Start of Transcript

[00:00:05] Del Bigtree
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[00:00:49] Del Bigtree
Good morning. Good afternoon. Good evening. Wherever you are out there in this beautiful world, it's time for us all to step out onto The HighWire. I have to say, for those of you that maybe missed last week, I wasn't here, it's great to be back at my desk. I really missed having the opportunity to rant last week, so you may get a whole earful this week, but I want to give a shout-out to Jim Meehan for stepping up, taking over here and doing such a beautiful job guiding this ship, this show last week. Amazing job. If you missed it, his interview with Kevin McKernan was absolutely riveting. We were sitting in the middle of our camping trip listening to it ourselves. I was a little bit jealous, what an amazing interview, so go back and check that out if you haven't had the opportunity. We have a really spectacular show today. In fact, it's almost hard to breathe in here, there are so many IQ points floating around in the building right now. Usually the space is just consumed by our Catharine Layton, who I think is the smartest person on the team when it comes to the science, but we've got in-studio today Dr. Peter McCullough and Dr. Geert Vanden Bossche. We're going to talk to them both about the different things that they're focused on right now with the COVID, the vaccine, is it going away, what's happening with the rise in all-cause mortality. Both those minds together in one place, it should be really amazing. But first, the tragedy that I think has got us all just riveted to our televisions; praying, trying to give our heartfelt thoughts to those victims in the Maui fires. This is what this has looked like in the news.

[00:02:34] Various news reporters
Maui is on fire, evacuations are underway. Tens of thousands of people are without power, and there is already extensive property damage, including in the popular tourist town of Lahaina.

[00:02:45] Various news reporters
Some taking shelter behind the seawall, others jumping into the ocean to escape the flames.

[00:02:50] Noah Tomkinson
Both sides to the left and the right are on fire.

[00:02:52] Various news reporters
19-year-old Noah Tomkinson wading in the water with his mother and younger brother for five hours.

[00:02:58] Various news reporters
This is the overhead view of the sweeping devastation in Lahaina.

[00:03:02] Various news reporters
80% of Maui's historic town in ruins. This gridlock of charred cars details the desperation as many attempted to escape a wall of racing flames.

[00:03:14] Various speakers
Oh no. Oh no, guys. No, we have to leave!

[00:03:16] Various news reporters
This is now the deadliest wildfire in modern US history.

[00:03:21] Various speakers
Everything in Lahaina has been decimated, including our house.
[00:03:25] Various speakers
Everything is gone. All the memories, all the places that we built beautiful memories together is gone, and so I'm just grateful that they made it out okay and just praying for the best outcome for the rest of my family.

[00:03:37] Various speakers
The winds were howling all night and I even checked at about 4:00 in the morning because I was surprised that I had missed the weather advisory. And even at 4:00 am there was still no advisory.

[00:03:49] Various speakers
People were not informed until five minutes before they had to evacuate, and this was via a cell phone message, an emergency alert.

[00:04:00] Various speakers
We have a tsunami warning system on this island. They did not activate it.

[00:04:05] Various news reporters
Did you hear any alarms, did you get any kind of warning?

[00:04:08] Various speakers
No alarms, no warning, nothing. No sign, nothing. Where were you guys who were supposed to evacuate us? No, we're mad. We're mad. No, we didn't just lose our homes. We lost our town. We lost history, you know? Our kids are traumatized. You guys messed up, really bad.

[00:04:29] Various speakers
I'm still looking for friends and close family. I just want to let the world know, it's worse than they think.

[00:04:40] Various news reporters
While Lahaina sat in ruins, no assistance came for more than two days.

[00:04:46] Various news reporters
Water, propane tanks, fuel, baby supplies and clothing. People in this community are doing everything they can for their neighbors. They say this is far more than what the local and federal government is doing for people in Lahaina.

[00:05:00] Various speakers
Government officials are trying to shut down local assistance. It seems like they only want FEMA and they only want Red Cross.

[00:05:08] Various speakers
They are sending donations back. If it's not donated directly to FEMA or Red Cross, then they're not going to allow it in.

[00:05:17] Various speakers
None of this is eligible for being donated. Tell me why. I have no freaking clue.

[00:05:25] Various speakers
They're all fearful that they're going to lose their property along with their home and their investment. You can hear it in the Governor's voice, in his languaging when he talks about rebuilding Lahaina.

[00:05:37] Gov. Josh Green
I'm already thinking about ways for the state to acquire that land so that we can put it into workforce housing, to put it back into families, or to make it open spaces in perpetuity as a memorial to people who were lost.

[00:05:50] Various speakers
I am so frustrated with investors and realtors calling the families who lost their home, offering to buy their land. How dare you do that to our community right now? Shame on you. Shame on you!

[00:06:10] Various speakers
The world needs to see what's happening here, and the truth is not being shown.

[00:06:18] Del Bigtree
Just horrible images. And, you know, I have to say, in some ways it's triggering a little bit of distress in me. As many of you
who have been watching this show for years know, back in 2018, my family and I and our kids lost our home in Malibu, in the Woolsey fires that swept down through Malibu, where we were living. Similarly, not a lot of answers as to why there was no fire department or help in that situation, so my heart really is connected with those in Maui who have gone through this. You really can't get a perspective, and news cameras aren't allowed in, so we worked hard to try and find somebody who was there who could give us some sense of what really happened. It's my honor and pleasure to be joined right now by Mike Cicchino, who is a resident of Lahaina and was right in the middle of it. Mike, thank you for joining me.

[00:07:18] Mike Cicchino
Of course.

[00:07:20] Del Bigtree
I know there are really no words that that can be said at this time when you've lost just about everything you own and see the devastation around you. We have an image of you and your wife while the fires were burning, wondering if you were even going to survive it. This is just sort of that moment that you captured on your own phone.

[00:07:43] Mike Cicchino
Coast Guard! Coast Guard! If anybody does find this. It's pretty scary, but we're going to be okay.

[00:07:57] Del Bigtree
At that moment, you'd made your way down to the water, it appears. As those who survived, you had to get down out of the hills, out away from the fire and down in the water. Reports of people literally taking shelter in the water. Tell me, what was your experience? We're hearing that there was no warning, is that true in your case? How did this start? When did you realize there was a fire and that you were in danger?

[00:08:26] Mike Cicchino
I just happened to leave the house to see if I could make it to the other side of the island to grab a generator, and within 10 to 15 seconds of leaving my home, my whole neighborhood was engulfed in flames. But like you said, absolutely no warning, no siren. We do have an alert system where it alerts us by text. I had a little bit of a signal, but I never received any text. In some points, when we did hop in the car, 15 minutes later, that's when they made the announcement. It was probably over 15 minutes later when they made the announcement over the radio to evacuate. But by that point, it was too late.

[00:09:08] Del Bigtree
Now, I know that when I was going through this situation, when it happened to me in Malibu, I saw the fire again just too late. I really didn't get warning in time, but that was mostly because I didn't have a television on. There were no sirens, but the flames were just coming down the hill. Again, for us, the wind was blowing so hard. I just grabbed my son who was with me --luckily, my wife was out of town-- and said just grab a few clothes. We lost everything, too. In that moment, you don't know where the fire is. You don't know if it's wrapped around; if you're going to be able to get down to the road. What was it like there for you? Could you tell where the fire was, or did it just feel like it was everywhere?

[00:09:48] Mike Cicchino
Well, first, I want to say I'm so sorry for your loss and I'm happy that you and your family made it out alive. Being through that situation, it's absolutely terrifying and I know that you guys are probably still dealing with it. Basically when we started to leave the house, which, if you watch the live announcements made by our local government, by our governor and mayor, they are flat-out lying to us in telling us and telling the world that they didn't have any roadblocks. There were definitely 1,000% roadblocks that we could not get through, and if they would have let us through, and let some of those other people through, a lot more lives would have been saved. A lot of us are in shock about how much our government is literally lying to our face. And I was there, and they're lying to everybody. They're just trying to minimize this. I think they're afraid of a lot of locals are going to freak out; they're afraid of lawsuits. But basically, because of the roadblocks, they forced us, they pigeonholed us into a death trap. A lot of people died because of what they did. Not only not giving warnings but blocking us in from every road. Everything went wrong that day. They really did fail us.

[00:11:19] Del Bigtree
You know, just from an outside, and because I've, you know, on this show, we've learned to really not trust government a whole lot, and it's really failed us so many times. But one of the things that gives me the sense we're being lied to is when I see the images that we're seeing come out of there, some of these photos and some of the video that you've provided us, when I only see a death toll going from 80 to like 100, I think, in six I heard this morning over three days, that seems
impossible to me. It seems to me there must be a cover-up on the amount of bodies that are there. They're obviously trying to slow roll the devastation, figure out how they're going to explain it, cover their own tracks. And you know, so much, when you watch so much effort going into trying to protect their own butts in the government, and we're hearing so little effort, it seems, getting the supplies, getting people to their homes, you know, helping the people that are there, what does that make you feel?

[00:12:19] Mike Cicchino
Anger. The, I can't even describe the amount of anger I have towards our government. Before, I'll be honest, I had more trust in our government. I grew up, you know, that they're there to take care of us, especially in need. They're going to safeguard us from things like this and warn us, but none of that happened. And as of right now, FEMA is trying to take over, but they're not assisting us at all. I've had absolutely zero assistance from FEMA. They're saying they're giving out $700 checks to people. I've never received one and they're not going to give me one because I happen to run a business out of my home, and I also had a little bit of insurance. But that insurance, they said they can only put me up in a hotel room for seven days. Then where am I going to be after that? FEMA, since I went to business, has basically said we'll give you a small business loan. I just want a place to live. I don't, I can't, I want to start my business back up but how am I possibly going to do that when I don't even have a place to rest my head at night. I'm jumping from, that's my house that you're seeing right now.

[00:13:39] Del Bigtree
Wow.

[00:13:39] Mike Cicchino
It's completely, that was my business, that was my whole life, I've lived there for 16 years. And even if I did receive that 700, living here in Maui, that's a night at a hotel room, one night at a hotel room for these people. Fortunately, I have family where we're jumping from house to house, but $700 is insulting for, those people that are getting that, I'm glad they're getting at least 700, but you have to imagine even our McDonald's is inflated here. If you go to McDonald's for two people, you're spending $50. Most of those people have already gone through that money, you know, and a lot of locals are using that money to help locals, and the only help that we've received the whole time that, from this whole situation is from the churches, from the Calvary Church over here. The Catholic Church is even going to try to help out with housing. But the government hasn't helped me at all. My family at all.

[00:14:40] Del Bigtree
Similarly, while the fires are going on and there's very little help around, you are one of those types of individuals that charge back in there to try and get some help looking for animals and people. This is just one of the videos you were shooting while you were going through that experience.

[00:15:03] Mike Cicchino

[00:15:47] Various speakers
Come on, man.

[00:15:49] Mike Cicchino
Are you all burnt? Are you burnt? Okay. You gotta go down there, okay. I'll go. Right here is bad, there's a lot of smoke, you got to go. Okay, I'll be back. I'll be back for you. Asher. Rena. Hey, come on, buddy. We gotta go. The Coast Guard's coming in. Is this your dog? This is Rena, right? Okay. Oh, thank God.

[00:16:21] Del Bigtree
As you sort of made your way through the neighborhoods there, what was, how would you describe that? And seeing, most of us have never actually seen a body. I mean, that was fairly graphic, hopefully those watching aren't too offended by seeing that, but I think it's important that we get a sense of what that experience was like.

[00:16:41] Mike Cicchino
I mean, I've never been to war, I've never been in any type of disaster, but I would guess that it was just like a war zone. I mean, there's dead bodies, people screaming, babies out there that I never saw again. A lot of people were, you could just
see that the smoke was slowly killing them. And that's, you know, I was trying to run and help as many people as I can to get out of the area that they were, because if they stay there any longer, they would have just, you know, went to sleep and died.

[00:17:17] Del Bigtree
Wow.

[00:17:18] Mike Cicchino
But the best thing that I can describe is literally like a nuclear bomb or atomic bomb went off. But imagine that bomb going off continuously for eight hours. So when we're ducking into the water, or jumping in the water, ducking behind the wall, the flames were going at 70mph towards us. It's one of the most indescribable, or probably one of the hardest to describe situations and feelings, it's hard to put in words, it really is.

[00:17:53] Del Bigtree
Now your wife was with you, obviously, you both got away. How is she doing?

[00:17:58] Mike Cicchino
I mean, we're going through some mental issues right now. I wish I could say she was better. We're hanging in there, we're one of the lucky ones, we feel bad complaining about our situation when there's people out there that are way worse off than us and getting no assistance. You know, there's people that have their, lost their house, their family's dead, they don't have any money. We are at least alive and have each other, so we feel very grateful. We are starting to kind of go through a guilt part of the grieving, where, why did we make it out alive, why did we make it out with our lives and with each other and all these people are out there that didn't. And then we also, there's people out there that were helping during the fire, and a week later, they're still out there helping and haven't even left Lahaina. And the local government's not letting us locals in there to help at all. They want to make sure that they're controlling everything, so people are getting stopped even if they're trying to bring in donations. So like I was kind of mentioning before, all those donations that the locals are trying to help with are being brought to churches, and that's how I've been getting my help, not from FEMA.

[00:19:17] Del Bigtree
Wow. What is what are the next steps right now, as you look. I realize it's hard to have any sort of bird's eye view in the middle of a tragedy there, so as you sit in the middle of it, what are your thoughts right now? What is it next steps for you?

[00:19:34] Mike Cicchino
We felt like we just got out of a fire that was about to take our lives. Now we feel like we're back into another fire with the US government, basically, so we feel like we just went through all this, now the government's putting us through more, and just watching our, them flat-out lie to our faces and me knowing for a fact that they're lying to our faces because I was there, and what they're saying is 100% untrue. There's way more bodies out there than what they're saying. There's a lot more. And I can't give like sources or anything, but they're anticipating over 500 but less than a thousand. Most of those are going to be children, or actually not most, but a lot are going to be children. I have a lot of friends finding children out there. These schools were off that day because of the electric. So the parents still went to work, but the children were stuck at home. So there, you could imagine being ten years old, taking care of your siblings and having a giant fire, what are they, they don't know what to do, but they're not announcing this stuff on the news. This is probably, you know, I'm mentioning it to you now, but they're hiding a lot of stuff from the outside world, and it's pretty upsetting. Right now we just want to hear that, you know, a sorry, there's things that went wrong, we're trying to do what we can, but they're just so defensive. They just, I think they're just trying to cover their butt right now and not get sued, is what it's coming down to, which is just making it worse for us.

[00:21:17] Del Bigtree
You have a GoFundMe to sort of get through this, so let's just give people, if you want to help out here. The Gofundme.com, it's that "Maui Fire: Mike and Andreza Cicchino." So if you want to help out, that's how we do it, and I'm sure there are many, many GoFundMe's out there right now trying to figure out a way through all of this. What will you do with those funds? What's the plan?

[00:21:48] Mike Cicchino
Well, we can't even find housing right now. We're jumping from house to house, so, I mean, we would like to do it so we can use it for rent, food right now, because the food we're getting, we're so appreciative of the churches giving us food, but, you know, we need more vegetables. We need real food that we can eat, not just canned food. Sometimes we can get some
fruit, which is awesome, but we need to start to get our lives a little bit back to normal. We would also like to start our business again because just, all the jobs, a lot of jobs here are gone. So our concern now is, all the money, we're just trying to get as much as we can right now because we don't know the future, we don't know how we're going to start our business again, we don't. There's a housing crisis out here already, where if you wanted to buy a medium income house, it's going to be $1 million here in Maui. So you can imagine with all those housing gone, thousands of people displaced, it's only going to go up. And it's really unfortunate. There's people that are leaving Maui that have been here my, you know, almost my whole life, but I can't leave Maui, my whole family's here, my daughter's here, it's not a choice for us. We're going to stay and push through it, but we don't know where we're going to live. We have no permanent place to live.

[00:23:15] Del Bigtree
Well, Mike, first of all, I want to thank you for joining us and sharing with us your thoughts in this very difficult time. Our prayers are with you. I want to thank you for your heroism, running in there, trying to help when others aren't, others that were paid and funded to be there for exactly those moments. Stay in touch with us, we want to sort of hear how this all works out and maybe we can bring you back on and check in with you a little bit further down the road.

[00:23:43] Mike Cicchino
Of course, there's so much going on here, there's probably going to be updates almost every day. So please keep in touch, I'm more than happy to answer any questions you have.

[00:23:53] Del Bigtree
I also want to say, just because I have been through it, it does, it is really hard in the middle of those situations, but there is hope. You know, just share with your wife that, you know, we get through these things. Love, what it doesn't take away is our love. It doesn't take away our relationships and what you'll end up having to stay focused on is just that you're alive, you have your life, and now we have to do something with it. Alright, so we'll keep you in our prayers.

[00:24:23] Mike Cicchino
We appreciate that. And if I may just mention, there are a lot of people who need help. I always appreciate the help that anybody can give us. My four-year-old lost everything, too, but please don't actually donate to Red Cross or FEMA for people that are out there, they're not helping us. Try to find local families that you can help, and then there's also a local organization called Maui Strong, and they've been helping out a lot more than the government right now. So I just wanted to throw that out there.

