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29 SPEAKERS

Del Bigtree

Prof. Heidi Larson, PhD

Dr Jim Meehan, MD

Jefferey Jaxen

Moncef Slaoui

Mark Esper

Alex Azar

Dr. Sanjay Gupta

Dr. Peter Hotez

Paul A. Offit

Dr. Anthony Fauci

Prof. Karl Friston, FRS

James Neuenschwander, MD

Various news reporters

Dr. Ashish Jha

Various speakers

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START OF TRANSCRIPT

[00:00:00] Del Bigtree

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[00:00:39] Del Bigtree

Good morning. Good afternoon. Good evening. Wherever you are out there in the world, it is that time to step out onto The HighWire. Well, you better get ready. Hope you have your notepads. Take a deep breath, because we have another gigantic show for you today filled with tons of information. I'm going to be talking to Dr. Jim Meehan about an explosive discovery of hydroxychloroquine. We have world-renowned brain scientist, Dr. Karl Friston, joining us to talk about a breakthrough discovery he's made. And we're going to get into T-cells and what they actually might mean about our health and COVID-19 with Dr. James Neuenschwander, and then Mary Holland, general counsel for Children's Health Defense, is joining us to talk about the gigantic rally in New York around a law that was trying to be passed through the New York State Bar Association. Things are getting crazy, folks. And if you're watching your television or if you're like anyone on my team here at The HighWire, there are days you just wake up and you are literally puzzled, what is going on? How are we still here? Why are there so many masks? What are people thinking? And I think one of the things that is most difficult is trying to figure out what ties this all together, what is really going on here, who's in charge? Nobody seems to be agreeing with each other, whether it's the FDA or the WHO, there's something going on.

[00:02:07] Del Bigtree

You can smell it, it really stinks, but you can't put it all together. Well today, I want to see this through a very specific lens. Because for years I have been traveling the world discussing the issues of vaccines and the pharmaceutical industry and all of the demands and desires. We know that the World Health Organization has been saying for really the last two years now that vaccine hesitancy is one of the greatest risks to world health. And if you watched our show earlier in January, you know that the WHO got together, brought in all of their top scientists from around the world, to meet in Geneva, Switzerland, to talk about how do we stop vaccine hesitancy, or these people that are questioning vaccines? Well, inside of that, I believe, was a 2- or 3-day symposium, Dr. Heidi Larson made some statements that were absolutely outrageous, unbelievable, but something that we really were beginning to suspect. Today I want to talk about one statement she made, because I believe it weighs into everything that you are being confused by right now. This is Heidi Larson at the World Health Organization's symposium in Geneva, Switzerland. Take a, just really listen to this.

[00:03:29] Prof. Heidi Larson, PhD

I think that one of our biggest challenges is, as Bob said this morning or yesterday, we're in a unique position in human history where we've shifted the human population to vaccine-induced, to dependency on vaccine-induced immunity. And that's on the great assumption that populations would cooperate. And for many years, people lined up. The six vaccines, people were there, they saw the reason. We're in a very fragile state now. We have developed a world that is dependent on vaccinations. We don't have a choice but to make that effort.

[00:04:13] Del Bigtree

We don't have a choice but to make that effort because we have made the world dependent on vaccines. What does she mean by that? What is she talking about? How did they make the world dependent? Didn't we just start using vaccines and that was a great way forward, it was in addition to all of the other drugs and things we have. What does she mean by we have made them dependent, as though something in the world changed, right? What she's talking about is the destruction of natural herd immunity. That is what she is actually saying. You see, we exist as a species, since the dawn of man until now, before doctors were ever here, they came around a couple hundred years ago. Vaccines came around early 1900s, late 1800s. So up until that moment, how were we staying alive? How was it that viruses and bacteria were not eradicating this species from the planet or really any species for that matter? Well, we all had natural herd immunity. And then the pharmaceutical industry got involved and said, you know what, we can probably do the same thing that nature does and get paid while doing it. And so for 200 years and really specifically since about the 1960s, with the advent of the MMR, the measles, mumps, rubella vaccine and going after trivial illnesses, that was the big change, right? We were dealing with polio and that was scary and smallpox.

[00:05:44] Del Bigtree

But once we started really fiddling and messing with trivial childhood illnesses that barely killed anybody, that we really shifted the world. You see, we essentially had herd immunity. Babies never got the measles. They were never in danger. Every adult had had the measles. And so they protected them from ever really being a giant epidemic that ever killed anybody. In fact, the death rate in 1961 of the measles before the vaccine ever came along was 1 in 500,000 people died in the United States of America every year. That's 1 in 10,000 of those who actually got the illness. But as a total population stat, 1 in 500,000 was the risk of death. So why mess with it? And why does it matter? Well, because now, as we've reported, the vaccines are wearing off. They have a serious problem, people are deciding maybe I don't want to give it to my kids, and all the adults that are now getting these illnesses because they haven't had their adult vaccines. And the WHO is panicked, right? In December, they were really, really scared that we have really messed with the world here. We have absolutely messed with Mother Nature and we have eradicated the planet of lifelong immunity.

