want everybody following suit. We don't want Mr. Joe doctor over here being a maverick and inventing stuff, and these other people in the E.R. got a totally different way to treat a heart attack. It's like, let's get the science right and get some best practices.
[01:46:56] Del Bigtree
Yeah, I mean, I would push back on that. I mean, I would push back, and I worked on The Doctors television show for six years, and my job was to find the best there was at anything. And one of the things we did, we would have people writing into the show with maladies that they couldn't find a doctor to fix, and it was a great job. It was like a Santa Claus job where I would search the world for some doctor that is treating whatever this thing is, has some new way. We'd put them together and because they were going to get the best advertising in the world, I could get any doctor do a surgery or whatever it was for free. Just say, take care of this patient, if it works, we'll show the world that it was achieved. And I will tell you that medicine is only moving forward because of doctors that step outside of the norm and the conformity and the consensus and all of those things. It's what advances it. And my takeaway in working on The Doctors television is when people say, what did you learn working on that show? What I would say after six years of working on the show, this is what I learned. That medicine is the slowest moving evolution of anything I've ever seen. We all think that this person that does break out, pushes the envelope, and is having amazing success, that Cleveland Clinic shows up and Mayo Clinic, and how did you do that? You were able to do a brain surgery without touching brain matter.

And one of the stories that I did, the opposite is true. I would say that the easiest way to get yourself fired or to lose your career is to step outside of the norm, to actually achieve, and the most successful, the most successful, brilliant things, miracles, when I watched miracles happen on that show, and they did happen, I would say that the greatest miracle workers were the ones that were the most under fire on their license. And not by their patients, because they were doing amazing for the patients. By their peers. That the peers that said, I don't want to change how I do oncology. I don't want to change how I do a brain surgery. Therefore, and they would boycott medical centers and say, you let that person keep doing what they're doing, which is advancing our art form, I want them to lose their job. And so under those circumstances, you know, and Kat, I'm sure you've seen this. That this, I understand what we're saying about conformity, but it's that conformity that makes me wonder how you're ever going to repair for me the doctor-patient relationship, because it's always going to be top down. It's always going to be whatever a bureaucrat decides, doctors are just like this army of automatrons that will do whatever they're told. And when what we thought we were dealing with was a highly educated group of critical thinkers, the opposite appears to be the case.

[01:49:37] Dr. Kat Lindley
I agree. And, while he is right that the problem is the system, I don't think you're going to fix the system. The system is too corrupt. You're not going to get NIH, the hospital associations, to actually change what they're doing because they're making money, they're doing great. Why would they change? So I think that's why the Global Health Project, you asked me that question, who is our target? It is the doctors, because they need to start listening to the patient, to the consumer. Consumer has the power. You know, healthcare is the only place where we just accept what we're given. You go to the E.R., you have a procedure, you walk out, you have no idea how much it's going to cost you. That never happens if you go take your car somewhere. You know exactly how much you're going to pay, who's going to do the work, what they're going to do. And that's kind of where we want to give power back to you, to the actual person. You need to go and interview the doctor. You don't like them, go somewhere else. The market will actually fix this.

[01:50:36] Dr. Kat Lindley
And the way it is going to fix it is going to make these doctors think, well, I'm losing patients, they're not signing up, you know, my schedule is really light. Doctors work in the system, when are they used, how many patients they see, what they do. Take away those things, they're going to start waking up. The system will wake up, too, because the system losing money. Because we need to give courage to doctors, to, I always say, step out of the matrix, and actually open their own practices, work in their own communities and create relationships. So I really think the power is in the person. You take your business somewhere else and they'll start feeling that. And a lot of people are now saying, I'm never going to go see a doctor, and they're taking better care of themselves. They're eating healthy, they're exercising, they're sleeping better, they're taking their vitamins, and they're not going to the doctor every time they need to. They're going to see that in their paycheck. So I think people have to realize they have the power. That's the bottom line.