[00:24:52] Del Bigtree
Alright, I appreciate that, thank you very much. And take care, we'll stay in touch. We wanted to also get a sense from people that are in the middle of disasters all the time. We reached out to a good friend of ours, Steve Slepcevic, who is a disaster specialist, and he's joining me now with Sam Eaton. Steve, you see a lot. I mean, you've been at Katrina, you've been in the middle of events like this. How does this compare to all of the disasters that you have been in the middle of, trying to help people through those situations, their homes, their lives? How bad is this? Is it as bad as it appears in the news? Worse?

[00:25:37] Steve Slepcevic
Well, what I can tell you is that, for me, in doing this since Hurricane Andrew, since '89, that I got in this business responding to both national and international disasters, this was one of the worst responses on the government side I've ever seen. So when you see the police department blocking a downed line, but they're blocking an area where he's parked in the area where cars can get by and cars are backed up for an hour and a half, Mike is correct, that the response was horrific. When we show up at the EOC and they have generators stacked there and we're like, hey, we can bring you power, we can bring you the entire thing to set it up, and they're like, no, no, we're good. I'm like, well based on the results, you're not good. You have generators here, but you have no electricians, no cables. You don't have this whole thing set up properly. And how is it that a friend of ours can actually drive into town the next day, unabated, no security perimeter, drive by vehicles with burned bodies in it, as he's driving his motorcycle in it. You know, how can one of our friends then deal with these type of, just these images and the PTSD that's coming from it? So everything that Mike said is absolutely accurate, and then this is several days. So, to me, accountability, right? These people have to be clear, concise, you cannot make mistakes. And if you look at, they were the last EOC to open up, so they weren't properly staffed, staged. They didn't put the alarms out or the sirens and their excuse was like, well, we don't want people to run up to the hills. What are you talking about? People are conscious. They know, hey, there's a fire up there.

[00:27:15] Del Bigtree
Yeah, how about I hear an alarm, if I step outside of my house, I will see what's going on and figure it out from there. I mean, like was Mike saying is he doesn't leave his house for his generator at that moment, he doesn't see what's going on. And I'll be honest, when it happened to us, I was lucky that I had a friend text me and said, I heard there's a fire in Malibu, do you need any help? I was like, fire? So we didn't really have an alarm either. And I suppose it was being, I didn't have my tv on, I just had no, nothing on inside of my house. Luckily, my friend texts me, otherwise, and I walked out of my house and that's when I realized the side of the mountain, basically, I live on, was nothing but flames rushing towards me. So all you need is to be told, get out of your house and you can figure out there. They didn't even do that, I mean. And just be clear, you're a private company, you don't work for the government. You go in many times, I guess, do you tend to work for insurance companies or who sends you in? Like, how do you get there?

[00:28:18] Steve Slepcevic

No, we work for private individuals, so typically hospitals, ports, airports, private asset owners, commercial real estate owners. They know not to trust the government, so they call us in ahead of time if it's a hurricane, many times three, four days before to shore up their assets, to minimize the risk, to put the comms in place, bring in additional paramedics, bring in the security detail, bringing the fuel, the power, everything else to keep that facility operational. They know FEMA is not going to be there, they don't count on the public utilities or the public officials to do anything for them. They know they have to stand it alone. But like you shared on the Woolsey Fire, if you remember, the fire departments were all pushed up to Pepperdine, and you couldn't find fire trucks down in the lower area where people's homes were burning. So similar to this, they had pushed the firefighters up into the mountains in this one region to fight another fire when a fire wasn't completely contained. There wasn't any fire trucks down on Front Street, and then they had a problem with the water pressure. So when they hooked up to the fire hydrants, they couldn't push water out.

[00:29:17] Del Bigtree

You know, Sam, we had, I mean, it was, it's very similar, many of the same stories that I experienced. We had, we paid, I think, you know, in Malibu, hundreds of dollars a month extra for a fire line, they call a water line, you're paying just to be ready, and then there was no water in it when we needed it. When you hear things like, well, the electrical line came down, that took away some of our abilities to do things, and then you ask, I mean any intelligent person says, fires bring down power lines. You weren't prepared for that? You don't have alarm systems that work in that? And we start thinking, with all the millions and billions of dollars in taxpayer money that goes to special places like this that know there's potentials for hurricanes and things like that, how can they be this unprepared?

[00:30:10] Sam Eaton

Very tough. Background, 30 years in the fire service. Been to quite a number of disasters myself. Also with the company, we've responded to some major incidents. You know, when I look at, when I see what happened, arriving here, it didn't have the feel of the disaster. If you looked at the infrastructure that should be there in place, the stuff that FEMA would normally bring in, the things that you would normally see, you didn't see those things. And I think it was most exhibited in the faces of the locals here. You know, when you're talking to somebody that's basically been working the last week previously, for this guy, we spoke to an individual that had been trapped every day getting up to bring food and supplies himself, as a private citizen, into to find a way to help those that were actually in the area, the outlying area, to watch him break down in tears saying, where's the help? Why are we having to do this? Why are, why is Maui having to help Maui, where's the outside help? And and then you paint it in contrast to what's happening at the border of our country, what's happening in Ukraine. You look at the money that's flowing in different directions, but this was not, it just did not feel like they had a handle on a lot of things. It's easy to to point at, please don't look at the frontline workers or the firefighters because they're being driven by their own policies and procedures, but also they have a desire to be part of that, that response. Leadership from above, I think, is what, is where the mistakes were made, and certainly hopefully there'll be some after action where they'll look into the details of that.

[00:31:49] Del Bigtree

You know, I would say at this point that, wherever you live, every different region has some ability to be pressed into a dangerous situation like this. I've obviously been through my own experience, and there's things that we just weren't prepared for. We hadn't really itemized all the things that we own, that I now do when I go into my house. We sort of stay on top of what is actually in our house, in our dwellings. But Steve, do you have some recommendations of things for people to prepare, or should a disaster happen, what's the best way to handle it?

[00:32:26] Steve Slepcevic

You know, for me, I always say have a disaster plan, one of an all-scenarios based disaster plan for your family, right.
Because this stuff is happening constantly, right. So you have everything from, you know, having your satellite phone, a meeting place, doing a quarterly drill, right. The next thing is obviously documenting everything, reviewing the policy, making sure that, you know, when it comes to reviewing the policy, it's not just a matter of calling your agent, but I always say, you know, get a third party opinion from a private insurance adjuster, you know, in that capacity, before you enter. Another thing that's really important is that when people are approaching these properties, you have to know what the hazards are, right? It's structural, environmental, mechanical. You can't start sifting through the property and then, you know, without proper PPEs. So hire a third party environmental consultant in these things that are totally burned, and the ones that aren't totally burned, before you enter it, there's highly toxic. These cars burned, electronics, there's asbestos lead, there's all types of chemicals that were burned and now are blown into people's homes in the surrounding area, so those areas have to be properly remediated. Then a third party consultant, environmental consult should come in there and provide a clearance testing that it's safe to reoccupy. Because I'm not going to compare it to 9/11, but, you know, they had multiple, what was the number for the firefighters that got cancer from.

[00:33:49] Sam Eaton
Frontline workers, close to 15,000 have gotten cancer since the actual event itself. More people affected, in a health situation, from 9/11 than were ever initially.

[00:34:03] Del Bigtree
Right.

[00:34:04] Steve Slepevic
So it's going to be a toxic mess for a while. The trucks, the debris moving through those areas, you know. But with this, you know, for us, as first responders, I mean, the satellite phone store's always been really big for us on getting stuff for us when we need it. They're also there for the community, so a lot of times they'll donate the phones, you know, especially in those areas. But don't be that person, get it ahead of time, be prepared. Because these things are happening more and more, not just the wildfires and the hurricanes, but, as you know, Hawaii's still, we're at, we're going into the peak of hurricane season. There's another one that's just passing just below us right now. And those high pressure systems create what they call the Chinook winds and it comes off those mountains, and any spark will just light up other neighborhoods, you know.

[00:34:53] Sam Eaton
It's very difficult for people to get away for sure, something like. You know, they've had the wind-driven fire, this was a fire that was driven by the wind. Obviously bad per poor conditions, part of that, drought-like conditions. And clearly when you have something like that, you know, early warning is very important but there's little time to to actually react, and you experienced that yourself, Del. Same type of thing. It is horrific what they went through and the people that survived, what they saw, what they were exposed to, even just the visuals. But of course, the health side of this. Those that were sitting in the water affected by this, with the embers coming down, that very toxic, heavily laden chemical smoke that was on them, many of them probably perished from, you know, basically smoke inhalation, even though they had, they weren't burned, they couldn't breathe. You know, there's just no, there's no space there. The real tragedy here to me is, is what's the response afterwards, and that's where it really starts to look very, very, there's a lot of lessons learned here, a lot of things that the Maui officials need to take away.

[00:36:01] Del Bigtree
I mean, I feel like we, I sit here and think, we're the United States of America, we're the richest country in the world, we have the biggest military in the world. We can go and fight wars that nobody even knows why we're there. In a moment like this, in the movies, the National Guard is flying in, you got FEMA, everybody is setting up tents and camps and we're moving people through because we're a first world nation. What is going on? Why are we so incapable of having a response? Why, I mean, and it's every time, it felt like the same thing with Katrina. Every time, it's as though we have no idea. In the, since the dawn of man, we have never figured out how to handle a disaster? I mean, I know you, guys like you, Steve, and you give classes, you're there to teach government, you're there to help. You've been trying to get this. Why are we so incapable? What is it just bureaucracy is useless, and there's no way to ever get these people to do it right? I mean, it's so frustrating to watch over and over again this level of failure, and have to accept it. To have to accept that our government is this incapable of handling a dramatic situation. God forbid we ever actually have a war or something come at us, you know, on our homeland. I can't imagine, we can't handle a fire or a hurricane, what do we do if we're ever under attack?
[00:37:23] Steve Slepcevic
Yeah, I think the American people are starting to notice the emperor has no clothes, right. It's an absolute. You don't have to, you just look at how they're incompetent people running it from the top down. If you have poor leadership, if I ran my business like this, I'd be out of business. Right. That's it. And there's going to be a price to pay. The people in Hawaii are not ones to lay down and just take, you know, take it. They're going to stand up. They're going to rise up and they're going to hold these people accountable. You know. And Sam was right, some of the people that we've talked to are, it's the Hawaiian people helping the Hawaiian people. And they were, they got to see firsthand the people that they vote for, every time when they come out, hey, vote for us, vote for us. They started to realize, now, it's a huge awakening. Sad that it would come to this, but they're starting to realize really who the government is and how incompetent they really are.

[00:38:20] Del Bigtree
I mean this, I mean, I'm getting to the point now, and I've said this before, I grew up a progressive liberal, but I want my tax money back. If this is the Wild West, I'm going to be left on my own every time there's a catastrophe, then give me my money back and let me start developing ways to protect myself. Because handing it to you is not working. I think so many people in America are experiencing that. Steve, Sam, I want to thank you for taking the time. I don't want to keep you away from the important work that you're doing there since someone's doing it. Sam, you have another thought? Yeah.

[00:38:51] Sam Eaton
Just to say this. There are some great people that are working in these FEMA camps. We have close colleagues and friends that are in there. There's great first responders, the firefighters, the law enforcement. They are the people of Maui. They're the people of Lahaina. They had families there as well, and I just want, I want to say that, from our perspective, it is not against those workers. I worked 30 years in the fire service, locking arms with law enforcement as well, and we know that they're going through a tough time themselves. We pray for them. We pray for the people of Maui, for the people of Lahaina, for this community, and certainly those frontline workers that are dealing with the tragedy up front every day right now, walking through the streets of Lahaina, trying to differentiate between what might be a body and what might not be. And that's, you will never forget those kind of things. So our hearts, our hearts definitely go out there, I just want to throw that in there at the end here.

[00:39:43] Del Bigtree
And I appreciate that. Sammy, that's a good point, I don't mean to disparage anyone that's out there that is on the front line, and our best and brightest and bravest do charge in those situations. Those that do that work should be commended. We asked you guys to put together a list since a lot of people are saying the money from Red Cross isn't really getting there and things like that. You put together a list of places that you are seeing getting the funding and are helping the people, so this is that list for those of you that want to reach out and try and do something. This, of course, will also be, if you are signed up to our mailing list, all of this will be in your hands immediately, so we're going to tag it in the comments right now. But these are groups that are actually really are delivering for the people, and I think it's important that we support them. Steve, Sam, thank you very much for taking the time, and our prayers are with you and your work.

[00:40:36] Steve Slepcevic
Thanks, Del, and thanks for getting the message out there.

[00:40:39] Del Bigtree
You bet.

[00:40:39] Sam Eaton
Thank you.

[00:40:39] Del Bigtree
Take care. Alright, well, you know, it's sort of everywhere we look right now, we are in crisis. I mean, I look at this nation, look at America, I look at what the dream was, what I felt like I was growing up in, and there's days where I just feel like we should be flying our flag upside down at half mast, distress signal, we are in trouble. We are not, we are not, we're doing something wrong in how we're choosing our leadership, and I think we've got to really atone for that ourselves. Like, who are we electing? Why are we just continue to elect the same people over and over again? We complaise about, oh, we need to reduce the amount of time politicians are in there. Well, yeah, but why are you voting for it? Why is it we just keep voting for these people to sit like fat cats having no connection to the states and the cities that they actually work in? I just think there's a lot to assess in these moments when we look at it. And I also want to say it's really disturbing when you, I think it was the governor there or one of the guys saying I'm already looking at turning this into park space and open space and,
you know, utilizing people.

[00:41:45] Del Bigtree
Those are homes. Those are people's lives. And you're already deciding you're going to give that away to what, a park or maybe a hotel, and real estate agents calling and we're starting to see BlackRock buying up houses all over this country, out-competing us, making cash offers. So I guess that the WEF can get to their goal of everyone's going to be renting.
That's what I'm afraid of when I see this stuff. You have a sense that in Maui there will be no one owning homes except the super elite, super rich. Everybody else be renting from BlackRock or, you know, any of those other large giant conglomerates. they're buying up our lives. We got to do something about it. Anyway, it's time for The Jaxen Report.
Alright. Jefferey, really difficult to, just it's so frustrating at a deep, visceral level to have to have that conversation.

[00:42:45] Jefferey Jaxen
It can be difficult transitioning from stories like this, and I just want to echo what you were saying. If people want to give money, get that money to people known in the community. We saw through the responses like East Palestine train derailment and Katrina, like you said. These top-down bureaucratic responses in the immediate time sometimes do more harm than good, so get that money to the directly to the families or the people doing the work on the ground there in the communities that people know.
I think that's really going to be the best way, but I want to take a minute here to celebrate maybe a small moral victory coming from that story for Americans and really a positive step in something that we have tried so hard to do, which is get the government out of the doctor-patient relationship. I'm talking about ivermectin.
Something we've covered here from the start of the pandemic response. The founders of this drug, Nobel Prize winners for finding it.
FDA approved as an antiparasitic, been given to billions of people around the world. It's been called a wonder drug like penicillin and aspirin. Only problem it's ever had was it was found to have antiviral activity at the time when the world was experiencing one of the once in a century virus, and when that happened, this is how the media treated it, remember?

[00:44:00] Various news reporters
Words of warning. Earlier this week, the Department of Health reiterated its warning against the use of a drug called ivermectin.

[00:44:10] Various news reporters
A new false cure for COVID in high demand. Ivermectin.

[00:44:15] Rachel Maddow
Be aware that ivermectin has not been proven as a way to prevent or treat COVID-19.

[00:44:20] Various news reporters
Rumors circulating on social media about its use specifically for COVID-19 in India that is not based in reality or fact.

[00:44:29] Various speakers
The FDA, the NIH, the World Health Organization, academic institutions across the world, not just the US, are not recommending ivermectin for COVID management.

[00:44:39] Various news reporters
With doctors unwilling to prescribe it for COVID, people have rushed to farm supply stores, buying and taking large doses meant to de-worm livestock.

[00:44:49] Various news reporters
Some tractor supply stores even posting these signs alerting people that the ivermectin de-wormers and injectables they carry for animals have not been approved by the FDA for people and could result in injury or death.

[00:45:03] Various news reporters
This story blows my mind because you've got some anti-vaxxers who are unwilling to take an FDA-approved vaccine that millions of people have taken at this point, by the way. But at the same time, they are willing to put a horse de-worming medicine in their bodies.

[00:45:21] Various news reporters
What would you tell someone who is considering taking that drug?
[00:45:25] Anthony Fauci
There's no clinical evidence that indicates that this works.

[00:45:29] Rachel Maddow
There is no scientific basis for a potential therapeutic effect against COVID-19. Doesn't treat COVID, but could put you in a coma.