[00:06:57] Del Bigtree

Every adult that once had lifelong immunity from having contracted these childhood illnesses no longer has lifelong immunity. We screwed that up. We gave you an inferior immunity with vaccines that you have to get over and over and over again. Six DTaP vaccines by the time you're 18. They're talking about a third MMR in college and two more as adults. You see these things keep wearing off. How do you get to herd immunity when everything just keeps falling through like sand through an hourglass, disappearing through your fingertips? And the WHO is worried, we have made everybody dependent. Pharmaceutical dependance is what we must fight for now, and we must not lose this battle or we are in trouble. From that lens, I want you to think about all of the discussions we have today. The WHO and the world now has an agenda to have you forcibly vaccinated in a program every single year of your life because they want to continue their war against natural herd immunity, since they're already on their way. You have to decide, well what does that mean? What are they willing to do in order to keep up this war against the immunity we once had? Would they be willing to kill people? I think these are the questions you're going to ask very deeply, especially when we look at this first story.

[00:08:23] Del Bigtree

We, if you were watching the news, the FDA has just retracted the emergency use authorization of hydroxychloroquine. FDA, this is STAT, "FDA revokes emergency use ruling for hydroxychloroquine, the drug touted by Trump as a Covid-19 therapy." The HighWire is doubling down once again. We have been at the poker table with hydroxychloroquine from the beginning. And I will tell you as a reporter, it's scary to keep reporting on something that you see being attacked by an agency as big as the WHO, as big as the FDA. What does The HighWire think? What, Del Bigtree, why are you still on this? Because something really, really stinks. Remember, there's hundreds of studies around the world that are showing oncredible success with hydroxychloroquine. Last week we reported that The Lancet had a study that apparently had more people, more continents, more people, millions of people around the world, the biggest study ever known of hydroxychloroquine that showed, oh my God, it doesn't have any effect at all. And the WHO jumped in on it, and everybody started reporting on it, except one problem. The thing was essentially a hoax. You had hydroxy, here's the Lancet, "Hydroxychloroquine or chloroquine with or without a macrolide for treatment of Covid-19: a multinational registry analysis." Well that multinational registry ended up being total baloney run by a couple of con artists, and now it's retracted. Here it is, retracted, and we reported this last week.

[00:10:01] Del Bigtree

It is retracted. It is a big stinking pile in the annals of science that everyone got behind, saying see, hydroxychloroquine really doesn't work. We still need the vaccine, right? Isn't that what this is about? We still need the vaccine because that treatment doesn't work. Well, now they've pulled that study, and you would think, well, there it is. We now found out that the WHO had stopped a trial on hydroxychloroquine because of this incredible Lancet discovery, which is now just a steaming pile of ridiculousness. Well, now the WHO has reinstated the trial. We're like, oh, good, great. But then oddly this week, the FDA is now pulling the emergency use. Well, to get to the bottom of this, and the letter written by the FDA. I want to bring in Dr. Jim Meehan, who has been speaking very loudly about some of his concerns with what's happening around hydroxychloroquine. I saw your tweet, you basically are saying they are gunning for hydroxychloroquine, and it really doesn't make sense. Just to start with, why, what is happening, what is the FDA letter, what did it cover, why did it, why is it getting away from hydroxychloroquine and what are its excuses right now?

[00:11:15] Dr Jim Meehan, MD

Well, those are all the, those are all the key questions, Del. So this revocation of emergency use, was once again, it's not based in science. They cited eight studies as the basis for their revocation, and those eight studies were weak. Most of them were were beneficial, but they were small. They put all the emphasis on one study by Tang, t-a-n-g, and that was a study of only 150 subjects. It was a high dose delivery of hydroxychloroquine, it was 1200 milligrams. Somebody is not paying attention to what the clinicians out there are showing, like Dr. Raoult, who has over 3000 patients, treated with about 600mg a day for ten days ,and producing amazing results. But they're padding these, they used basically the worst studies, they cherry-picked the worst studies.

[00:12:17] Del Bigtree

And so, and in some of these studies, there was actually references, I was shocked to see that some of these studies weren't even done this year, they were done before we even had a coronavirus pandemic. Can you tell me about that? What were those studies there to prove?