[01:51:35] Del Bigtree
So let me bring it back. And I know I'm challenging, and I know you're, what you're saying, I get what you're saying, right. We want quality control. I want an FDA to say, that's some crazy stuff you're doing over there. I've even said it on this show. There's been some some stem cell injection companies that get busted for putting in the eyes and whatever, and I'm like, you know what? Though it looks like stem cells may very well be the solution to the future, I actually do believe there's a place for an FDA to say, do you have any evidence that this is going to work? Do you have any long-term health consequences because people are going to Mexico, well I can't get it here. Okay. You know, I think you can do whatever to yourself you want. But I do see a problem with making claims. I do see, so I don't want to say I'm against conformity, but what you said, that we want this conformity, don't we want heart doctors to all be doing the same thing? In some ways I want to just push back on that a little bit, which is, then what's the point of a second opinion? And what you're talking about, Kat, is having a second opinion. If everybody is doing it exactly the same way, then what use is a second opinion? Don't we want doctors that are using different ways of doing things, and that we have a variety, and one size doesn't fit all. And to be honest, you represent that. You're an integrative medicine doctor. You're not just your general practitioner. You do probably talk about vitamins since you're taking them yourself. So, you know, I know that you're one of these people, so what do I do as a patient? Is there a second opinion worth getting, or are they all really, am I just going into a consensus machine?

Ah, good question. There isn't a second opinion worth getting, I would say, first of all, which would be outside of your insurance based doctor, first of all, Truly.
So leave, so do one inside your insurance, then step outside of your insurance space.

For example... Correct. So it's so simple, but it bears worth repeating, right? Which is, you work for whoever pays you. You work for whoever pays you. If the insurance company pays for you, you actually work for them. Now, doctors don't like to think that they work for them, right? They think they're working for the patient. And the patient doesn't like to think that the doctor is working for insurance company, they like to think of it as a doctor-patient relationship. It's not. You work for whoever pays you. When you're a patient and you pay your insurance premium, you're basically subcontracting your medical care. You are subcontracting your medical care to this group, right. And they pick who you get to see, and how much that person is going to get paid, therefore, how long your visit is going to be. And what drug is approved or not, and whether you can use ivermectin or not, and whether they're going to crawl all over the doctor's back if he speaks against the vaccine or not. So you've essentially subcontracted your medical care and it has the illusion that's between you and the doctor in the exam room, it's not. There's a third party sitting in the middle with a financial conflict of interest. So best way to get a second opinion is to get outside the insurance matrix and ask someone who's free-thinking, you know, as we're talking about, by far. Agreed, Del, Yes.

Great point, getting, just get outside of someone that's going to be incentivized there and going to the insurance manual on what I have to tell you. Instead, get outside of that. Okay. And I really, this is an important conversation, because what I don't want people to think is don't go to a doctor. You know, I think we've, I've watched a few people over the last several years that became so anti-doctor they died of things that would absolutely, had they been treated, could have been handled. And I want to be clear. Like I had an issue, a health issue where, and I've talked about it, if anyone has missed it, you can go through that entire embarrassing experience. But, you know, I had a real blood issue where I had to get transfusions. I was afraid of getting vaccinated blood, and so I went down to Mexico and handled that. I had a surgery. So I'm not anti-doctors, but I did, I have an advantage because, number one, I worked on The Doctors, and now I've been on this show with every great creative thinking mind in medicine, I have somewhere to go. What does someone do, and what is your advice to people that are absolutely terrified right now, and I think rightfully should be, in these giant hospital systems, that if they go in, they're not necessarily, they're afraid they're not going to get treatment, or they're going to be killed by the hospital system. So at this moment, and I know that there's a lot you want to do to repair it, what's your advice to someone in this moment? How do they handle something that is, either in my case it was hemorrhoids and let that go on too long, or I know people that have had heart conditions that they let go on too long, but they're just so afraid now to go into the hospital system. What's your advice?