[00:45:40] Del Bigtree
It is literally painful for me to have to watch that level of incompetence. And I mean, in all honesty, I suppose I have to have empathy because it's just sheer stupidity and lack of journalistic integrity or certainly talent or an investigative ability. When I hear the one news anchor there saying, you know, anti-vaxxers won't take this FDA-approved product, but they'll go ahead and use horse paste. I mean, the opposite is true. All you had to do was investigate for about 3 and a half minutes to see that the vaccine was being rushed with literally no safety trials and ivermectin, a drug that's being used worldwide constantly, by men, women, children of all races, all ethnicities, every age, known every malady, having no side effects or very little, one of the safest drugs we know in the world, and you're telling me, you know, you're calling it horse paste and I'm supposed to trust the FDA? I mean, it's not their fault, right? They think the FDA tells them the truth. If you're watching The HighWire, you know that that's as big a sham as the fact that the government's got your back in Maui right now. But, I mean, it's just, it's, we're going to play that probably until the day I die because remembering that, remember those fools and remember that your cable bill still funds every one of those idiots to lie to the world on a constant basis. Remember that when you're thinking whether or not you should fund us at all, you are funding those morons every day of your life. There they are. That's who you fund. Okay. So don't complain too much. Alright.

[00:47:14] Jefferey Jaxen
Looking at the coordination of it all, what we probably just lived through was one of the largest smear campaigns in our lifetimes against a single therapy. And why are we saying that? Well, there's been a rapid switch here. FDA, attorneys representing the FDA in an appellate court have just reversed what we knew about this drug publicly when it came to like that news reporting. Take a listen to this, this is actual court tape.

[00:47:42] Ashley Cheung Honold
Your Honor, FDA has multiple overlapping sources of authority that I'm happy to walk through that gives FDA authority to convey information to the public. But here, FDA was not regulating the off-label use of drugs. These statements are not regulations, they have no legal consequences. They don't prohibit doctors from prescribing ivermectin to treat COVID or for any other purpose. Quite to the contrary, there are three instances I'd like to point the court to in the record that show that FDA explicitly recognizes that doctors do have the authority to prescribe ivermectin to treat COVID.

[00:48:25] Del Bigtree
It's literally like listening right now to we didn't block the roads in Maui. It's the same thing, that's the government lying to you right there, right. Saying, oh, we never, we never like shut it down, we didn't stop it. In fact, the FDA has multiple places where we say you can prescribe ivermectin if you feel it's appropriate.

[00:48:44] Jefferey Jaxen
Doctors always have the authority. I don't know what you're talking about. What that was from was a Fifth Circuit Court in New Orleans, and this is a revival of a lawsuit. So this is the headline here. If anybody's tracking this, how this story is going, "Ivermectin proponents asked Fifth Circuit to revive lawsuit against FDA." That lawsuit was originally killed in December 2022 by Judge Jeffrey Brown, and Jeffrey Brown, this was the ivermectin lawsuit, he wrote this in his decision, as, this was the final decision, "As the complaint does not allege facts that overcome the defendants' assertion of sovereign immunity, the defendants' motion to dismiss is granted." That's the FDA. FDA has sovereign immunity, so basically they can do what they want. But here you have this Department of Justice attorney representing the FDA saying, doctors always had this. But remember, two of the people in this suit, two of the three doctors, one of them is Paul Marik, someone we've had on our show several times. And if we go to the news page at The HighWire, we just recently put this up. "American Board of Internal Medicine (ABIM) targets Doctors Marik and Kory citing claim of 'spreading misinformation.'" And there they were, basically, investigating them because of the FLCCC protocol, which involves ivermectin and other early treatments for COVID, and what they've said about that publicly, so they're up under a microscope by their medical board. Pierre Kory literally wrote the book on ivermectin, called War, "The War on Ivermectin." You can get that at icandecide.shop if you want to look at this. It's flying off the shelves now.

[00:50:12] Del Bigtree
By the way, here it is, folks. This is an ICAN printed book. This is the moment to get this. This is a huge story right now. If you don't already own this book, it is time, get it to all of your friends, because everyone is now starting to pay attention, they're still waking up. Believe it or not, we have some waking up to do. We've got a few people, stragglers out there, that are starting to wake up to this concept. Get that book, get it to them, as a birthday gift or just a friendly neighborhood gift. Very important that people understand this because it's not just, the thing about this book is it's not just about ivermectin, though that's the title. It's about the repurpose use of drugs. What you don't understand is the drug companies are basically getting rid of drugs. They just want to burn the drug as soon as it's off patent because they can't make any money off of it anymore. They want their new drug to be there. So now it's Paxlovid. We got Paxlovid now, forget ivermectin, throw it in the garbage, doesn't work. Not true. We may be burning cancer cures. We may be destroying, you know, our future ability to handle some illness. And all of that's because the moneyed interest in pharma, this is a very important book that just uses ivermectin as a story in how to get to this conversation about should we be destroying every drug as soon as it's off patent, because pharma doesn't make any money from it? Or should we be looking into what other things they may be able to cure and help us with? So really important story.

[00:51:35] Jefferey Jaxen

And that's the greater picture here, as we're going through this story. This story is a template that can be used on anything, on vaccination, on anti-vaxxers, this coordinated assault. Remember, the FDA says that doctors always could prescribe ivermectin. Well, apparently Doctor Mary Bowden didn't get that memo, because she, according to the headlines, was up, her medical board investigated her. "Texas Medical Board files complaint against Houston doctor" for prescribing ivermectin, basically. She treated over 5,000 patients with this early treatment without a single death. Ivermectin, she used vitamin D, intravenous vitamin C, zinc.

[00:52:09] Del Bigtree

Right. And I just wanted to take a moment to all those doctor friends out there that I have that did have patients die that don't think ivermectin works. 5,000 patients, folks, zero deaths. Did you have that record? Because if you didn't, you have some atonement. You have some time, you got to think about it before you die. I don't want you to meet your maker not having addressed the fact that you were fooled and you were dangerous to to humanity.

[00:52:33] Jefferey Jaxen

And so the medical board, what did they do? They came to the doctor Bowden and they said, well, you have to pay a fine, you have to go through reeducation classes. She said no. This is what the headline looked like. "Doctor Mary Bowden Rejects Texas Medical Board Compromise, Requests Public Hearing Over COVID Treatments." It sounds like a great idea because the science is really there. Let's look at the screenshot here, this is at FLCCC. This is ivermectin to date, this is the most recent, 98 studies from over a thousand scientists, over 130,000 patients in 27 countries. 50 of those studies shows a 50% lower mortality for patients being treated with ivermectin. And remember, this got so bad during the pandemic, doctors trying to get this drug to their patients, that states, over 12 of them, had to start pushing legislation to enshrine that in their bills to protect these doctors from the state medical boards coming down on them. "Lawmakers push legislation to protect doctors who prescribe ivermectin for COVID-19." Yeah, that really happened. And it really got bad around August 2021 when this study came out. This was a meta analysis, a large systemic review, and these researchers concluded, there was "Moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using ivermectin." They say, "Using ivermectin early in the clinical course may reduce numbers progressing to severe disease." Remember that severe disease where they said we don't have anything for you, just wait around till you can't breathe, then go to the hospital and probably get put on a ventilator. The researchers said, "The apparent safety and low cost suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally." That sentence right there is scary. Significant impact.

[00:54:11] Del Bigtree

I want to use this moment, again, because folks, we all just want to put this in our rearview mirror. This is, this is dangerous for us. This is dangerous that our government worked this way. And let's go ahead and use the analogy looking at the Maui fire right now. You have the government saying, there's a downed power line here, we cannot let you down this road. In this case, we have a drug that people are saying could work, but we can't, there's a slight danger it might not work for you, so we are not going to let you near it at all. Meanwhile, you're backed up a road, there is fire burning all around you. You just, I will take my risk with this stupid power line. My house burned, cars are catching fire here, I'm sorry, because we haven't done a proper study of this. This wire that's burning right here, we're going to get you all killed, which is exactly what happened. And I want to say this. You know, on the record, I've said it a million times. I don't care about a study in the middle of this, when we have this, we had a drug that was safely being used by billions of people.
[00:55:08] Del Bigtree
The only trial you should be doing is, is it going to kill me, does it somehow work with COVID and get me killed? Or if it has any potential of working, this was such an amazing moment in medicine where they literally said, no. You are not allowed to use anything. Nothing at all. Doesn't matter if your doctor thinks it works, we're going to stop that. Hold on, you're not allowed to use anything at all. For the first time in medicine, the best way to deal with this virus, which we're telling you is deadly, is to do nothing at all. Don't use a product that's been proven to be safe with billions of people around the world, God forbid it might actually work. And where was the study that showed it was killing people? That's the only study you should have used if you were going to try and stop this. Is it killing people? Is it suddenly killing people, this totally safe drug? If not, shut up and get out of the way, let me drive past the power line. I got people behind me that are burning on fire right now. They're going to die.

[00:56:00] Jefferey Jaxen
And the doctors and pharmacists were literally turning people away. And why was it, so that last sentence in that study, that this could have a significant impact on the pandemic globally. That's a very scary statement to people that are making a new vaccine, trying to push this vaccine therapy. And so why? Because the EUA, the Emergency Use Authorization, specifically states, at the FDA's page right here, that the "FDA may authorize unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat," prevent, blah, blah, blah. You go to all the way at the bottom it says, "...when certain criteria are met, including there are no adequate, approved, and available alternatives." If ivermectin was allowed to fly, to be used, and it was found to have a significant impact, those vaccines never would have shipped out, warp speed never would have happened. This never would have been a conversation. And this was one of the studies out of Peru. In 2020 they looked at, remember South America, India, so many other countries already have these things on stockpile because they're using them on a regular basis as an anti-parasitic. So they had these, they're ready to go. And in Peru, that 25 states, they were using these. They just said, we have these, we've been shown to work by some studies, just give them to people because we don't have anything else.

[00:57:17] Jefferey Jaxen
And what did the researchers find? This was a preprint at the time, so all the people that were saying, like the Fauci's and the people in the media were saying, well, there's really no good evidence, just preprints, they're not peer-reviewed. This one's peer-reviewed now. At the time it was a preprint, now it has the gold standard. "Reductions in excess deaths over a period of 30 days after peak deaths averaged 74% in the 10 states with the most intensive IVM use. As determined across all 25 states, these reductions in excess deaths correlated closely with the extent of IVM use..." You go to the chart on this study and you look at the top left, maximal ivermectin distributions through operation. 30 days at that column, the first highlighted column, -74.4% lower deaths. 45 days, 86.2% deaths. Then you go to the next column, just the medium use. You're looking at half, it cut the deaths in half, -52%, and so on. So you have a dose-dependent response, from this ivermectin....

[00:58:11] Del Bigtree
Which is literally like the best evidence you can have that a product is working. If the less you give it, the less effect it has. Give a little bit more, a little better effect. Even more, even better. In fact, this is what Pierre Kory was saying. You know, you have really the best evidence without stopping down and waiting for five years to do long-term trials. And I want to say this. People say you're being hypocritical, on one hand, you want long-term trials for vaccines, but why not for ivermectin? I know some of you are writing this right now. Here's why. Ivermectin already has been proven to be safe, it's being used by billions of people. It doesn't need a safety test. And as far as efficacy, if it's perfectly safe, then allow me to use it. Let me take my risk with it because there's nothing else available. On the other hand, you rushed a vaccine that was killing animals in animal trials, was a total disaster. We found out after the fact that you were rushing so fast, at the speed of science, that you never tested to see if the vaccine could even stop transmission, which it can't, didn't, and it will be a problem, we're going to talk to Geert Vanden Bossche about in just a moment. So that's the difference. I want long-term trials for products that are brand new. That are brand new, doing something and going to be going into human bodies. For a drug that has been out there forever, and shows to be safe, all then we have to say is, is it working? If you think it works, maybe the placebo effect is all you need, what we know is it's not going to kill you, a pretty safe drug. That's where I'm at on that.

[00:59:27] Jefferey Jaxen
And these studies out of Peru, out of Brazil, doctors had access to them, pharmacists had access to them, the FDA definitely had access to them. In fact, Doctor John Farley definitely had access to them when he did an interview with the American Medical Association in August of 2021, right when that paper came out, saying that ivermectin would have a significant impact globally. And he was asked directly point blank, what do doctors say if a patient comes in and asks for
Ivermectin? Listen to this response.

[00:59:53] Todd Unger
There are many physicians out there who have patients coming to them that are asking for the drug. They've read about it, they've heard about it. What is your advice about how a physician should respond to a request like that?

[01:00:09] John Farley, MD, MPH
Yeah. So as I was thinking about this, I was reading the paper this morning, and there was a study just done in Maryland interviewing people who had not yet been vaccinated. And in this group, the person they trusted the most for information about COVID was their primary care physician. So know that if they're sitting in your exam room, even if they're pushing back and giving you a hard time, they trust your recommendations. So I would encourage them to get vaccinated for prevention. If they're infected and qualify for monoclonal antibody, they should be treated. And if they're infected and at low risk for disease progression, insist on ivermectin. The best way for them to help everyone know if the drug helps at all is to join a clinical trial and get treated with a safe formulation of the drug.

[01:00:58] Del Bigtree
That is so, I mean, it's so underhanded. Oh, yeah. If you're going to get ivermectin, just get in the trial that we aren't funding or doing and you'll be impossible to find it anywhere. And but it shows you, he's cousing, he's hedging his bet there, right, which is saying, this is probably going to prove to work, it looks pretty good to me, but I work for the FDA, so I'm going to tell you, stick to trials. Good luck with that.

[01:01:20] Jefferey Jaxen
Totally reckless in retrospect, looking at this with all the hype gone. He's saying patients come in, they're obviously probably having problems saying, look, I think I have this, I may have problems breathing. Can I get this ivermectin? No, go ahead and take the vaccine and maybe go online and find yourself a clinical trial so in a couple of years you'll know if it actually works. So the Department of Justice attorney says, we've always allowed, we never told doctors they couldn't prescribe ivermectin. Really? This is this Twitter account that went out to the world, the FDA's Twitter account, this is what they wrote. "You are not a horse. You are not a cow. Seriously, y'all. Stop it." And then you click on that link and it actually goes directly to a web page from the FDA that literally says, "Why you should not use ivermectin to treat or prevent COVID-19." But let's just put all that aside for a second, because those type of communications work their way down to the individual hospitals and pharmacies and medical boards. So it wasn't the FDA anymore, it was the boss in the office next to you that was keeping an eye out and individual doctors. This is an internal email from one of our previous guests from a hospital system in New York. August 2021, when it was all kicking off, this is what it says.

[01:02:31] Jefferey Jaxen
"In order to provide optimal patient care, it is imperative that treatment decisions are based on evidence-based data, not anecdotal opinions. With respect to the use of ivermectin, it has been and will remain until further notice, the policy and practice of Rochester Regional Health and its hospitals, to not incorporate this medication into the medical algorithm for the treatment of COVID-19." So it's not even an option. It's literally disappeared in the computer system, you can't even write a prescription for it if you're a doctor. It goes on to say, "If a family references ivermectin, it is advised that all staff provide the consistent message that the medication is not supported by evidence-based data nor approved by the medical agencies that approve medications and opine on a medications safety and effectiveness." So you're a patient in that hospital, your doctor won't prescribe it so you go to other doctors in that hospital, you go to other nurses. Everyone is an automaton saying the same thing. We have the same message, we cannot prescribe this. So you're done. And so, you're a doctor, you want to buck the system, or you're a pharmacist. Unfortunately, the FDA is sending out letters like this to the state medical boards. This was to the chief executive officer of the Federation of State Medical Boards from the FDA.

[01:03:40] Jefferey Jaxen
It says, "The purpose of this letter is to bring to the attention of the Federation of State Medical Boards information related to drug products containing ivermectin being offered for sale with claims that such products treat or prevent...(COVID-19). Recently, FDA has received complaints about compounding pharmacies selling drug products containing ivermectin, claiming that they can treat or prevent COVID-19." So it goes on to say, "Although clinical trials assessing ivermectin tablets for the prevention or treatment of COVID-19 in people are ongoing, current available data do not show that ivermectin is safe or effective for the prevention or treatment of COVID-19." That's not true. Current available data did show it at the time, so they're lying to the state medical boards, and now you're if you're a pharmacist, you have that hanging over your head because best believe if you're a pharmacist, you received an email that communicated that letter to you saying, we just got
a letter from the FDA, all compounding pharmacies or doctors, you don't touch these things, and that's where the medical board starts getting on the high horse and saying, anybody prescribing this is going to get their license looked at and reviewed and their documents. So I think really to sum this up.

[01:04:42] Del Bigtree
I think in this moment for all of those that did go to these compounding pharmacies that put it all on the line to provide ivermectin and we were getting for our families and others, probably time to deliver some families to those groups for standing and taking on that risk under that heat and just say thank you for being a doctor, thank you for being an American, thank you for being open-minded and being there for us. These are, these were critical moments, and those of us that survived, many of us, and especially those that were failing in health that really needed these things, lives were saved by those compounding pharmacists and those doctors that were brave enough to be there for their patients.