[00:12:32] Dr Jim Meehan, MD

Well, because, one of the reasons it's cherry-picking, Del, they're cherry-picking negative studies to support the conclusion that they want to create and they want to thrust upon the public. They want to mislead us and deceive us, because this is, the benefits that are coming from hydroxychloroquine and clinicians, which is the preferred treatment of choice by 55% of physicians that were polled by Sermo. Most physicians believe that hydroxychloroquine plus azithromycin plus zinc is one of the best ways to treat patients with COVID-19. It's important to treat them early, but most of these studies are being designed with an intention of failing. And that's what this whole pattern of behavior looks like. Once again, I've seen it with vitamin C, I've seen it with vitamin D, and they're doing it with hydroxychloroquine. Why? Because hydroxychloroquine is safe, it is effective. At the short duration that it's used, it's safe and it's very effective.

[00:13:36] Del Bigtree

But they pulled into some older studies, right? Weren't they trying to say, well, there is some history that hydroxychloroquine has had heart issues? I mean, isn't that the argument they're making? How are they defending that? Where is that argument coming from?

[00:13:49] Dr Jim Meehan, MD

Right. Well, once again, that argument is, they're trying to cast fear, uncertainty and doubt on a medication that is proving to be so effective. So how do you do that? You create fear. You use studies that were using either high doses, were used without zinc, without azithromycin, in high-risk patients. And you throw those into the eight studies that you're going to use to revoke the emergency authorization. You're going to....

[00:14:16] Del Bigtree

Jim, you know, here's what I found really shocking. We looked up, can we bring this up? There's a lot of uses for hydroxychloroquine, for, since like 70 years now or something like that, whether it's lupus or arthritis or malaria. And we looked up and we could, we only found 2017. We have that slide? In 2017, the United States alone, there was a massive use, I don't see the number on here. It had a number oh, was it? There we go. 5,666,999 doses in one year in the United States of America. And I find it shocking, this is back in 2017. Where was the FDA then, right? I mean, it seems like there's two sides to this sword, right? If you're telling me you are suddenly concerned about a possible heart condition from hydroxychloroquine, where were you the last seven years? Where were you for the 5 million doses that people used thinking it was safe, and but the FDA knew it wasn't. I mean, to me, this is like, it's crazy. They, either way, they lose this argument, right? Either way, you have either been hiding a danger that you shouldn't have been for God knows what reason, or now you are just pointing out some tiny little issue that few people had and trying to, as they say, make a mountain out of a molehill. But in the middle of this, as you said, high dose trials, there was an article out of Age of Autism that you brought to my attention. Tell me a little bit about that.

[00:15:51] Dr Jim Meehan, MD

Oh, so that's some great, like yours, it was some great investigative journalism from Age of Autism. They published recently this, the "WHO 'Solidarity' and UK 'Recovery' clinical trials of hydroxychloroquine using potentially fatal doses." The, both the Solidarity, which was the WHO study, a conglomeration of WHO trials all over the world, multiple sites, the Recovery was a UK study by Landry that was, again, kind of very similar to Solidarity. Both studies were using massive potentially lethal doses of hydroxychloroquine. They were...

[00:16:32] Del Bigtree

Just to be clear, I just want to, for our viewers, we have two really different studies. You have the Solidarity study is what they're calling it, being conducted by the WHO, which involves, you know, looking at sites in different countries all around the world. And then you have the Recovery study, which is being done in the UK, is it Oxford, I believe, and that, and all of these are sort of coming to this no clinical benefit. And what they mean is, they're not seeing an advantage, just as many people are dying or more. So tell me, you know, what is it, when they say lethal dose, what do they mean?

[00:17:09] Dr Jim Meehan, MD

Well, the doses being used in both Solidarity, the WHO trials, and the Recovery, the UK trials, two independent studies, they were both using levels that were about four times the maximum dose for any medical condition. There are no medical conditions at which these doses would be prescribed. In fact, when Landry was kind of confronted with these issues, he apparently was making some kind of careless mistake, believing and maybe even misinterpreting hydroxyquinolone for hydroxychloroquine. But he was actually following the World Health Organization trial standards. The World Health Organization set these levels. This is what I mean by designing a research clinical trial to fail. This study was designed to fail using extraordinarily high levels that can. Hydroxychloroquine is an amazing medication, it's safe. Millions, as you've shown, millions of patients are using them and have for long periods of time. But at higher doses, the therapeutic window is narrow. So if a little bit is good, but too much can be dangerous, and that window is narrow.