First of all, take care of yourself at home to make sure that you're as healthy as you can be. And then you have to find a primary care physician, family physician you trust. You have to develop that relationship so when you are in time of need, you have someone to trust, someone to bounce the ideas off. Then have your health care plan written out. Have it, you know, notarized by an attorney, have it in a right place, make sure that all your family members are aware of what your wishes are. And then, if you're comfortable, if you have a good relationship with your doctor, your doctor can become your advocate if you have to go to the hospital. And if you don't have that exact relationship, find someone else in your family, or there are a lot of different organizations that will do that. And then go to the hospital and look around, decide which ones you like. When my patients are not feeling well, they'll call me and say, where would you want me to go? And I just tell them, this is where I take my family. This is the hospital I trust. And they know if they go there that I will follow up on them. So you have to have a plan, you can't just... You know, I read these things, I will never go see a doctor. And sure, I hope you don't have to. But what if you have an appendicitis and you need that surgery. I'm hoping you will get there. But if you can plan ahead, that's one way to at least try to go prepared into this battle. Because it is a battle, because like you said, during the COVID, a lot of patients' wishes were not listened to. And that's probably the biggest shame to our profession.

Do you think, Kat, is there an advantage to doctors that have private practices versus those that are in the hospital system?

I've been in private practice since 2017 and I think it's the best thing I've ever done. Because truly, like I always say, my boss is my patient. You know, we have a conversation, I don't tell them what to do. We talk together and we find a solution that works for them. My life is better. I feel happier, my family is happier because I'm happier, and my patients love it. You know, I have direct primary care practice, I'm by myself, I don't even have a nurse. Usually when I'm doing something, my phone is right next to me and I'm always looking at it to see if patients texted me. But it's the best thing I've ever done. And because the patient has become a family. And most of my patients are on Facebook, so they see things I do, and if I'm to travel outside of the country, sometimes they'll, you know, I'll find out when I come back, they went to urgent care. I'm like, why didn't you call me? They're like, I didn't want to bother you. Because we become a family. So I do think that finding someone outside of the system is probably the best thing to do. And people always say, well, I don't have the money to do that. Direct primary care is one of those subspecialties where it's truly affordable. Families don't pay much. And if you have a direct primary care doctor or specialist and then you have insurance in case of an emergency, then you're covered in the hospital as well. So you have to be, you have to participate in your health. You can't just say, well, I'll do whatever I want to, I have this insurance card, if something happens, you know, things are just going to happen. You have to have a plan. You have to actually be a gatekeeper of your own health. And if you do that, I think things will work out for the best.
Michael, I have a question for you. I mean, you obviously put your butt on the line. You got patients ivermectin, you're being in the news for just trying to do what's right. Now, when patients come in, do they ever ask where are you at with ivermectin or hydroxychloroquine or these things? Like, does the conversation come up, and if so, how do you respond to the conversation?

Michael Turner, MD
Sure, comes up frequently still. Most of them know my position on it. I'm part of the Frontline Covid Critical Care Alliance. I've gone to their annual meetings and such, and so it's pretty notable. But yeah, some people still will ask, can I get a prescription for ivermectin or hydroxychloroquine and how do you feel about it? And I wrap it up in a larger discussion of, let's get you as prepared as possible as an outpatient, if you fall ill, to be successful and to avoid going to the hospital. Or if you're struggling from long COVID, let's get you over that. There are ways to treat long COVID. You know, FLCCC Protocols is a great starting point, that's what I use.

Del Bigtree
And you're in Washington State, right? I mean, Washington State's got some really terrifying leadership right now. The governor there has been horrific, passing all sorts of laws. Do you feel safe to be having those conversations in your practice?

Michael Turner, MD
Well, that's a great question. There's a biblical proverb that comes to mind which says, the wicked flee when no one pursues but the righteous are bold as a lion. I try to be that person, you know. Yes, there have been, to your point, several investigations into my license. Exactly because I prescribed ivermectin. And what's interesting is, none of these complaints to the medical board were made by patients, none of them.

Del Bigtree
So by the doctors, it's never come from the patients. It's the peers or some outside group.

Michael Turner, MD
Correct. I've never had a patient say, this didn't work, I'm disappointed, or it harmed me. Never. Nothing but happy patients and immediate family. The complaints will come from, the patient goes to an urgent care, the E.R., and they're looking at their medical history and say, oh, who wrote this prescription for ivermectin? Oh, Dr. Turner. And then the E.R. doc calls in a complaint. Or it'll be someone's distant relative, like an aunt. Aunt Susie's a nurse over in a more liberal area.