[01:05:22] Jefferey Jaxen
And I want to show one image just to put a cap on this segment here. This was shared by Pierre Kory, I believe it was from Chief Nerd on Twitter, he's doing a lot of great work on this topic. And you can see here, this is the vaccine rollout, distributed vaccines from the beginning, from the first shots all the way to current present day. You can see this huge wave of the vaccine, millions of people took it in the United States. And then right at the end there, when no one's taking it anymore, that's when the FDA attorney, the Department of Justice attorney, says the FDA allows doctors to prescribe this. And so that's where we're at right now. You know, thank God we're at the point where these vaccines aren't really being given too much anymore. The uptake is extremely low, and we can start looking at sorting out some of these, they call them post-marketing adverse events, but we've been on this from the beginning. Myocarditis, we are some of the first to report on that. The thrombosis, the strokes, the cancers showing up. And now we have some other headlines here, we're going to start just looking into this as an ongoing investigation. This is Men's Health, pretty catchy headline here. "Yes, leprosy is back." Remember leprosy, this was this like, when it brings thoughts of this like middle age, dark ages....

[01:06:37] Del Bigtree
I think of Jesus, man, I mean, I think of Jesus and the leper colonies. I mean, this goes back, this is like biblical here. I didn't think I'd ever, in the modern world.

[01:06:48] Jefferey Jaxen
And this is, so right now it's in Florida. Here's one of the headlines, "How leprosy arrived in Florida, and how it is spreading. New clues are emerging." It says in this article, "About 95% of people have natural immunity to the bacteria that causes leprosy. Scientists still are researching why 5% of people are vulnerable." This is one of the people in Florida that has, that's a 50-year-old man, and what's interesting about the Florida case is it's people that are, that haven't come from other countries. So when you go to the CDC's definitions of this, of leprosy, they call it Hansen's disease now, in order just to take away the stigma of the name leprosy, but it says "Hansen's disease, also known as leprosy, is very rare in the United States, with less than 200 cases reported per year. Most people with Hansen's disease in the U.S. became infected in a country where it is common." So this is one of the, they're scratching their heads in Florida saying, we really don't know what's going on here. We found the bacteria on an armadillo, maybe people are touching armadillos, maybe these people are, a lot of them, a certain percentage of them are coming, aren't coming from other countries here, so kind of just scratching our heads here. But what we do here, we start looking at the literature, and what was the biggest experiment we just went through? Well, it was an immune-tinkering vaccine that was given to a lot of people, so we found this. "COVID-19 vaccination and leprosy." Yes, this is actually a study. "A UK hospital-based retrospective cohort study." What did they find?

[01:08:12] Jefferey Jaxen
"SARS-CoV-2 vaccination was associated with the development of leprosy in one individual and a T1R [type one reaction] in another. Both men develop their leprosy adverse reaction following vaccination with" Pfizer's COVID shot "although in each case it was not the first SARS-CoV-2 vaccination either had received. This may be due to increased TNF-alpha and interleukin-6 (IL-6) after" Pfizer's COVID vaccination "second dose." So these researchers said, wait a minute, we found these reactions that are associated with this vaccine. Let's look at the literature, is there any other comments in the literature, are there are any other studies about this, and this is what they found. In this study they write, "We identified 14 individuals, men and women, with leprosy adverse events associated with SARS-CoV-2 vaccines in six published reports from both leprosy endemic and non-endemic settings." So again, Florida is a non-endemic setting right now, but if cases are still being found, that could switch to an endemic setting. And so we go back to a study, we've gotten a lot of mileage from this study. It's the Pfizer's "mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses." So remember, you have the Toll-like receptors, you're finding these, it regulates, it downregulates the Toll-like
receptors. These are the watchdogs of the immune system, and these foreign invaders, whether it's a virus or a bacteria or what else comes in, that's what gives the alarm system off. So you start looking into the literature and you see this study. "Leprosy and the adaption of the human Toll-like receptor 1" that says, "We have conducted an association analysis of more than 1,500 individuals from different case-control and family studies, and observed consistent associations between genetic variations in both TLR1 and HLA-DRB1/DQA1 regions with susceptibility to leprosy...The effect sizes of these associations suggest that TLR1 and HLA-DRB1/DQA1 are major susceptibility genes in susceptibility to leprosy."

[01:10:07] Jefferey Jaxen
So they're basically saying that when there's variance in these Toll-like receptors, genetic variance, there's major susceptibility. Now the leprosy or the Hansen's disease, if we want to call it by its current name, is not the only skin condition that is being affected by or associated with these vaccinations. We have herpes zoster reactivation. This was a study after mRNA and adenovirus-vectored coronavirus vaccines, and this was a national health insurance database, so these are, they're looking at the database where someone comes into the doctor's office there. They're actually diagnosed with this, it goes into their medical records, so these are a little more set in stone because this is something that's in the health system now. They find that Pfizer's COVID shot had a statistically significant increased risk in the 14-day window following vaccination. They concluded that "mRNA COVID-19 vaccination possibly increases the risk of herpes zoster reactivation, and thus close follow-up for herpes zoster reactivation is required." So think about this, you're a doctor, you give this shot, you have to watch him for 15 minutes now for anaphylaxis, you've got to watch him for the first couple of weeks at least for myocarditis, and then you have, you know, its potential of cancer that's floating around, you may have to watch them for that. And now for 18 days, it's herpes zoster reactivation, so the doctors have their work cut out for them that are giving these vaccines, I can tell you that.

[01:11:28] Del Bigtree
Amazing reporting, very scary, and I think it just, simply put, if you're new to The HighWire, you can read what you want on Wikipedia, they will try to scare you away from listening to the truth here. Everything that we're giving you is peer-reviewed science, some of it is preprints, some of this ends up proving to way out, like the ivermectin, we were giving you preprint information while was happening. Now it's fully peer reviewed. Some of it will tell you if it looks like the thoughts have changed around this, but one thing we do know, this vaccine was designed, designed to mess with your Toll-like receptors, really those guardians of your immune system, and if you shut those down, then we will start seeing herpes zoster, these things that can be carried in your body but not affecting you, what happens to leprosy. So this idea that you have that you are making yourself stronger by taking vaccines and priming your immune system, you know, I don't know where it gets out of control. Maybe it worked when there was 2 or 3 vaccines, maybe when we started giving 72 vaccines or adding mRNA, but somewhere in here we're starting to see a lot of sick people, rises in autoimmune disease, inability to handle just basic infections and things that you should normally have natural immunity to. Are we erasing our immunity through the overuse of these pharmaceutical products? All of these are part of the conversations that are happening here. Very interesting, hopefully leprosy will not start to run rampant across America. It's bad enough that we can't handle a fire, it would really be terrible if we start dying from a disease we thought was handled back when the Bible was being written.

[01:12:59] Del Bigtree
Alright, Jefferey, thank you very much for your incredible reporting. We have some bonus material coming your way. One of the things that we've noticed is so many of you are complaining like, I only see you on Thursday, can't you do something else some other part of the week? Well, we've put together the Freedom Files. Jefferey Jaxen and I interviewed a lot of really brilliant individuals on many different topics discussing freedom, not just your health freedom, but also your financial freedom, things like that, and so we have a series that's going to be released. If you want to know when we're airing those things, all you have to do is just sign our mailing list right now, get on the mailing list and we will deliver that information to you. It's just down the page right now. This is just one of the many great things, like all of the data, all the information, all the trials you see in every one of our episodes, all you had to do is put in your email right there, and you get our evidence. Not just our word, I don't want you running out there saying, this is what Del Bigtree said on The HighWire. No, this is what the FDA wrote. This is in their own words, this is what the FDA person said themselves in court. Works a lot better in those arguments you're having at the dinner table when friends and family are over. This is a little taste of what the Freedom Files is going to be like.

[01:14:13] Del Bigtree
We're here in the middle of Memphis, the Convention Center for this year's FreedomFest, a libertarian extravaganza.
Jefferey Jaxen
I'm here with Robert Enlow. Mr. Avik Roy, Larry Sharpe.

Del Bigtree
I'm here with Michael Shermer, science historian. You're also, this is your magazine, right, Skeptic Magazine.

Michael Shermer

Jefferey Jaxen
You are a noted human rights activist, your experience at Tiananmen Square.

Del Bigtree
Really incredible speakers talking about what does it mean to be free.

David Sinclair
It was amazing what governments can do to manipulate their population when they have the right data to be able to do so.

Larry Sharpe
New York City during the lockdowns, at 7:00 at night, everyone would get out on their windows and clap. And we don't clap for the people who are saving us. We were clapping for our jailers. That is literally like next-level Stockholm Syndrome.

Avik Roy
So we just started cranking action and said, look, we have to build the scientific case for Congress, for the White House, for governors, for state legislatures, for school districts, where we say instead of thinking about how to keep everyone shut down, let's use all the available data we have to say what can safely reopen.

Jennifer Sey
I was outspoken about school closures and other restrictions to children, toddler masking. I was very focused on children.

David Bahnsen
I am one who believes that the inflation was a byproduct of their disastrous decision to shut us down as an economy.

Del Bigtree
So many interesting conversations and we're going to be having them here.

Aingesom Teklu
I grew up in the space where there is no freedom of press, there is basically zero freedoms that we know as human rights.

Fengsuo Zhou
I'm a survivor of the Tiananmen massacre. As someone who was there first and last to leave, it's my duty to tell the world what happened.

Enes Kanter Freedom
So I want to just stand up for the innocent people who don't have a voice and be their voice. The decision was easy.

Dr. Aaron Lewis
We really all want the same thing, and that is to live and to have access to life at its highest level. And when that is taken away, you know, thus the struggle emerges. We are far more the same than than government tries to fool us that we're not.

Arthur Laffer
The theorem here is really clear, and it's math. It's not left wing, it's not right wing, it's not Republican, Democrat, liberal or conservative.

Dr. Aaron Lewis
Debating is a natural process of life.

Michael Shermer
Autism rates may not actually be increasing, but the category may be expanding that more people are being diagnosed on the spectrum.
[01:16:53] Del Bigtree
Okay, let me challenge that, because I think that's one of the stupidest scientific statements ever made.

[01:16:56] Larry Sharpe
Keep punching and keep punching and we'll know when it's going to change when we see the enforcers refuse to enforce.

[01:17:04] Emily Austin
I'm more into fighting for freedom of speech, human rights, and I don't think human rights should be political. Unfortunately, it is. But that's the narrative I'm trying to change.

[01:17:12] Avik Roy
This is the single greatest threat to our liberties that is being advanced by the federal government today, and we've got to stop it.

[01:17:17] Del Bigtree
May we all continue to do our work to help freedom reign.

[01:17:27] Del Bigtree
There is so much more programing we want to do for you, this is just a taste of the things, we're working on a new series right now that hopefully will be ready sometime in the fall or winter with Jefferey Jaxen and looking at some other voices out there. But there's only so much we can do with the beautiful donations we get from you. And I've said it before, I said it just a couple of weeks ago, we've really expanded our audience and we've expanded our reach and what we want to do and what we can do, but we are limited by how much you decide to be involved. I actually, I'll be honest with you, I got a call from Aaron Siri, our lawyer this week, saying, Del, is there any way that we can try and raise some more funds? There's a bunch of legal cases I want to do right now, and we're just right at the limit, I'm actually going to come up a little bit short this month. I want to be clear, we are not like dropping backwards. What we want to do is we want to continue to grow. We are holding, you guys have been brilliant all this time and I know many of you are donating now to, you know, the possibility of change in presidential candidates you like out there, and so we're all competing to be able to do something, but this is the one space where we're actually bringing lawsuits against the government of the United States, the FDA, the CDC, Health and Human Services. We're the only ones that are bringing back your right to the religious exemption like we did in Mississippi.

[01:18:44] Del Bigtree
We're fighting in West Virginia. I have a very inspired lawyer in Aaron Siri that we are working together, we have really great ideas, but at this moment, right now, I'm just being honest with you, we can only track it exactly where we're at, which is fine, we're doing more than most people could ever dream. But there's a lot that we're dreaming we can do right now, but we can't if you continue to sit there and be one of those people that loves the show, loves to see everything we're doing, but just thinks my $1 a month isn't going to make a difference. It actually does, it really does. There's something about the energy of when you decide to get involved, when you decide to put that dollar down. I don't know if it's a 100th monkey thing, I don't know if it's when enough of us start to move in energy, but we see a shift. We see many of you come at the same time. Be a part of that wave this week. There's so much we want to do and we're running out of time. I don't know if you've noticed, but our government is getting worse and worse and it's deciding to control more and more and lie to us more and more. We have a lot to do to protect ourselves, we want to protect you. Help us do that by becoming a recurring donor. Just go to the top of the screen right now, it's super easy, it's going to take you like two minutes. Hit donate to ICAN, go in, click in there, and we would love for you to be recurring donor.

[01:20:01] Del Bigtree
We're asking for $23 for 2023, but honestly, your $1, your $2, $5 really makes a difference. I get times are tight, we're all watching inflation make it impossible to survive. But who's fighting for you to make a difference in these spaces? This is how we do it. We need you. A lot we want to do right now. For all of you that have made all the great miracles possible that we've been involved in here, I want to thank you for being a recurring donor. For those of you that are joining us today, welcome to the network, the Informed Consent Action Network, where you actually get to be a part of change. Alright, over the last couple of years throughout COVID, we brought you some of the greatest minds in science that were bringing different perspectives on what they saw there. One of the most controversial, powerful and perhaps horrifying was Geert Vanden Bossche, who had an incredible background from veterinary medicine all the way into working on the Ebola vaccine trials. I will say right now, for anyone that wants to challenge it, he's pro-vaccine, he has his perspective on those things, we may get into that a little bit. But when he decided in his world of really loving vaccines that this is one that was
going to cause a lot of harm, it brought a lot of attention to us and we wanted to bring attention to that thought. This is what he was saying just over the last couple of years. Take a look at this.

Dear colleagues at the WHO, my name is Geert Vanden Bossche. I'm urging you to immediately open the scientific debate on how human interventions in the COVID-19 pandemic are currently driving viral immune escape. It's first and foremost deliberate on a scientifically justified strategy to mitigate the tsunami of morbidity and mortality that is now threatening us. If you are now vaccinating people during a pandemic, that means that the antibodies are mounting while they can be confronted with the virus. There you start to put immune pressure on the virus. This can only lead to natural selection of the fittest and it will ultimately become the dominant variant. So that means only people who will still have their innate immunity intact have a chance, have a chance to survive. The safety impact will be tremendous and will be of an order of magnitude that is not even comparable to the side effects we are talking about. This is a second mass vaccination during a pandemic, a pandemic of a highly infectious virus this time, right. With non-neutralizing antibodies that have been boosted that are going to be boosted because they are directed against an antigenic site. So your new neutralizing antibodies have no chance whatsoever. My frustration is that the message is so difficult to convey, whereas this naive narrative that these guys are spreading is so easy for people to understand. It's basically, you know, shut up and get yourself vaccinated and and also get your kids vaccinated, which is the biggest disaster ever because this is the biggest reservoir for herd immunity. They have innate immunity, they can clear this virus. They are the vacuum cleaners and they will eliminate the virus. From a public health viewpoint, a disaster, not only for the child, the child, but also. And the more children we will vaccinate, the more we will, of course, expedite its immune escape and get to this kind of variant that will not only be highly infectious, fully resistant to the vaccines, and also highly virulent. If they don't believe me, they should simply wait and see what is going to happen. But it will be too late. The losses will be unprecedented.

[01:24:12] Del Bigtree
Well, for many of us that were watching Geert Vanden Bossche for the last couple of years, I think a lot of us, our shoulders went down, it was something that I was saying, I hope that this doesn't prove to be true. This idea that the vaccine would pressure the virus to become more deadly, maybe override the vaccine and push so many into a deadly position. But before you think this might be over, Geert Vanden Bossche has continued to write on this subject, and his most recent article is this, "Immunological correlates of vaccine breakthrough infections caused by SARS-CoV-2 variants in highly C-19 vaccinated populations." This is an ongoing investigation for Geert, and I've been wanting to have him on the show for quite some time, but I've been busy, he's been busy, but in trying to prepare for this, I said, is there a way to sort of simplify this into a message that can get out to the public? This is what he sent to us. This is the graphic that he gave us, and you can see the variable immunodominant epitopes, the conserved immune subdominant epitopes. You can see the arrows and slides and things like that. He explains it a little bit clearer with this line right here, "VBTIs trigger immune refocusing and thereby elicit broadly cross-functional Abs and potentially pathogenic isotype switched IgG4 Abs. SIR-enabling VBTIs drive large-scale viral immune escape in vaccines by reorienting the immune response to S-associated antigenic sites that prime broadly functional antibodies (Abs) with low affinity." Alright, you get the idea. As I read through that, you can tell this is the type of hell that I live in.

[01:25:51] Del Bigtree
I have to try and make that make sense. Luckily for me today I have in studio the one, the only Dr. Geert Vanden Bossche.

[01:26:00] Geert Vanden Bossche
Thank you Del.