[00:18:29] Del Bigtree

Let's look at some of the quotes out of this Age of Autism article really quick because this is really shocking. Alright, great. "The Recovery trial Study Protocol notes is funded in part by the Wellcome Trust and the Bill and Melinda Gates Foundation, and by UK government agencies. The Protocol provides the doses of hydroxychloroquine used, on page 22. Twitter users began to notice a dosing problem with hashtag #Recoverygate." Now, I want to make this point because we know that Bill Gates and the Bill and Melinda Gates Foundation is already invested in, as I said at the top of this show, I believe it's somewhere around six different attempts at the vaccine, and they are pushing the idea of getting a vaccine for everyone in the world. So you've got to ask some questions. If there was a product like hydroxychloroquine that is 90 or even 80 or even 70% effective, it would really remove the need for a vaccination, right. And so why is this group that is profoundly invested in the vaccination doing trials and funding the trials on hydroxychloroquine? Well, now let's look at what they say about these trials. Get ready, folks. "How is the drug hydroxychloroquine normally used? For chronic daily use in systemic lupus erythematosus or rheumatoid arthritis, patients receive between 200 and 400 mg daily, or a maximum of 5 mg/kg. In acute Q fever. 600 mg daily may be given at the start of treatment. For acute attacks of malaria, 2,000 mg may be given over 3 days." Well, the HCQ dosing regimen used in the Recovery trial, remember this is the Oxford trial, was 12 tablets during the first 24 hours (800mg initial dose, 800 mg six hours later, 400 mg six hours later, and then another 400 mg six hours later), then 400mg every 12 hours for nine more days.

[00:20:31] Del Bigtree

"This is 2.4g during the first 24 hours, and a cumulative dose of 9.2g over ten days." The Recovery trial also used 1.86 grams of hydroxychloroquine, 2400mg of hydroxychloroquine in the first 24 hours treatment of already very ill, hospitalized. Look, it goes on to say, "The Canadian and Norwegian trials" --this is now going to be in the WHO trials-- "used 2000mg of HCQ, or 1.55 grams of HCQ base in the first 24 hours. Each trial gave patients a cumulative dose during the first 24 hours that, when given as a single dose, has been documented to be lethal. (The drug's half life is about a month, so the cumulative amount is important.)...The WHO hired a consultant to explore the toxicity of hydroxychloroquine in 1979. The consultant, H. Weniger, looked at 335 episodes of adult poisoning by chloroquine drugs. Weniger on page 5 notes that a single dose of 1.5-2 grams of hydroxychloroquine base 'may be fatal.'" Jim. Are you telling me, the WHO knows from their own studies, all the way back in 1979, that 1.5-2g is a lethal dose, and that seems to be where they started their numbers in their trials of the WHO. That's right, in Oxford, all by themselves, ironically, are right in the same space of over two milligrams, 2.4, 2.5. I mean, how do you explain this?

[00:22:16] Dr Jim Meehan, MD

That's it, Del. Yeah, well, you can't explain it. This is a study designed by the World Health Organization that is not only designed to fail, it's designed to kill. And that studies are showing a very high case fatality rate of 25.7. Compare that, 25.7% of the patients in these studies are dying and that study is still going on, so I call on the World Health Organization to stop the study. Their study is designed and is killing people at a rate that is extraordinary. If you dose this medication properly, as Dr. Raoult has shown, you have well over, I think his case fatality rate was 0.75%, Del. Let's go back to the Bill and Melinda Gates. They also, Age of Autism exposed that five members of the Bill and Melinda Gates Foundation took part in the meetings that designed this World Health Organization trial. Bill Gates is the number one funder of the World Health Organization, it's a co-opted organization. I would, in my opinion, Bill and Melinda Gates are creating a market for vaccines by building trials that are designed to fail, designed to kill, to seed fear, uncertainty and doubt. And this is deadly. We cannot trust our public health agencies, we can't trust these charitable organizations. They are not being charitable to the public. They are creating deadly protocols, and it's just got to stop. The World Health Organization knew that these doses could be potentially fatal, and yet they promulgated them. And, you know, it's interesting because India, Spain, multiple other countries, when they finally saw the protocol, the dosing, they said, wait a second, that's four times higher. Brazil had conducted a study where they had a high dose arm of 1200 milligrams that they stopped in April because it was causing a higher rate of complications. 1200 milligrams. Now, 1200 milligrams is the same dose.

[00:24:25] Del Bigtree

It's half. It's half of what the WHO...

[00:24:27] Dr Jim Meehan, MD

It's half, and it's the same dose that the FDA relied upon in the Tang study to revoke this authorization. And in doing so, what they're doing is they're sending a chill in the medical community so that we may not, you know, we may be withholding this potentially lifesaving medication. We may not be treating early. We may not be able to save lives because we have World Health, Bill Gates, the CDC, these trials are misleading the public and they're killing and harming the public.