Del Bigtree
Who gave you this?

Michael Turner, MD
Who gave you this? You know, what quack doctor gave you this? You know, make a phone call. So, yeah. So my license is actively under investigation. I have had to retain a lawyer. They're doing a great job working for me, but I'm fighting every day. There's like a guillotine hanging over my neck. In Washington State's mind, they'd love for Michael Turner to disappear and a license to be gone.

Del Bigtree
So I asked that because I wonder. Because, I really mean it, I want, I have two issues, which is, one, I'm telling my audience, I don't want you to ever sign over your brain again because the clergy of white coats told you to do something. On the other hand, we've got to be able to find a way to get to, and, you know, there's great groups out there that can help us find doctors. But I wonder, do you think that maybe one of the litmus tests for anyone new right now or that is starting to shop for a doctor could be to ask the doctor what they actually think about ivermectin and hydroxychloroquine? And if they can't, or don't, like, oh, it's horse paste, is that time for me to walk away from that doctor and find somebody else?

Michael Turner, MD
I would say so, that's a fair question. That's a fair litmus test, yeah. Or, more broadly, maybe more gently, you know, what would be your approach to treating COVID outside of the hospital? Well, there is none. Well, okay, then this is not your doctor, right? Or, how do you feel about these vaccines? How safe and effective are they? Fair question, open-ended. But that'll give you a sense of where they're at.

Del Bigtree
Is there, do you think those are good questions or what other questions might you add to accomplish this.

Dr. Kat Lindley
I think those are great questions and those are questions, I still have patients sign up for my practice and lots of them will ask those questions. And I think they're fair questions, because they want to know if something happens, if you follow WHO, the pandemic treaty and IHR amendments, something is going to happen, right? So they want to know that their doctor is open-minded to things that they might need to use when it comes to next pandemic, next emergency. And doctors have to be ready for that conversation.
[02:04:09] Del Bigtree
Just to sort of, we could go on so many different avenues here, but when we think about that, when we think, we have the WHO, we have Bill Gates, we have Klaus Schwab, we have Tony Fauci, these people promising us not only another pandemic will happen, but it's going to be worse than COVID, which is a crazy statement to make given to prior to just COVID, pandemics happen like every 50 years. Now it's like, we should be expecting one every year or two is what it sounds like, which you can, whatever you want to get into, where they're coming from or how they have this knowledge, but this idea that it's coming. And the need, if it's greater than COVID, for doctors, for an army of doctors that actually are going to be available to people is massive. I mean, do you think about that? I mean, one of the problems was with the mail order, right? There was just a couple of groups, I was telling everyone I knew and they're like, I can't get my... I'm not getting that, it's not getting to me in the mail. And I'm calling, I said, look, I just promoted you to some friends, they're like Del, we have millions of orders. Like, it's like it's off the charts, how many orders we have, we're just, we are trying to handle 15 states right now, and we're just one practice. And when you look at that potential, where are you going to be if you're just this handful of doctors that know how to treat or are willing to treat, what are you thinking about? What do you do to try and get other doctors to wake up and join an army of actually critically thinking, talented professionals?

[02:05:46] Dr. Kat Lindley
I will say it's again, consumer. You talk with your money, you talk with your insurance card. You don't go to the doctors that don't believe the same things you do. And I think they're going to have to wake up to that.

[02:05:58] Del Bigtree
So we force the change.

[02:06:01] Dr. Kat Lindley
100%. People force the change. I don't think it's going to come from within the medical profession because if you look at what's happening in medical schools right now, I don't know if you looked at some of the oaths that they were reciting at their medical graduations, things are not going the way they should be going for the public. I think the medical community is getting more indoctrinated. So I firmly believe that the consumer people are the ones that are going to force this change. Now we're going to help and we're going to share our stories to get them to realize that this is the way forward, but we need you to do the work.