[01:26:02] Del Bigtree
It's a pleasure to have you here in person. We had the opportunity to actually meet back in England just over a year ago, so it's really great to be here. I want to say right now we're about to have a conversation that part of my concern is this. That I feel like the government that I live in -- you're from Belgium, that's where you're living -- really likes to ramp up fear around this virus, and I feel like they're starting to talk about new variants and they're ramping up that fear and concern again, and I don't like sort of helping them with that job. But I also don't want to be asleep at the wheel if there's the potential that people could be at real risk, and so I think the best thing I can say to the audience right now is, I don't know. I don't know what's true, what's not, but you, there's much of what you said. We've watched the variants. You said we are going to see just a ramping up of the amount of variants. And I don't know what the normal course of variants by COVID every season is, but there was a lot. And it felt like that pressure was doing something. To be clear and to try and keep it simple, are you still concerned that this virus is not done mutating and could be potentially dangerous in the future?
Yeah, well, I'm highly, highly concerned. And the reason is that, well, don't listen to what our authorities say because simply they don't understand. They don't understand where this is going. And they're trying to make us believe that the diminished pathogenicity that we are seeing right now in terms of COVID, right.

[01:27:46] Del Bigtree
Yeah, it seems like it's mostly a nothing burger everyone seems to be....

Exactly, that the diminished pathogenicity we are seeing, and the diminished concentration of the virus in like wastewater, because that is the way they are now measuring, this is now to say like a proxy for measuring transmission, the concentration in the wastewater.

[01:28:07] Del Bigtree
I know they do this with polio around the world, is there polio in the village or something, they go check the water.

[01:28:12] Geert Vanden Bossche
You know, we can come back to this. For me, this is not a parameter to measure transmission. But the diminished pathogenicity combined with, let's say, lower concentrations of the virus in wastewater, for them, this is now a sign that we have, so to say, herd immunity and that the virus is entering into endemicity, right. On the other hand, everybody knows, this is not my theory, everybody can see this, these are the data. We still do have cases of COVID-19, we even have severe cases of COVID-19. We still have a lot of transmission of COVID-19. We still have a lot of evolution of the virus, suffices to follow this, you know, these people who are watching, spotting all these mutants. Well, I can tell you, Del, that all of this contradicts herd immunity. When you have a pandemic, because then the WHO is saying, the acute phase of the pandemic is over, or the emergency phase of the pandemic is over, what does that mean? Because if you normally have a pandemic, you have an acute phase, which is the wave or maybe two waves, and then it enters into endemicity. So there is only two phases, the acute phase, which is the wave, and the other is not even the pandemic anymore, it's the endemic phase. So we are clearly seeing an evolution of the virus that clearly illustrates that we don't have herd immunity, because during a natural pandemic, you see none of this. The transmission is severely diminished, right, that is almost the definition of herd immunity. The virus is no longer evolving. Of course you will still see mutants, but they will not become dominant. Here we are talking, when I'm talking about the mutants, I'm talking about mutants that become dominant, so there is still a...

[01:30:19] Del Bigtree
So they mutate, then that new mutation takes over, being....

[01:30:22] Geert Vanden Bossche
That is the whole thing, Del, because why does it take over? It can only take over if the environment it is in is in general hostile to it. So that means if you have like, you know, large cohorts of people that are exerting immune pressure that is suboptimal, that does not sterilize, then of course, you can start doing natural selection and viruses, mutants that happen to have a competitive advantage will take over. So that is the mutants, you have them all the time, but for a mutant to become dominant, that only happens in this case on a background of large scale suboptimal immune pressure. And that is very, very worrisome, so I'm saying what we are seeing right now has absolutely nothing to do, and people should be very clear about this, with herd immunity. And I can tell you that they are in fear, of course, that another virulent mutant could come back, one that would be virulent in the kind of environment that we have been generating, namely the artificial immunity in a highly vaccinated population. And that is why they want to distract you, and they say, oh, there is other viruses that are going to come and we are going to see other epidemics and other threats, and all this is distracting, right. But I'm still focused on studying the evolution of the very SARS-CoV-2, of course, in now in a kind of different shape, in a different form. And that is, for me, still worrisome. Yes, to be very open, you know, it was declared as a health emergency of international concern, which was a complete nonsense, as we all know. But now, although the fact, and this is difficult for people to understand, I fully agree. With regard to COVID-19, it's more or less silent, right? Mortality, morbidity rates are very low, and so people tend...

[01:32:32] Del Bigtree
The virus is receding, but we are seeing this incredible rise in all-cause mortality and not really knowing where that's happening.
[01:32:40] Geert Vanden Bossche
That is my point and I'm glad that you put up the title of my new contribution, because what I recently found out is that a number of these side effects that we consider being direct side effects of the vaccine, or in fact side effects, if you like, of the immune escape. So in fact the immune response, being focused now, thanks to, or due to, I should say, the vaccine breakthrough infection, the immune response is now going to focus on other domains of the spike protein. And some of these domains of the spike protein are more conserved. That's, remember, you will you will remember that people who get vaccine breakthrough infections, you know, they were, so to say, doing fantastic because all of a sudden they got broadly neutralizing antibodies. They declined very rapidly. Same with the mRNA vaccines, they declined very rapidly. But why did they have broadly neutralizing antibodies? Because they were directed against the more conserved domains of spike protein. But the more the domain is conserved and the lower the immunogenicity, you know, this goes together, because if a domain is conserved, evolutionarily speaking, it means it's very important. So the virus doesn't want the immune system to recognize that domain that much. So what you have to bear in mind, the more it is conserved, so the less immunogenic, but also the more closely it often resembles components, peptides, of our own cells. So now immune refocusing starts refocusing to some extent the immune system to make it concentrate on domains of spike protein that have some self resemblance, some resemblance with our self components. You see what I'm saying? So now we start to induce immune responses that can recognize self components in our cells, or...

[01:34:45] Del Bigtree
Other arguments I have heard Paul Offit talking about the....

[01:34:47] Geert Vanden Bossche
Autoimmunity for example.

[01:34:48] Del Bigtree
...concern that, for instance, you're creating antibodies for the spike, but those antibodies, there's parts of the spike that look a lot like a heart cell, and therefore the antibody that's protecting, or trying to fight spike will go and attack, heart, this is one of his theories, these are theories that are out there that, because it looks similar, our own immune system starts attacking cells of our bofu.

[01:35:07] Geert Vanden Bossche
But even cancer cells, for example, you know, a cancer cell very often starts with a slight alteration, a slight change of self proteins on the surface of the cancer cells. At that very early stage, Del, the proteins still very much resemble self proteins. We call them altered self. But those altered self proteins are also going to be recognized by these new antibodies, so to say, so they are going to sit on this cancer cell and the cancer cell can no longer recognize by the immune effector cells that should recognize this cancer cell and destroy it.

[01:35:44] Del Bigtree
They see it as, oh, it's safe, because that self, it recognizes....

[01:35:48] Geert Vanden Bossche
I guess what I'm saying is that, you know, I now found out that in fact, you know, I'm always after putting the pieces of the puzzle together, that in fact also this whole spectrum of side effects, when we talk about autoimmunity, when we talk about inflammatory reactions, when we talk about cancers, for example, are also apparently linked to immune escape, to these immune refocusing, immune refocusing lead to immune escape, it also exposes new domains of spike protein that are responsible to some extent for the side effects, and that's also the reason together with the immune escape, we see even an evolution in the pathology of non-COVID related diseases, where it was very much inflammatory at the beginning. It's now, you know, more like autoimmune, more cancer, non-inflammatory to some extent. So all this, so for me, the secondary effect, responsible to a large extent for the excess deaths, is also a sign that the virus continues to evolve and that the immune system gets further derailed, if you like.

[01:37:02] Del Bigtree
Right, because the immune system affects all of those things. It's affecting our cancer rates, all of these different things. So as you look at this and, you know, your concern, though, I mean, it is causing, if you're saying, it's a part of, we are seeing this rise in all these other issues, and we'll be talking to Doctor Peter McCullough, very focused on the problems we're seeing with myocarditis and the heart. This idea that you had said early on that you believe the bigger issue was not going to be the side effects of the vaccine, the bigger issue was going to be these mutations from the pressure of the vaccine in the middle of a pandemic. First of all, I want to say, you know, it's clear the vaccine doesn't work. I mean, now we all know
people have got 3 or 4 shots and they’re saying I still got COVID, 3 or 4 times. It’s hard to imagine why, and I don’t think a lot of people, nobody’s getting the boosters now. Nobody really buys that it works. But I think the question is, is after they’ve gotten COVID, why isn’t COVID resetting the immune system, right? They get sick, they get symptomatic. They’re like, oh, you know, I got pretty sick. What is it about the vaccine that, had they not had it, they get sick and they're immune for a much longer, really strong immunity and they're able to protect themselves. Why are they getting it over and over again?

[01:38:19] Geert Vanden Bossche
Well, you know, the key word to that is the vaccine breakthrough infection. So you remember when Omicron came, all people, you know, even those who were against this mass vaccination were saying, this is fantastic, we are out of this crisis because Omicron is highly infectious, it's going to boost even those who are vaccinated, it's going to spread very rapidly, we are going to have herd immunity, and it's not causing severe disease, so it's fine. And I must say very honestly, I also at the very beginning believed into this, but not for a long time, maybe one week.

[01:38:57] Del Bigtree
Because seven days, Geert was cool.

[01:38:58] Geert Vanden Bossche
Yeah, well, ten days.

[01:38:59] Del Bigtree
We're okay, I could go.

[01:39:01] Geert Vanden Bossche
No, no, no, no. But I'm saying, I mean, this is, it's sad to say, it's sad to say, but it's, of course, one of the most intriguing scientific challenges I've ever been tackling in my whole career. But, of course, the outcome is sometimes very sobering. But what is happening is when the vaccine, when the virus breaks through that immunity, that then, of course, the antibodies that do no longer neutralize. See, that was the problem with Omicron, all of a sudden, there was a big change in this receptor binding domain, and all of a sudden the vaccine-induced antibodies could no longer neutralize or barely neutralize, there was a strong, diminished neutralizing capacity of the vaccinal antibodies. So the virus breaks through that immunity. And so very, very fast, because what you have then, when people are interested, they can read this in my book, is that you start to synthesize, so to say, non-neutralizing antibodies. They're going to attach to the virus and they are going to accelerate the virus, the entry of the virus in the cell, and also the reproduction. So to your question, why is it that at that moment you don't stimulate the natural or the innate immunity, it's because the viral reproduction goes so fast. Normally, innate immunity, for example, NK cells, is stimulated at a very early stage of viral infection, where some early proteins are presented at a membrane at the surface of the infected cell. There the NK cell can start to be (inaudible). If it goes too fast, too fast, you can forget about this. Vanden Bossche never said that you destroy innate immunity, but you sideline it, it goes too fast. So then the virus breaks through.

[01:40:53] Geert Vanden Bossche
But still the antibodies can still bind to spike protein to this dominant domains, if you like, they can still bind, you can no longer neutralize the virus, that's what we just discussed. But by binding to these dominant domains, the way the word says itself, it's dominant, it doesn't give a chance to the other domains to be recognized by the immune system. There is competition at the benefit of the dominant domains, but now they are hidden. So now sub-dominant domains, that was on the graph that you just showed, on the cartoon, and we call them very often recessive domains. These are domains that are normally never recognized by the immune system. They now get recognized, right? And they induce to some extent antibodies that have much lower neutralizing capacity. We have seen this, people will say, wow, wow, we have broadly neutralizing antibodies. Yeah, the 1 or 2 weeks thereafter, two months thereafter...

[01:41:52] Del Bigtree
It's a shorter and shorter period of time.

[01:41:52] Geert Vanden Bossche
Exactly, exactly. So the immunity was even further weakened, which further stimulated the immune escape, and in parallel, you got more and more antibodies synthesized against domains that could have some similarity with self epitopes, for example. So this whole evolution, that's why I'm saying that this was not a favorable sign, and to your question, why is it that these people who were vaccinated and got symptoms, that was a clear sign of a vaccine breakthrough infection, okay. The key word is the immune refocusing. You know, they were forced, they forced their immune system to concentrate on
less immunogenic domains that to some extent shared even similarity, homology with self epitopes, and some of these antibodies at the beginning were cross-neutralizing, so they worked. But then, of course, because these...

[01:42:52] Del Bigtree
Becoming less and less....

So they were enhancing the immune escape, you were driving more and more side effects, and I think, Del, that to some extent, before we come to what my fear is, a variant that will be more virulent in some vaccinees, namely those who were not trained before having gotten the vaccine..

[01:43:13] Del Bigtree
Okay, so they didn't get infected before the vaccine, they got the vaccine, and now what's your fear? We're coming into you know, we're right here, we're probably a month or two from the beginning of cold/flu season, that's when coronaviruses tend to kick in and all those things. What is your concern?

[01:43:29] Geert Vanden Bossche
So my concern is that the protection that the vaccinees, and of course, I'm not talking about all the vaccine because I've even launched recently a video message where I was clearly saying, people who got one shot, don't worry, you're not primed.

[01:43:45] Del Bigtree
So one shot, if you only got one, you're probably, didn't do the damage.

[01:43:49] Geert Vanden Bossche
Exactly. People who got clearly the infection before they got vaccinated, don't worry. I think they may, you know, to some extent their immunity may be compromised, but they are certainly having innate immunity that they can further develop, and they got primed, but those.

[01:44:03] Del Bigtree
So if you got infected first, then got one vaccine, you're probably okay.

[01:44:07] Geert Vanden Bossche
One vaccine, never a problem.

[01:44:08] Del Bigtree
One vaccine, one....

[01:44:09] Geert Vanden Bossche
One shot, never a problem. Before of after infection, you don't, never a problem. When you get infected before you got vaccinated, not a problem either. But it becomes, it becomes very tricky when you got vaccinated, especially with the mRNA vaccines early on, before you got infected, and that is primarily the case of all the vulnerable people, those who were vaccinated first. The elderly, people with underlying diseases, people who were immune suppressed, etcetera. And so my fear is they are so far protected by this non-neutralizing antibodies, I'm explaining this in my book. It's quite complex because they are on the one hand side I just explained, and.

[01:44:54] Del Bigtree
Here's the book, everybody, if you want to take a look at it. "The Inescapable Immune Escape Pandemic." I will say this right now, because obviously our show deals with a lot of vaccinations. You are not anti-vaccine, correct? I mean, that's. And you are, and I want to be also totally up front, part of the work you're doing is you are working to make a vaccine that incites the innate immune system versus the sort of memory side, right?

[01:45:20] Geert Vanden Bossche
The question is, do we still call this a vaccine? Because, you know, I mean, we can have the discussion, vaxxed or unvaxxed, another time.

[01:45:27] Del Bigtree
I just want to be in total disclosure.
[01:45:29] Geert Vanden Bossche
But yeah, exactly.

[01:45:30] Del Bigtree
We meet in this space, but there are things that we....

[01:45:32] Geert Vanden Bossche
There is some common denominator that, you know, people become more and more aware that our first line of immune defense that we got, you know, from birth, that there is nothing wrong in strengthening this, right.

[01:45:46] Del Bigtree
Right. That innate, that first....

[01:45:48] Geert Vanden Bossche
Absolutely, absolutely. So that is the whole thing here, because that is still the only thing that protects us unvaccinated or those who got trained before vaccinated, because now there are so many variants out there, and Del, do people imagine they're highly infectious. They're highly infectious. How do you think that we are still protected? It's because our first line of immune defense got exposed all the time and is now. Do you people who, do you know people who are in good health and, you know, got not vaccinated, who are still getting, are getting the disease? You know.

[01:46:25] Del Bigtree
Not that I can, I don't know what they're saying.

[01:46:26] Geert Vanden Bossche
Yeah, yeah, I'm just saying, I'm just saying. So that is really what protects us and that is what missing in the vaccinees, I mean, they have now to completely rely..

[01:46:36] Del Bigtree
...on your innate immune system, that doesn't attack first. They're only relying on that sort of memory, and it's dysfunctional because it's.

It's completely dysfunctional. And they have nothing else to rely on except, except these non-neutralizing antibodies. There is a mechanism that explains how they can still protect against severe disease. But that protection is temporary. We know that these antibodies do not have memory. So when the production of those antibodies will come to an end, and I'm also explaining how this will happen, then I'm afraid these people will be without any of their adaptive immune response, they can forget about this. They, I told already, that's why my predictions remembered. I was saying one year ago. I'm afraid that it's going to happen before the end of the year, so I miss my timeline by one year. This was because I was not aware of these immune refocusing. I was not aware that this non-neutralizing antibodies would protect against severe disease, so this was delaying the whole thing. But now when this is going to, when these antibodies are going to decline, I mean, these people can not rely on.

[01:47:50] Del Bigtree
...get another vaccine, that that will ramp it up. But I mean, even comedians like Dana Carvey are like, it just gets shorter and shorter, like it lasts for one hour.

[01:47:57] Geert Vanden Bossche
We can make the discussion very complicated, I don't want to do this, but I will tell, I will tell you one thing which is very easy for people to understand. I'm saying that the biggest gap, the biggest gap in the understanding of the pandemic, and the reason why our health authorities and even scientists do not understand what's going on, which is very, very scary, right, is the biggest gap is immunology. You know, they are all after, you know, molecular stamp collection of the mutants and detailing this and all kinds of eh, and then all they know is about neutralizing antibodies. Have you ever heard them talking about immune refocusing, about, you know, what is the role of the Ig4 antibodies, nobody really understands this. High affinity antibodies, low affinity antibodies, non-neutralizing antibodies, etcetera. It's very, very complex, right. I'm diving into this because, you know, this was always also my job. But it's not understood, and that is the reason why right now people are just looking at what is happening. Oh, the mortality morbidity rate is relatively low, all the measures have been relaxed. And yeah, we are seeing low virus concentrations in wastewater, so we can, and they define this as endemicity herd immunity. And then like for flu, you can, so to say, say, well, we can live with the virus because we can give a shot to the
vulnerable, when places where the the immunity is waning, we can fill up this gap again and we can protect. Yeah, this is provided you have herd immunity. You hear me saying that we don't have herd immunity.

[01:49:42] Del Bigtree
Because flu, nobody's ever taken the shot that much, there's always been a huge body of people that are catching flu, have natural immunity. You're saying, we have herd immunity so all you have to do is handle this little group of people that may be having issues. In this case, you've vaccinated so many people, your concern was we will wipe out our ability to get to herd immunity. And that has proven to be true. I mean, on that level, you were right. I think the vaccine interfered, we were not able to clear this virus. It is still hanging around, it likely will come back around. Now, your concern then is that if you got two, three, four of these vaccines, especially if you didn’t have a primary, like you weren't primed by the virus itself, that you could have real trouble when your antibodies start failing in a future variant coming in winter.

[01:50:23] Geert Vanden Bossche
Because what people need to understand. And you know from the very beginning, I've always very clearly pronounced or against discrimination between vaccinees and the non-vaccinated. Yeah. But there is one thing, and it's not a reason to discriminate, but there is one thing that we cannot ignore, that is that the immune status right now of an unvaccinated person is fundamentally different from the immune status of a vaccinated person, right. And so the, and if that immune status of the vaccinated person concerns the majority of the population, which it does in highly vaccinated populations, not in Africa.

[01:51:06] Del Bigtree
Right, 75, 70% of the....

[01:51:08] Geert Vanden Bossche
The virus is going to adapt to that status, of course, because that is the majority. And so therefore, I continue saying, it's not true to say, oh, there will be a variant that is highly, highly virulent. No, this variant will have the capacity to overcome the inhibitory capacity of the non-neutralizing antibodies to prevent severe disease in the vaccinees, right.

[01:51:39] Del Bigtree
So it's not that it's like this super deadly, it's not going to be super deadly to the unvaccinated.

Not at all.

[01:51:44] Del Bigtree
A perfectly working immune system says I recognize that, I'm fighting that. It's just going to be those whose bodies will not be able to mount the proper defense, and they're going to take a virus that isn't necessarily, it's going to be deadly for them.

Exactly. And that is why I told you it was so important to clarify which people, in my humble opinion, are at risk. It's for God's sake, not all the vaccinees. And it is, thank God, especially not our younger people who got too late, vaccinated later on in the process and who were already, for most of them, exposed to natural infection. So I think that is very, very important and that is not to scare people, but I'm saying the immunology is not understood and certainly our health officials, they have no clue, they don't know where this is going. I think for the moment they are just trying to keep their pens dry, right, because they are fearful.

[01:52:35] Del Bigtree
Sort of like what we're seeing in Maui right now....

[01:52:37] Geert Vanden Bossche
But then they are going to say, oh, wow, there are other pandemics will come and and when this would possibly happen, what I say, they will say, see, we told that other pandemics, because in the meantime, the Omicron, the Arcturus and all these new species are very, very different from the original Omicron. There's many people who say, come on, we can no longer, we can no longer call this Omicron descendants or Omicron-derived variants. This, we need to label them with new serotypes, really, right. They're very, very, very different, but so, yeah.

[01:53:12] Del Bigtree
Interesting. And your solution, you've been saying that you think that people that have gotten these multiple vaccinations,
you have a solution and that's antivirals. Very quickly explain how someone would use antivirals in this situation.

Yeah, well, my fear is, and I'm very serious about this. Is what we may be facing, is because we, you know, the indirect effect of the vaccine may be that we in a vaccinee, we take away all the immune defenses. As you were pointing out, the adaptive immunity doesn't work anymore, you know, these non-neutralizing antibodies are part of the adaptive immunity, but they have no memory. They're very, very short-lived. So, and the innate immunity is not developed. If we take away all this. I mean, people have to realize that the virus simply blows through the whole system. This is a cytolytic virus, it can destroy cells, and this could lead to really enhancement of severe disease, enhanced severe disease. So in that scenario, I'm recommending people who fall in that category that is at risk, according to the criteria that we just discussed, to take the antivirals in advance in a prophylactic way. Because I think that when we start treating them, by the time, as we did in the past successfully, Peter McCullough, many others, if we start treating them at a moment where the symptoms become obvious, that we will come too late. People are always thinking, what is the difference between infectious and virulent? It's very easy. If you have an infectious virus, a virus that infects cells and that can destroy the cell that is cytolytic, and you have no immunity, Del, automatically, it's highly virulent. You see what I'm saying? So the level of virulence is, to a large extent, determine ruined by the defenses, of course. Here people are all the time talking about the virus as if the virus were in charge and the strategy of the virus, etcetera. I'm saying does the virus have brains because, you know, to. And the immune system is completely neglected. We see these evolutionary changes of the virus, but in parallel also the immune system is evolving, trying to adapt. These dynamics are not understood at all.

[01:55:34] Del Bigtree
You know, in the stories we just showed before we came out here, rises in shingles, in herpes zoster, leprosy, these tell us that our bodies are losing...

Immune suppression. Immune suppression...

[01:55:46] Del Bigtree
...is not fighting off things it used to fight very easily, it can't do it anymore.

I was glad to hear that you take this seriously. I take this seriously. Even the monkeypox and these things, I take this seriously because this is the result, to some extent, of immune suppression, and also to some extent, you know, of the vaccinates being able to transmit this asymptotically. It's complex, but their immune defense against COVID, to some extent, can overlap with immune defense against other diseases because, for example, monkeypox is normally asymptomatic. If things are symptomatic, you can very easily stop the spread.

[01:56:25] Del Bigtree
Go in the other room, hang out over there for a little while.

[01:56:27] Geert Vanden Bossche
Now, if you make this asymptomatic, now you have another story.

[01:56:30] Del Bigtree
Oh, and so you think that's the side effect of this vaccine, we're turning these things asymptomatic so they're spreading without being.

[01:56:37] Geert Vanden Bossche
Del, if you get the immunology, you will, at the end of the day, find out that all these things are related. It's not like a coincidence, it's not like these health authorities wanting to make us crazy, there is some reality in this. But, you know, we ought to put the pieces of the puzzle together because this is a complex phenomenon. We are playing with thousands of years of evolution that we are messing up.

[01:57:01] Del Bigtree
Alright, hold that thought, let's get another voice into this perspective. One of the things, you know, we're talking about predictions that The HighWire made, and we're very lucky today that a couple of these predictions are going to come in, the people that were making these conversations, one of them was the risk in myocarditis and heart attacks and blood clots. We had made a video over the last couple of years, we kept showing you the athletes that were passing out and dying,
having heart attacks on the field. I'll tell you, we've just remade this video. What you're about to watch is only news reports that happened in the last 18 months. Eight months, I mean, eight months, being corrected, the last eight months, 2023 alone, this is what's been happening in our news.

[01:57:46] Various news reporters
He was playing a pickup soccer game when he collapsed and went into cardiac arrest. He died at the hospital.

[01:57:52] Various news reporters
The Northwestern high school basketball player who collapsed during a game last week has passed away.

[01:57:57] Various news reporters
That high school varsity football player on Long Island who collapsed on the field. The family says he is going to be taken off of life support and his organs will be donated.

[01:58:07] Various news reporters
The 17-year-old cross-country athlete at Guyer High School. He walked into this bathroom after a workout with his teammates and never walked back out. His coach found him. They don't know how long he was down, but seconds matter during a cardiac event. COR was performed, but it was too late.

[01:58:25] Various news reporters
Elijah Jordan Brown Garcia was involved in light football drills last Friday here on the field at West Side Park. He collapsed right near his younger brother. We're still waiting for a report from the medical examiner to find out how this 12-year-old died.

[01:58:40] Various news reporters
Leo Delgado had collapsed on the court during a basketball tournament at Mass Premier Courts in Foxboro. The Haverhill 17-year-old had had a seizure and then his heart stopped.

[01:58:50] Various news reporters
15-year-old Canen Dickman collapsed on the high school track during soccer practice. Canen survived cardiac arrest, but his heart needs to rest. He's wearing a life vest. It's attached to him at all times. It alerts him of any issues, shocks him if necessary, and sends out calls for help.

[01:59:09] Various news reporters
The mother of a player on the team performed life-saving CPR until the ambulance got there. But in the ambulance, Piper lost her pulse again.

[01:59:17] Various news reporters
19-year-old Liam Mildenstein. He collapsed backward and died about an hour later.

[01:59:34] Various speakers
Hello, I wanted to provide an update on my son's condition. He is still on life support. He is very likely to need a heart transplant. The official diagnosis is myocarditis.

[01:59:48] Various news reporters
Collapsing during afternoon practice, Ebony had suffered the dreaded widowmaker heart attack, and less than two weeks later, she underwent a heart transplant.

[01:59:58] Various news reporters
The teen was playing basketball when he went into cardiac arrest.

[02:00:02] Various news reporters
Basketball player collapses.

[02:00:04] Various news reporters
Student athlete collapsed.

[02:00:05] Various news reporters
Collapsed.
Various news reporters
Collapsed.

Various news reporters
Collapsed.

Various news reporters
Bronny James suffered cardiac arrest while at a practice.

Various news reporters
Oscar Cabrera died this week after an apparent heart attack. Cabrera is believed to have suffered from myocarditis. Social media posts surfaced in which Cabrera suggested he developed the rare heart disease after he received two doses of a COVID vaccine.

Various speakers
Ash was very healthy up until two and a half weeks ago, and he's been vaccinated. I was wondering why, why he was so healthy, and then and when I left him in the hospital, he was fine. And then, and then a couple of days later, he's on life support and on ventilation, and, you know, his heart's damaged.

Various news reporters
He was live on air when Shaka Hislop suffered a medical emergency.

Speaker15
Alyssa Carlson suddenly collapses during the live 7 a.m. broadcast.

Jessica Robb
Now, Nahreman, I, looking at, after the day families are pushing feds to, pushing the feds to. Sorry, Nahreman, I'm, I'm not feeling very well right now and I'm about to.

Nahreman Issa
Okay, we'll come back to me, right now we'll make sure that Jessica, you are doing okay.

Mitch McConnell
Good bipartisan cooperation and a string of uh.

Various news reporters
Jamie Foxx, now reportedly recovering at a physical rehabilitation center.

Various news reporters
Specializes in treating patients with stroke and brain injuries.

Jamie Foxx
And every once in a while, I just burst into tears because I went to hell and back.

Various news reporters
Tomorrow morning, Deion Sanders is set to have emergency surgery to fix blood clots in his legs.

Various news reporters
Tori Kelly recovering this morning after collapsing in public, reportedly now being treated for blood clots.

Various news reporters
They know, you know, why he went into cardiac arrest, doctors, just yet?

Various news reporters
No, they don't. He doesn't have any health issues or heart issues in the past.

Various news reporters
At just 18. Lexi went into sudden cardiac arrest. Her doctor still doesn't know why.
Various news reporters
Liam had no known health issues.

Various speakers
Didn't really have much symptoms, never really thought anything was wrong.

Various speakers
He didn't have any underlying health issues, anything.

Beverly Sherwood
Ebonie’s had a heart attack and a heart transplant. She’s a kid who's never been sick a day in her life.

Anthony Kiedis
I opened the paper, and I saw this girl had died unexpectedly. 33-year-old actor/model/artist. And she woke up and died. And they're not sure why.

Various news reporters
Teenage hockey player who died on the ice.

Various news reporters
Collapsed and died.

Steve Slepcevic
Died.

Various news reporters
Died.

Del Bigtree
Eight months, folks, I’ll make the same caveat, because by tomorrow morning, The New York Times, Washington Post, someone's going to write that The HighWire just put out a video claiming that all of these people were having these issues because of vaccinations, so let me be perfectly clear. We did not reach out to all of the individuals involved in that montage and find out if they had the vaccine. I suppose some of them maybe didn't, and that is not the question I'm asking here. I'm not trying to prove to you vaccines are doing this. What I'm asking, once again, is do you ever remember a news cycle, a year where this many children were having heart attacks, blood clots, widowmakers in teenagers? That's all I'm going to say. Something seems drastically off our all-cause mortality rates in specifically younger people, 18 to about 54, are off the
charts, and everyone wants to act like nothing is going on. Or, as they promised us, the new normal seems to be upon us. To get to the bottom of this is the most-published heart doctor in the world, a man who's put his butt on the line throughout all of this to try and bring truth to insanity. It's my honor and pleasure to be joined once again by Dr. Peter McCullough.

[02:04:45] Peter McCullough, MD, MPH
Thank you.

[02:04:47] Del Bigtree
To begin with, we’ve covered this topic. You’ve been writing some brilliant, doing some brilliant studies recently. I feel like, over the last few weeks, that I’m seeing a wave of these stories. Now maybe it’s just because I’ve been distracted by other things, I don’t know. But it felt like we’d sort of seen the myocarditis, we’d seen the heart attack stories, we saw the NFL player fall, and then it kind of quieted down. And I thought, I guess we’re through it. Hopefully the bodies have recovered. We wondered, you know, we’ve talked about myocarditis is something that stays with you, once you’ve injured your heart, it doesn’t get fixed. Is there an uptick in these events going on now or is it just my lack of sort of perspective on it?

[02:05:33] Peter McCullough, MD, MPH
There certainly is great awareness, great concern. The entire country, the entire world is on edge, honestly, watching this. October 22nd, 2020, the FDA in its VRBPAC meeting said, myocarditis could be a result of the vaccines. That’s in October of 2020. June of 2021, US FDA says the vaccines cause myocarditis, or heart inflammation. I can tell you, before COVID, that if a patient had myocarditis, and we saw rare cases due to parvovirus, coxsackie virus, giant cell which is idiopathic, we could not let them exercise, because exercise, the surge of adrenaline, could trigger a cardiac arrest. The surge of adrenaline that occurs between 3 a.m. and 6 a.m. could cause a cardiac arrest during sleep. But for sure, athletes could not exercise with myocarditis. Fast forward, what have we learned? There are now 800 peer-reviewed papers on COVID vaccine-induced myocarditis. There is a massive literature. Two prospective cohort studies, one by Mansuygen, the other one by Burren and Mueller, show the rate of heart damage when assessed, before and after taking a shot, second and third shots respectively in those studies, 2.5%. 2.5% in a large population, two-thirds of the world, is a big number of people now. Now, when the heart damage occurs, there is a variation in conduction, electrical conduction through a zone.

[02:07:16] Peter McCullough, MD, MPH
And normally the body relies on perfect depolarization and repolarization. The heart tissue is pristine. In fact, we do everything we can to avoid even the smallest heart attack because a heart attack could cause a small scar. But when a small scar occurs, which could be occurring in 2.3% of people who take these shots, now they’re set up for the stochastic event of a slow depolarization through the zone of scar or damage and then have it circle back up, and that’s called reentry. And reentry ventricular tachycardia is a very fast heart rhythm, it lasts typically 15, 30 seconds, a minute of so, you can see that, the different montages, you can see people starting to go, that’s VT. And then finally when it degenerates to ventricular fibrillation, they go down like a rock. And that is the pathogenesis of what we’re seeing, is COVID-19 vaccine induced cardiac arrest. Recent paper on the preprint server system, Nick Hulscher from University of Michigan, first author, I’m senior author. We have new proof positive in autopsies in cases like this, 100% of the time it is fatal vaccine-induced myocarditis.

[02:08:32] Del Bigtree
I’m going to get to you, Geert, we’re going to bring you in the conversation first, but so you’re looking at this, there’s a lot of studies now. Like you said, we’re starting to see autopsies, which we couldn’t find in the middle of COVID, which was crazy, why aren’t we doing autopsy to figure out what’s going on here? As you said, some very alarming details. We’re also seeing they’re starting to admit that these scars are lingering and that the problems are lingering over time, in many ways even, and I think something, one of the studies, the articles you put out is this recurrence of sort of myocarditis, like a re-swelling of the heart. Is that happening in some of these kids?

[02:09:08] Peter McCullough, MD, MPH
Well, here’s the concern is the vaccines don’t work, so they get COVID anyway. And sometimes just the inflammation of COVID reignites some of the pathogenic processes, potentially myocarditis, but for sure blood clots. Now, I have seen that in my practice over and over again. Vaccine, vaccine, vaccine, COVID, blood clots. Case in point, weatherman Al Roker, that’s exactly what his scenario was. Same thing with Kirk Herbstreit, ESPN announcer. That was his scenario. Mixtures of vaccine, vaccine, vaccine, COVID, more vaccines. Bruce Arians, former coach of the Bucs, hospitalized with myocarditis. So we can actually pick public figures. The great concern, though, is I think the case to watch, is the case of Oscar Cabrera Adames Now, Adames is European player from Dominican Republic. He has a cardiac arrest in 2021. He goes down. Now,
of these athlete cardiac arrests, roughly two thirds are fatal, they're not resuscitatable. A third are resuscitated. He's in the third, he gets resuscitated in 2021. He comes out in social media and he says, I have vaccine-induced myocarditis, that's what caused me. So he's honest. He comes out and makes the call. So he's taken out of sports, appropriately, presumably he's appropriately treated, and he's down to this decision of does he get a implantable defibrillator or does he not? And I can tell you the convention has been get a defibrillator. If there's been a cardiac arrest, that's, there is a bona fide repeat risk then this can happen, so most people in the United States who have had cardiac arrests of different types almost always have a defibrillator. So Adames does not take a defibrillator, but he's ostensibly recovered, I assume, all his measures look good.