[02:06:39] Michael Turner, MD
I would like to add on to say, on the doctor side, I think we do have a responsibility, as you mentioned, from the consumer side, definitely, vote with your pocketbook and your feet, right. But on the doctor side, we do have responsibility, to your point, I think, to begin to band together that team of doctors to reimagine medicine that's more, that has more integrity, is more patient-centered, etcetera. Again, William Mayo, "the best interest of the patient is the only interest to be considered," right? I mean, that's powerful. So we have our job, we have to decide who we want to be as physicians, right? How do we want to lay our heads on that pillow at night, right. And if we want to be someone truly working in the best interest of the patient, truly coming out with novel ways of treating, keeping people out of the hospital, avoiding these pandemics, etcetera, we've got to change our practice style. We've got to band together and we've got to start speaking out. So I take my hat off, truly, for the people who are on the vanguard of that. The Dr. McCullough, Dr. Marik, Dr. Kory, all these people. Tremendous hits they took, as you know. Deplatformed, censored, fired, all of that, right. But a courageous example is inspiring, Del, right. All it takes is one, two people. We all know that picture of Tiananmen Square back in the 80s, right, when the one guy's standing in front of a tank and the tank's backing up and trying to go around him, right? And China's tried to censor that image because it's riveting, Del, it's riveting. So each doctor needs to start standing up, stepping up, speaking out at mics on, you know, at school board meetings, etcetera. Because one example can be riveting, that's courageous and it can start to catch.

[02:08:11] Del Bigtree
Such an important conversation, and I want to thank you both for joining us today. This is the dialog that needs to happen. It needs to be happening in families, it needs to be happening between the patient and the doctor and amongst doctors to each other. I hope more and more of them reach out to you as they see you speaking out and saying, you know, I felt the same way. I'm afraid, I want to practice medicine in a better way. I want to thank you for helping sort of making this visible through The HighWire and take your time today.

[02:08:39] Michael Turner, MD
Yes, thank you so much.

[02:08:41] Del Bigtree
It's really great having you.

[02:08:42] Dr. Kat Lindley
Thank you.

[02:08:42] Michael Turner, MD
Yeah, great.
Alright. Well, you know, I think there's a lot to learn here and we are all a part of this. It's really true, you vote with your dollars, right. Where you put your energy is where the energy goes. I also want to say that I think it's really important that while there seems to be a bit of a downtime, we are not under attack by a virus apparently at the moment, or if we ever were, I know everyone can look at this from every perspective that you want. But this is what I would say, is that there probably will be a crisis in your life somewhere in the future. It may not be a virus, it may literally just be a car accident or something like that will put you into a system that you weren't planning on being a part of. I do think this is the time to start going out and developing relationships, and try to find that medical practitioner that you feel aligned with, so that when that moment comes, should it come, should it be another family member, you actually have somewhere to go. This is the time to be doing that. We've got to be proactive, building that future world, building what we dream to be our life. Our medical life is a part of that, our health is a part of that. Our freedom, all of these things come together. What I think and we try to really promote here on The HighWire is an active participation in your lives. I think what we realized was this part, this medical decision, was something we were just handing over. Oh, they're smarter than I am, this is the one part of my life I don't have to think about.

Del Bigtree

I think now you realize, you do have to think about it, and you've got to be proactive and you've got to do your homework and find those people that you're aligned with. And one of the ways that we change the system, sure, we vote with our dollars, but it's also in celebrating, as Dr. Michael Turner just said, celebrating those heroes that do step up because they inspire other doctors. They inspire the hero inside of each one of us. And as this beautiful video we showed you earlier, made by the Global Health Project, that video is designed to inspire doctors to come out. Well, one of the ways that you can be a part of that is to help promote The HighWire. The HighWire is where, throughout COVID, those heroes were appearing before they were appearing anywhere else. And those heroes were inspiring other doctors, like the ones that are sitting here. So today is call to action. We have a brand new promotion for The HighWire, and I'd like you to put it on your Twitter, on your Facebook. Text it to your friends. Help us get a larger community so that when we celebrate these heroes in our world, more and more doctors and nurses and politicians and leaders will see it. The video is called "Step Out on The HighWire." Just click on the download button right underneath the description, and now it's yours to share with whoever you like. It's just that simple. And here is our brand new promotion.

Rob Schneider

It's time to step out on The HighWire.

Joseph A. Ladapo, M.D

It's time to step out onto The HighWire.