02:11:02 Del Bigtree
Feeling good, probably feeling healthy.

02:11:03 Peter McCullough, MD, MPH
So he's on a treadmill test, there he is. That's a medical treadmill test in a health center. And so he's got the leads on. This isn't, this isn't going to Lifetime Fitness, he's in a health center. And he dies on this treadmill test. He dies. I'm a cardiologist, I have supervised treadmill tests for decades, I've never had a patient die on a treadmill. I've had cardiac arrests. But we have defibrillation, we have IV access, things we can do. I am extremely concerned that this now is a documented case of a cardiac arrest two years plus after taking the vaccines, and so the risk is is carried forward. So what you're observing is, yeah, you're right, COVID is down, we're not hearing so much about acute myocarditis, but now we're hearing about this tale of cardiac arrests. And two important studies, one by Barmada from Yale, the other one by Yu and colleagues from Hong Kong, showing the MRIs are not clearing up. Now normally if there's a little inflammation, a small patch, you keep doing serial MRIs, the heart will return to normal. The hope would be that young kids would return to normal. The Yale paper said at nine months, 80% of the MRIs are still abnormal. The Hong Kong paper says, now at a year, 58% are still abnormal, and the Hong Kong paper is concerning because they had a large segment that said, you know what, the kids had no symptoms. They had been caught in the study for other reasons. So what I'm telling you is, not all the kids can feel it, there is a population of people at risk, and the biggest issue I'm facing in my practice, I'm having young people walk in, look me in the eye, and they say, Dr. McCullough, am I going to have a cardiac arrest?

02:12:47 Del Bigtree
Wow. Alright, Geert, let's get into this, and, you know, now the two of you really haven't had a lot of time to spend with each other, so just, I think you just met today for the first time in person, right? Well aware. I'm going to let you ask a question because, I mean, you've watched, Dr. Peter McCullough has been really on this, career shifted, had to make changes, under attack for all those things. When we started, as you said, you said, I don't think the side effects are going to be as big a problem as some of the immune escape. But this is clearly a really defined side effect. What are your thoughts on on that, if you were to ask Peter a question, what would it be?

02:13:27 Geert Vanden Bossche
Yeah, well, first of all, thank you so much for bringing us together, it's really a pleasure, I have a huge respect for Peter here. He's one of the very few highly respected people who spoke out very early on, and he knows all the data, it's. So I feel really honored. Yeah, well, I'm, I would like to ask Peter, why is it, according to your experience, that we are primarily, not exclusively, of course, but primarily seeing all these problems in the heart? Of course, we are also seeing a number of problems with other organs. You know, the number, for example, of diabetes cases and of course, not due to the vaccine, so to say, but have gone up. We see people struggling with other organs, etcetera. Why is it so pronounced in the myocarditis? I mean, why is primarily the heart so strongly affected? Is it because of the blood circulation that is so or.

02:14:31 Peter McCullough, MD, MPH
Well, many organs can tolerate some inflammation and it's relatively silent. The liver, the spleen. Now, the brain can't tolerate much because it evokes symptoms and neither can the heart. So there's an array, we talked about cardiac arrest, ventricular tachycardia, ventricular fibrillation. There's also atrial fibrillation, the most common heart rhythm has been linked to this. Clearly a progression of atherosclerotic cardiovascular disease, plaque rupture, myocardial infarction, that's been linked to the vaccines and inflammation, as well as vascular disasters like aortic dissection. So this is all in the peer-reviewed literature, but the heart uniquely receives this blood flow primarily in diastole, so the resting phase, so it's not systolically punching through. And now you have a myocardial blood flow is dynamic. So at rest, our myocardial blood flow is at a baseline. When we exercise, we can have a two-, three-, four-fold increased risk of myocardial blood flow. Paper by Castri Yuda and colleagues has demonstrated circulation of the messenger RNA for at least a month after one of these shots. What do the athletes do? They take a shot and they go exercise, they're working out, so constantly think about
juicing myocardial blood flow, more deposition of the vaccine material into the heart. It's taken up, paper by Avolio and colleagues showed the pericytes, the support cells in the heart are the ones take it up more avidly than others. They translate the messenger RNA, it's largely what we're talking about. The spike protein is expressed on the cell surface of these parasites. They're in close proximity to the capillaries. The body's immune system reacts to it., Dr. Vanden Bossche can tell us that, you know, for the first time, instead of something that's part of the major histocompatibility complex on the surface of the cell, now we're expressing the Wuhan spike protein. That the human body is going to say, wait a minute, what is this? And so there's going to be an attack. A paper by Baumeier and colleagues took biopsies of young men who were in the hospital suffering with vaccine myocarditis, and there were clearly zones of inflammation and the spike protein was right there. Schwab showed the fatal cases, it's right there.

[02:16:44] Del Bigtree
So one of the arguments would be that, the only thing that's happening to the heart, as Offit, Paul Offit has said, which is, sort of what we've talked about, it's seeing the heart, it's seeing the spike protein, it's creating antibodies, and there's antibodies that there's the heart has self cells that look like the spike and therefore the antibodies are attacking the heart. But you're saying, no, it's just the spike protein being expressed by cells in the heart that are coming under attack by the immune system?

[02:17:11] Peter McCullough, MD, MPH
There's also a wrinkle from, in a paper from Massachusetts General Hospital, this is very important, where kids were in the hospital, myocarditis, and they were measured both spike protein in the blood and neutralizing antibodies. And the kids with myocarditis had circulating spike protein, but the antibodies were not neutralizing the spike. The kids without myocarditis had spike, but the antibodies were correctly neutralizing it. So there may be, what you're talking about, this, the immune system now is is missing the target, and some kids now are getting a prolonged exposure to the spike protein, more loading in the heart.

[02:17:54] Del Bigtree
When you look at what Geert has been up to, let's switch it over to the other side. I mean, you've been really on this spike proteins, the problem of this vaccine affecting organs, especially the heart. This idea of pressuring variants. Now you've, you know, you wrote more about the COVID virus, I think you were more published at the point that you got into this whole heart issue than anybody else just talking about the virus itself when it was first came out. This idea of pressuring the virus, with a leaky vaccine that was incapable of neutralizing or sterilizing this. Do you feel like that ramped up the amount of mutations that we're seeing, just to begin with? Like when you look at the theory that Geert brought forward, do you, we certainly saw a lot of variants, do you feel like the vaccine was playing a role in that?

[02:18:45] Peter McCullough, MD, MPH
Well, you know, I'm not expert or qualified to say like Dr. Vanden Bossche, but I would say that it's been my observation that I think the vaccines have clearly prolonged this duration that we've seen. And when Dr. Vanden Bossche was really getting into it with you on the immunology, so I hope the audience really loved it, I know the producers are...

[02:19:07] Del Bigtree
We're all going to be tested when this is all over just to be sure....

[02:19:08] Peter McCullough, MD, MPH
I'll tell you, the science was deep there, you were really taking them downtown on that. But let me say that I was wondering, if we were to actually do the same surveillance for paramyoviruses and other human coronaviruses, what would we find at this stage? Are we in a sense kind of over-studying this, or not? Let me just say this much. It's still around, I'm following the data. Right now, the EG.5, the most recent one, you know, that's about 17%. The XBB1.5, that's the one the new vaccines are for, that's 8% and fading fast. But as we sit here today, August 5th, 2023, on the CDC Nowcast system, we have the most diversity that we've had in a long time. Now maybe we're now we're going to see this EG.5 follow this pattern and become hyper-dominant. What I am seeing clinically is yes, people are getting second and third infections, vaccinated, not vaccinated. It's characteristically mild, the virucidal nasal washes and sprays, working great, over the counter.

[02:20:17] Del Bigtree
Wait, say that again, so you're using what, what is the...

[02:20:18] Peter McCullough, MD, MPH
We're using a dilute Povidone-iodine, xylitol-based products, colloidal silver, they all work.
[02:20:24] Del Bigtree
So spraying in the nasal passage.

[02:20:25] Peter McCullough, MD, MPH
Nasal sprays and gargles, very effective. Now what I am noticing, clinically, is that even though someone get through a mild infection, the cardiovascular and the thrombotic complications are still there. Meaning, people get a late-stage Omicron infection, they've had it before, and all of a sudden blood clot in the arm. No vaccine, blood clot in the arm.

[02:20:48] Del Bigtree
So even unvaccinated people you're seeing.

[02:20:50] Peter McCullough, MD, MPH
Oh, for sure. So I'm seeing these late complications. People getting a relatively mild syndrome, but then long COVID. So now they feel sick. We do blood tests, we see lots of abnormalities, we see signs of autoimmunity, the ANA blood test turning positive, for example. So my practice now is very busy fielding these cardiovascular thrombotic neurologic immunologic complications of this prolonged pandemic, I think prolonged because of the vaccine. So that's form first evidence that people are getting recurrently sick. Maybe the respiratory component, the nasal mucosal were able to fight this off, but those who do have some invasive disease, there's consequences.

[02:21:34] Del Bigtree
So this diversity question, it's the most diverse, as he's saying, that we've seen of, like we don't have one that's really skyrocketing and owning the space, right. 12, ten, 8%, you know, sort of in there a bunch of different. What's your explanation for this? Is it just that they're jockeying into position for the next race to the top, or?

[02:21:55] Geert Vanden Bossche
So you mean with regard to the variants?

[02:21:56] Del Bigtree
Yeah.

[02:21:56] Geert Vanden Bossche
Well, you know, initially we had, all the focus was on the receptor binding domain, right, and there there was huge variability. So what we have seen since the breakthrough infections with Omicron, so I talked about the immune refocusing, was that in fact the focus was now much more on more conserved domains, right, of the spike protein. That is also why we got broadly, initially, broadly cross-neutralizing antibodies, etcetera. So that means that when a variant, regardless of the antigenic constellation, picked up this particular mutation in a conserved domain, that it would it would go, it would fly. So that's why we were talking about co-circulation of more infectious variants all of a sudden, so the diversity, because there was only like one criterion, that was to pick up this mutation in the conserved domain, regardless, because that is where the immune pressure was, regardless of the the rest of the.

[02:23:03] Del Bigtree
Conserved domain. For people, can you help, jump in here, Peter?

[02:23:07] Peter McCullough, MD, MPH
Through evolutionary principles, there are parts of various proteins that are conserved. They are felt to be essential for function, they're essentially the building blocks.

[02:23:18] Del Bigtree
So conserved meaning they stay put, they stay, they don't leave.

[02:23:21] Peter McCullough, MD, MPH
They stay, and as Dr. Vanden Bossche says, viruses that need these, right? So let's say SARS-CoV-2 has roughly 30 proteins. Well, some need to be conserved, they need it. It obviously needs to be able to mutate some regions so we can continue to infect. So there's actually a lot of, evolutionary pressures have the virus, it's not like the virus has a mind, but it looks creative. Remember, each person doesn't have a single strain. So each person has many, many, many different strains, and then one actually learns to thrive and become dominant. With Omicron, it was kind of interesting because it closed the immunologic door on Delta. So, you know, people who develop. Now, I have a controversial question for you, I have to ask you because I put it on my substack. There are now two reports, one recently from Japan, studying mutational
analysis of Omicron, and they've concluded, it's too unnatural. And the hypothesis is it could have been manipulated in a lab somewhere, along the lines of what the Pfizer executive said about directed evolutionary research, that he said, Tristan Jordan Walker said that, you know, he was in a meeting, and they said, boy, if we could actually create our own mutations and then do a release, we could chase it with vaccines.

[02:24:42] Del Bigtree
The theory being that to save the world, this thing was taking off, let's send in a highly infectious virus that is safer for you, that can outcompete, protect you from Delta. Is that is that?

[02:24:54] Peter McCullough, MD, MPH
Well, he didn't say safer, he just said making more vaccines, I think Omicron. But these two reports, I think are a bit worrying, I...

[02:25:02] Del Bigtree
And I do remember, just to add to that, they said that you're watching this lineage and they're all growing, but Omicron seemed to skip, right. It seemed to skip from where we were and was so different, there wasn't like a neighbor next door that it was like the others, it was very different. What are your thoughts on that?

[02:25:19] Geert Vanden Bossche
Well, first of all, my fear is that we are going to see the same huge leap now with regard to virulence. That was with regard to infectivity, right. But you have to imagine, as you increase the pressure, right? We have seen Alpha, Beta, Gamma, Delta, common denominator, they were always more infectious than the the previous one. We agree. So we increase this pressure, right? Somewhere something needs to happen or you kill the virus. The antibodies are going to mature. So that is what happened with Omicron, there was a dramatic change, the virus broke through the immune response, and there you had the immune refocusing. So you started like a new type of immunity, right? Which was now no longer focused on the receptor binding domain, but on this more conserved, so.

[02:26:15] Del Bigtree
But you believe that could be explained by nature, to just have something so totally different than all the others.

[02:26:21] Geert Vanden Bossche
So this is the, this is the point, Del. I mean, if you just study the mutations, you are one of these mutations spotters, none of this makes sense. If you miss the immunology, right, and that is the element that is missing. If you don't study the immunology at the population level because, you know, it's not about you and me being infected and what we do with the virus. The pressure for the virus comes from its environment, right? So if this environment is like hostile all over, 70, 80% of the population vaccinated, so that means I'm vaccinated, I transmit it to you, the same environment, then.

[02:27:02] Del Bigtree
It's trying to figure out how....

[02:27:03] Geert Vanden Bossche
...well, the one that got selected in my body will thrive also in yours, and so it has become dominant. So if you start.....

[02:27:09] Del Bigtree
Andy, let me just for people that are maybe, Andy really explained this to me very well, Andy Wakefield, who's very controversial for a lot of people, but he said to me, the six-foot distance, let's just imagine this, that there is you know, there's a COVID virus. There is one that can't travel six feet, it's not gonna, it just can't move six feet, just using it as an example. So the only ones that are going to survive are the ones that, just by nature of how they're created, managed to travel six feet, that's going to be the new variant because it's able to overcome that distance. Not that that specifically happened, but when you put a pressure on it, it's the one that can overcome that pressure. We're all standing six feet away, now we're only going to see variants that are able to travel six feet.

[02:27:52] Geert Vanden Bossche
That's natural selection.

[02:27:53] Del Bigtree
Natural selection. So that's kind of, it's not thinking its way through, it's just the ones that have the capability, whether they fly lighter or whatever it is, travel that distance and that becomes the.
[02:28:01] Geert Vanden Bossche
And if you know that this selection comes from the immune pressure, then you can, you can never, ever predict what's going to happen if you don't understand that immune pressure, if you don't analyze it. And that is what's happened. So with Omicron, the neutralizing and the neutralizing capacity was down, and that's where the analysis stopped. I mean, have you ever asked somebody, we all know acute self-limiting infections, you know, corona, influenza, rotavirus, parvovirus, enterovirus, are all acute self-limiting infections. We all know, if you have neutralizing antibodies, certainly if those are in place before you get exposed, you can perfectly neutralize the virus, no problem, right. Here, we can no longer induce neutralizing antibodies, the antibodies that got induced by the vaccine, or have lost their neutralizing capacity. Nevertheless, people are still protected. And not only against severe disease, nowadays. I mean, friends of my son, who is not vaccinated, etcetera, they got all vaccinated, are all doing fine. They're not even, they're not even having, you know, mild, mild symptoms. So how do you explain this, right. I mean, I don't want to go into this, I'm just saying the immunology, again, is not understood. If you don't understand the immunology, certainly not at a population level, you don't have any clue about the kind of immune pressure that a virus is now experiencing, so you can wonder all the time, like with it with Omicron, my goodness, where does this come from all of a sudden? You know, 30 mutations within the receptor (inaudible), that's the thing, but it's complicated for us.

[02:29:43] Del Bigtree
We could go on for days, let me ask, I have two, I think, of the smartest guys in the world, especially in medicine, very differing spaces. Let me ask the hard question, or at least I think it's sort of hard for people and the one I think everyone wants to know. What are the odds, between the two of you, that this thing comes from a lab? You are talking about blood clots in even people that didn't get vaccinated, you know, that this thing has an ability to do things that we've never seen in a coronavirus, or at least not at this level. There's people will say, you can't call it a bioweapon, but is there a chance that there was a bioweapon being made or maybe it was just being designed so we could make a vaccine for it, and somebody carries it out of the lab accidentally or on purpose, where are you at? Let me start with you, Geert. What are the odds for you that this original pandemic starts coming out of a laboratory now, where are you at on that question?

[02:30:38] Geert Vanden Bossche
I, I don't know. And for me, this, even if it came, well, let's say it's very clear that it could come out of the lab. But I don't think I don't believe in manipulation, but I believe in, yeah. We know, if you want, if you isolate a coronavirus from an animal, and that's also what we did in the past, right, in the early days when I was working in the virology lab. If you want to have a kind of idea, what is the threat for another species, could be also for another animal, you start to put that virus on a cell culture, you know, that comes from that different animal species, could be a dog, could be human cells, etcetera. And you do passages all over.

[02:31:22] Del Bigtree
So you've done this, you've done.

[02:31:23] Geert Vanden Bossche
Oh yeah, of course, of course.

[02:31:24] Del Bigtree
Have you done what we hear is gain-of-function, would you say that the work you've done would be described as that.

[02:31:27] Geert Vanden Bossche
Well, if you like is, if you like, Del, this is gain-of-function in the sense that I was working, for example, with feline corona virus. And you wanted to put this, for example, you wanted to see to what extent is this, could this be infectious for dog, then you start out with dog cells, right? And you culture the virus, and then, you know, you pass the supernatant. If there is one or the other mutant that happened to be able to replicate on the dog cells, it's in very, very low concentration, of course, but if you passage it on the same, you're going to enrich it, you're going to enrich it, if you like, this is gain-of-function. But I'm saying, you know, there is so much focus on what happened at the beginning, whereas nobody seems to realize that the huge gain-of-function experiment that we are doing in the population, on the very human species, is the mass vaccination. The gain of function, we have seen this, how the virus changed all the time, how the efficacy of.

[02:32:36] Del Bigtree
So basically you said, taking a cell culture, we're doing this human to human to human, under the pressure of vaccines and saying what is this thing going to do?
[02:32:43] Geert Vanden Bossche
This is large scale mass experiment, gain-of-function at the larger scale, gain-of-function, the virus changes in behavior all the time, why.

[02:32:51] Del Bigtree
You don't have a billion petri dishes, but we have a billion people, we are hopping one to the next.

[02:33:07] Del Bigtree
Where it came from and where is it going.

[02:33:17] Geert Vanden Bossche
Yeah, yeah. And who has manipulated the virus and who is responsible, I'd say, for me, this is more a political. The real biological issue is the mass vaccination experiment that has completely changed the behavior of the virus. Why do you think the WHO, CDC have been changing the definitions all the time. Because the behavior of the virus has been changing, right. Look, we started out from a virus that had moderate infectiousness, to viruses that are now highly infectious. That is a kind of change of function, right. More and more infectious when it now becomes more virulent. And that is at large scale, right. On the very human species. Can you imagine? So that is why, where I get really extremely concerned.

[02:33:53] Del Bigtree
That I think really helped me understand that more, like when you think of the passage of petri dishes.

[02:34:02] Peter McCullough, MD, MPH
I think what we just heard in a sense is a bombshell. Because there's been so much focus on the furin cleavage joint, the relatively small in number, but major, engineering of the spike protein in the Wuhan Institute of Virology, the blueprint published by Ralph Baric at UNC Chapel Hill in 2015, so it's all in the open, where they declare they've created the chimeric virus that can invade human respiratory epithelial cells, and then it kind of stops there. Now, you mentioned, you know, could this be a biological threat? Well, Peter Hotez' grants, Dr. Hotez in Houston, his grants in 2016 say he's working on a vaccine for biodefense purposes against, essentially, primordial SARS-CoV-2. But the real virology experiments, the consequences that we're seeing now in nature, with recurrent infections, and the unique pathogenicity of this virus, you know, cardiac, neurologic, blood clots, and immunologic, it's changed the face of medicine. I think a lot of it has to do with the how the virus has changed over time. Remember, people have taken these shots. You know, a large number of people took shots in the United States in 2021. Most of it stopped in 2021, the vast majority. The CDC says, I think we've never gotten past, I think, 16% of people taking boosters. So it's not a large number of people who are progressively vaccinated. It's that initial set of vaccines and then the recurrent infections.

[02:35:39] Del Bigtree
When, and let's just wrap it up here. Both of you come from very high levels of science. I had, you know, Neil deGrassee Tyson on the show, and he's arguing, you know, consensus is why, you know, we all just have to do what we're told, we've got to trust the science. And I said, I think the scientific method is dead here, I think it's dying. Science is dying. The people, and this idea of consensus, right. And this was what really bothers me about this. I say, where was your consensus? Geert Vanden Bossche wasn't allowed in the room to talk about this vaccine or to talk about the approach, masking, lockdowns. Doctor Peter McCullough wasn't allowed in the room, Dr. Robert Malone, so many of these, you guys, that come from different areas of specialty, were yelling, I want in the room. Did we even have consensus? I mean, if consensus matters, this wasn't consensus, this was an authoritarian control of a scientific theory, and a product that didn't allow anyone else to the table that challenged it. And where are we at? I mean, what do we do in a society now, where the most powerful
regulatory agencies that are in a government being funded by the pharmaceutical industry and governments around the world were able to do whatever they want, make us take a product that clearly wasn’t safe, had all these issues. What is the state of the world we’re in right now, in your mind, especially science?

[02:37:03] Peter McCullough, MD, MPH
You just showed a great example, first part of this show. A disaster in Maui, a brand new disaster. So right then and there, you ask the question, where's the consensus from the government response units? Any time something's brand new, there cannot be a consensus. It's impossible, it's brand new, we've never faced it before. This idea of jumping to a consensus, and then worse yet, saying, the consensus represents the truth, anything other than the consensus is misinformation, which is what happened rapidly, was the worst thing that could have happened to the scientific method. I think we should have had roundtable after roundtable, open forum after open forum. Our government agency has had plenty of time and money to do this. We could have done it over and over again. In cardiology, we have what's called Bethesda meetings. Bethesda meetings have Bethesda, Maryland. It is academia, the practicing community, the NIH, CDC, FDA. We all get together, there's an agenda, we present our ideas. That should have happened over and over again until we could actually get down to what I described on the floor of the US Senate, the four pillars of pandemic response. We needed to reduce the spread of the virus, early treatment, late treatment, and vaccines. But we never had that discussion.

[02:38:19] Del Bigtree
You were you reaching out, pleading through your LinkedIn page, which is how we found you, please, WHO, hear my call of distress, and yet not invited to the table. There seems to be, it seems to me it was so, it's so illogical, right. I think that what we, those of us that are waking up to what happened here, you have children having heart attacks, they're still pushing this vaccine. The fact that today we just had universities kicking students out for a product that clearly doesn't work, doesn't stop transmission, and is, in your mind, making them more vulnerable to future problems and issues. Where is the state of science now? Are we in a desperate time?

[02:39:05] Geert Vanden Bossche
Well, I don't think so, but I think it also has to do very much with our educational system. We have evolved to a society where, you know, people are silo thinking, right? They are so specialized in their field. Look, Peter is a cardiologist, but he can draw from several different fields. He can draw from infectious diseases, epidemiology, et cetera, et cetera. That has become really an exception. Me as well. I'm not a professor at a university, I'm not, you know, I was pretty much, you know, when I found something like an industry, I always revealed the truth, people didn't like this. They didn't want to fire me, I was probably too good, but they put me in another department, right? So all this was, in fact, from my career, a disadvantage. But in situations like this where you're dealing with something that is multidisciplinary, that is complex, where you need to be able to draw in from infectious diseases, immunology, vaccinology, virology, I all of a sudden find myself in a situation where I feel pretty comfortable. None of these guys, even this, you know, professors of virology, you name it, they don't understand the immunology, they don't understand the vaccinology, et cetera. So we need to evolve towards an educational system. Now, I'm going to use the big word where we have a holistic approach, where we learn also our younger people, you know, to solve problems, not only write publications but to solve problems, because this is the only way to give back to society with regard to tax payers money, et cetera.

[02:40:42] Geert Vanden Bossche
So there is not that. And of course organizations like the World Health Organizations that have a lot of power, a lot of authority. I mean, I work with these organizations, it's very, very clear, you're not very often hear me saying this because I don't touch on the politics. But they are completely incompetent. They're completely incompetent. This is for a fact. And usually, of course, they decide things that don't matter too much. For Ebola, for example, it was very catastrophic. I've seen this, it was, you know, people were killed. A vaccine program that they were chaperoning, that they were doing the clinical studies. But of course, it was at small scale. Here it is at large scale, and then you see all of a sudden that in the field that they are considered being experts in, epidemiology, global health, et cetera, they completely missed it and they don't understand, so it is, we need to get away from this, we need a fundamental change. I don't know how it's going to happen, but for example, organizations like the WHO, I'm always saying, if we have really one health emergency of international concern, is to dismantle this organization, for example. They opened the door to industry....

[02:41:54] Del Bigtree
They are, they're the virus, they're the problem....
[02:41:56] Geert Vanden Bossche
They opened the door to industry. If you do that, Del, you know what you’re going to get. It’s about the shareholders, it’s not about your health, right, you know this, but who opened the door? They did. Because they are profoundly incompetent, bureaucratic, you know, just focusing on their own agenda, you know, on their own meetings and not understanding the foundation of what is really happening. So yeah, my answer is, I still believe in the science, but the science, there is also I believe in something that's multi-discipline. In this case, the science requires a multidisciplinary approach, I think Peter would agree on this, and we are not doing this, we are not teaching this. There's only very few people who think a little bit in this holistic way who who have the competence, and then, you know, among these few people there is even fewer who stick out their neck, right. But we need a fundamental change in our educational system that is. Publications are important, for sure, but on top, we need to teach young people, you know, to solve problems. Here we are dealing with a global health problem, we need to do this on behalf of society. In what society are we living if we are just pumping tons of money, you know, in publications. That cannot be.

[02:43:18] Del Bigtree
The children. I mean, at the at the center of this is, I think, one of the most catastrophic parts of this, the most disgusting part of this entire story, is that we knew children were not affected by this virus in any measurable way. We wrecked their innate immune system, which you were crying about. You were saying there is obviously a risk, a greater risk of of health complications from this vaccine than the virus itself. For the first time ever, we use children as shields to protect the elderly, it seems to me.

[02:43:51] Peter McCullough, MD, MPH
Well, you know, in children and pregnant women, that was one of the biggest violations of human ethics. Remember, pregnant women and women of childbearing potential strictly excluded from the randomized trials as they came in in November, December 10th, when this vaccine program started in the United States, thousands of pregnant women were vaccinated. Now, what pregnant woman would come forward and do it, number one. Number two, who would actually do that, they must know that that's not right. And then things took off. You know, a terrible report came in spring of this year. Hoyert, National Center for Health Statistics, published on the CDC website, maternal mortality in the United States, all-time high. It's erased decades. This is women dying with babies in the womb or 42 days afterwards, and we know the CDC separately has told us 65% of women who delivered a baby in the United States took a shot either before the pregnancy or during the pregnancy.

[02:44:50] Del Bigtree
Wow.

[02:44:50] Geert Vanden Bossche
Yeah, there's no words.

[02:44:53] Del Bigtree
So, alright, well, I mean, look, you guys are doing brilliant work, it's been fantastic to get to sort of sit here, share thoughts. And this, Peter, the work you're doing, you have substack, what's the best way to sort of watch it and what are you up to right now?

[02:45:05] Peter McCullough, MD, MPH
Follow me on my substack, Courageous Discourse, I get it out every day. Graphical abstract, so it's all manuscript-based. I reference, all the papers I referenced today are on the substack with the graphical abstracts, and I've recently started a foundation, McCullough Foundation, supporting work, investigative scholarship, work in the legal and the media and the regulatory governmental affairs space. And then my podcast, America Out Loud, Talk Radio McCullough Report, I've interviewed Geert and so many scientists all over the world. It's an international problem. We have a lot of smart people in this world. We have to break down this barriers, get together and lead us out of this.

[02:45:45] Del Bigtree
Indeed. Geert, where's the best way to follow the work that you're doing?

[02:45:48] Geert Vanden Bossche
Well, my next step is going to be, for those who are interested, I think there is so many things that I also discovered, although I was already relatively well prepared, with regard to epidemics and pandemics, and I'm going to give a course, online, through the IPAK EDU organization.
[02:46:07] Del Bigtree
Here is that.

[02:46:07] Geert Vanden Bossche
That's in association with Robert Facerick's association in the UK, and it will be about epidemics and pandemics and just very scientific, I would say. But I will do my best to explain it to people in....

[02:46:23] Del Bigtree
Well, and we have a lot of doctors and scientists out in the audience, which is why I, you know, I think on this show we do allow to get a little bit deeper into the weeds here because it's not just about the viewing audience that, you know, or we're all dealing with this and sometimes it's a little bit over my head, but you guys need to hear each other, right? You need to hear what he's saying on my show, even if I don't fully understand it, because that's, there has to be a platform in which these conversations can happen. We're really proud to be a part of that here on The HighWire so I just want to thank you both for traveling in here, your amazing work.

[02:46:58] Geert Vanden Bossche
My pleasure, my pleasure.

[02:46:58] Peter McCullough, MD, MPH
Thanks for having me.

[02:46:59] Del Bigtree
Definitely. Everyone, check out, Geert's got a new book coming, and as I've said before, look, all of these, what's happening here on The HighWire is an open discussion. As you know, we may not know, we certainly don't know everything that's happening in science, but that's what the conversation is about. Hopefully, once again, we find out that the virus doesn't mutate to a place or hopefully somehow we reach a place where immunity is back and we get to natural immunity and we do it without too much more pain. Unfortunately, we are seeing all-cause mortality skyrocketing, and certainly to continue with a vaccine that does not work for anybody, in any university. And by the way, as I sat there today, I just thought, for all of you that are calling and saying, my university is going to force me to get a COVID vaccine. To me, that would be the perfect example and reason why that is not the university for you. You shouldn't be educated by morons, okay? If you want an education that's actually going to help you through your life, here's a really good litmus test. If these morons that are running your school are going to force you to take a product that clearly doesn't stop transmission, only puts you at risk for myocarditis in the age group that you're in, then that cannot be an education system that you want to be a part of. You should immediately not just walk away, run for your life and find an education system that is hiring guys like this on both sides of me to educate you. Otherwise, that will be one useless education. I'm speaking next week, I'm going to be out, I believe, in Kansas for Freedom in the Heartland. I definitely want to have you check that out. That's going to be a great event and that's next Friday. And, what, we have a promo? Okay. And here's our promo.

[02:48:50] Del Bigtree
Good morning. Good afternoon. Good evening. Wherever you are out there in this beautiful world, it's time to step out onto The HighWire.

[02:48:59] Rob Schneider
It's time to step out on The HighWire.

[02:49:00] Joseph Ladapo
It's time to step out onto The HighWire.

[02:49:02] Jenny McCarthy-Wahlberg
It is time to step out on The HighWire.

[02:49:05] Various speakers
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.

[02:49:13] Pierre Kory
I appreciate your segment for digging deep, looking at the data, what is real.
[02:49:17] Various speakers
Emmy Award-winning host Del Bigtree brings you the latest science and evidence, putting the power of factual information in your hand.

[02:49:25] Del Bigtree
Here's the evidence, here's the science.

[02:49:27] Edward Dowd
Del, thank you for your bravery and your team's bravery.

[02:49:30] Ron Johnson
Thank you for all you've done.

[02:49:31] Various speakers
It's brave, bold, trusted news. The HighWire with Del Bigtree.

[02:49:36] 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.

[02:49:43] Various speakers
Thursdays at 1 p.m. at TheHighWire.com.

[02:49:46] 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.

[02:49:58] Various speakers
Get it all at thehighwire.com.

[02:50:06] Del Bigtree
Well, it's amazing, you know, when you see just how poorly our government and officials and things are being run on this planet. We're all seeing it, I don't have to tell you. You know, the cost of living is skyrocketing, fighting wars that make no sense, paying taxes for things that will never protect you. You know, forest fire, forget it, they're not going to be there. It's time to get involved. I mean, I think it's really just that simple. We can sit back, we can complain about it, or we can do what the two guys that just said on both sides of me did, which is put your money where your mouth is, step up, you know, speak, talk, speak your truth, bring your truth, keep educating yourself, educate those around you, and let's all work together towards a better future. That's all we got. It starts with one step in front of the other. Don't look at the insurmountable odds. I want to say to you all that support The HighWire, I didn't dream we'd be here, I didn't dream that we would have 7 million viewers, I didn't aim for any of those things. All I said to the team when we started this back in the beginning of 2017 is, I have a feeling if we bring the truth that we know, and that we're investigating, that that truth is so rare that people will be attracted to it. And slowly we went from tens of people to hundreds of people to thousands of people to hundreds of thousands and then millions. You do not change the world by immediately, overnight, you know, doing something massive, you do it one step at a time. That step is your voice. That step is your truth. Your sharing this video makes a difference. You're giving us the dollar this month will actually make a difference. It's chaos theory, it's the butterfly flapping its wings and a hurricane on the other side of the planet. Be that butterfly that makes a hurricane of change. That's what we're trying to do here on The HighWire every single week, and I look forward to seeing you next week.

End of Transcript