Jenny McCarthy Wahlberg

It is time to step out on The HighWire.

The HighWire promotion

The HighWire. An award-winning weekly health news and talk show dedicated to delivering you the truth on the hottest topics vital to your health.

Pierre Kory, MD

I appreciate your segment for digging deep, looking at the data, what is real.

The HighWire promotion

Emmy Award-winning host Del Bigtree brings you the latest science and evidence, putting the power of factual information in your hands.

Del Bigtree

Here's the evidence, here's the science.

Edward Dowd

Del, thank you for your bravery and your team's bravery.

Ron Johnson

Thank you for all you've done.

The HighWire promotion

It's brave, bold, trusted news. The HighWire with Del Bigtree.

Del Bigtree

The scientific method died here, and this is the point I want to make. It died a death here, and I need you to help me save it.

The HighWire promotion

Thursdays at 1 p.m. at TheHighWire.com.
[02:12:25] Del Bigtree
We're fighting for those who cannot fight for themselves. That is what the truth is all about. That is what being alive is all about. And that's what The HighWire is about. I'll see you next week.

[02:12:37] The HighWire promotion
Get it all at TheHighWire.com.

[02:12:44] Del Bigtree
Thank you to all of you that are part of The HighWire that have been here, that have been dedicated, or whether you're just brand new and here for the first time, this is your show. This is the truth. We work for you. You are our sponsors, if we said it over and over again. And as I reflect on all that we're learning on this show, we're learning about the seeds of eugenics that have set things in motion that maybe we weren't paying attention to, but boy, did it become obvious over the last few years. And there are, and I want to remind you that everyone on this planet is our brothers and sisters, and I know there's so many great doctors out there. And there's great scientists out there, at the CDC, at the FDA. There's great people in government. The problem is for some reason, it feels like the worst of them always rises to the top. Well, we can change that, and we change that by being more conscious about the choices we're making, being more conscious on where we're putting our energy. And I want to be clear that this show, we are not against doctors, and we're certainly not against science. Anyone that says that, you know, you're anti-science, the opposite is true. If you've watched this show, if you watched my debate with Neil deGrasse Tyson, you know that what we're fighting for here is science.

[02:14:01] Del Bigtree
What we're fighting for is the scientific method. What we're fighting for is the Hippocratic Oath, and we're fighting for the doctor-patient relationship so that doctors get to make decisions again, not these just industrial, monolithic dark forces that are controlling these doctors. It's true, it's not all their fault. But as we navigate these incredible times, what we have to do is we've got to learn to start using our intuition again. You don't get to just be tuned off anymore. We've been walking around like zombies, getting through life, and life was pretty hunky dory for some time there, but now we're losing a grip. Now we're losing touch, mostly because we let ourselves get out of touch. I think the secret to moving forward, to finding great doctors, is to just get engaged with your intuition, get engaged with your need, look at your family. What are going to be the needs in the future? Look at your community. What are they going to be the needs of my community in the future? And then sit down, turn off your television set every once in a while, get rid of all the babbling and all the and even turn off The HighWire for a moment.

[02:15:05] Del Bigtree
Sit down and get quiet with yourself, and say, what is it I'm supposed to do right now in this moment. There is a greater mind. There is something much bigger than all of us that is trying to give us understanding. If we ask the right questions and sit down and get quiet, I believe you're led to the right doctor. You will find yourself making better choices. Turn off the chatter, listen to what you're supposed to do, and by all means, when you move in a direction, when you're choosing a doctor, when you're choosing a school for your kids, don't be afraid to ask any questions there are. Put them in the hot seat. See how they handle it, and say, is this someone I want to be around me or my children the next time a crisis comes along? Because that's what happens when you go to a doctor, you go to a hospital in those moments of need. There are crisis moments. Is this someone you trust? Is this someone that can handle that hot seat and stand in it and be noble? I think those are the questions we have to ask. We're allowed to ask them. We're allowed to be critical thinkers and we're allowed to recognize how brilliant and in-tune we all are. This is our moment. This is our time. This is our world. We're going to change it together. I'll see you next week on The HighWire.

END OF TRANSCRIPT