[00:25:00] Del Bigtree

It's incredible and, you know, when you look at it, and I want to ask you a question. You said in Brazil they had a high dose and a lower dose arm of the study. They didn't continue the high dose at 1200, which is still half what the WHO is using. What about the low dose? Did they bag out on that, too?

[00:25:17] Dr Jim Meehan, MD

No, they continued it and it was getting great results. The case fatality rate was in the 1, 2% range. So when this drug is used appropriately, it saves lives. Del. But this is, when you do it the way it's being done, contrived by the World Health Organization, it's deadly. That's the nature of the medication. You know, the poison is always defined by the dose. So this, HQ hydroxychloroquine is a lifesaver when it's used properly. So design studies.

[00:25:49] Del Bigtree

Let me, let me, let me just say, and we've been on this for a very long time, Jim, over three months ago or so, we brought up Didear Raoult, this guy has been screaming from the mountaintop from day one, really. He already had hydroxychloroquine being used in China studies. He said this, this is, I think, four months ago now. "Actually, from all respiratory infections" --he's referring to COVID-19-- "it's probably the easiest to treat. So there is really no reason to get excited anymore. There is really no reason to go get excited and rush to produce a vaccine..." In fact, he went on to say that if you do not prescribe hydroxychloroquine, I believe that should be grounds for malpractice. So now putting that into context, you know, when we think of the fact that here's the guy that was really leading the world with hydroxychloroquine, and multiple, whether it's in New York, you know, you've got the studies with thousands of people showing incredible success. China, Italy, all over the world, people following Didear Raoult. I believe that Donald Trump made a lot of his decision to take it himself based on this French virologist. Well, let's look at what they say in this article about the doses he used. "Professor Didear Raoult's group in Marseille used 600 mg daily for up to ten days in 1061 Covid-19 patients, and reported 8 deaths, a mortality rate of 0.75%, all over 74 years of age."

[00:27:19] Del Bigtree

I mean, all of his patients were in the high risk group, over 74 years of age, and only 0.75% of them died. He had a 99, then, .25 percent success rate. But look at this. "The mortality rate reported by Landry and Horby" --which is at Oxford-- "in the Recovery trial, is 34 times higher." They had 34 times the amount of deaths as Didear Raoult. Now, honestly, Jim, I mean I know there's people out there that still want to believe CNN and MSNBC as they're gunning at hydroxychloroquine, but you cannot explain this. Why, if you have, and Raoult has been putting his name on the line every time another study comes out, pointing out the inconsistencies in the Lancet trial. He said, I want to see that data. Show me this data from around the world. He said, by the way, how are you getting EKG heart data out of Africa, where I happen to know they don't have EKG machines? That was what started eroding the Lancet study, right? When everyone started looking at it and and going to the group that had put it together, and say, you better show us this data and they couldn't, it started falling apart. I mean, honestly, when you're, when you look at science and you look at math, you have to ask yourself, okay, fool me once, shame on you, fool me twice, or again, how is it you keep having the same issue?

[00:28:46] Del Bigtree

You point to the Lancet, the FDA points to the Lancet, says, well, it was retracted, but it was one of the reasons we are removing the emergency, but we really liked this Oxford study. You do? Why didn't they, how does it make any sense whatsoever, when the champions of science all around the world, over 200 successful studies, are talking about 600 mg, how does someone decide, great, we'll test that. We'll test your hypothesis. Remember, Tony Fauci is behind this, too. He's saying, I don't know if I trust that. I'd like to see some placebo studies to really get to the bottom of it. And when we finally get placebo studies, they ramp it up to four times the amount that anybody is using in the successful trials. I got to believe someone's, in my mind, and you're a doctor and I hate saying this, I think some of these doctors involved in this, this is murder. I mean, this is murder. They are pulling the trigger. They are using fatal doses to prove some kind of ridiculous point. What do you feel about scientists? You are one, you're a doctor. You know, they're wearing white lab coats. What are they doing to the, our perception of science right now?

[00:30:00] Dr Jim Meehan, MD

Well, they're destroying the integrity of the scientific process. They're destroying the integrity of scientific research. They are, you know, we are seeing science subverted to financial biases and political agendas. These, you know, safe, effective and cheap medications that can save lives are being, they're being assassinated. The motive here is to eliminate fear, uncertainty and doubt on low-cost therapeutics that could be used right now to really save lives and to pave the way for expensive antivirals, for vaccines that they want to mandate on every member of the population. It's, if we have not understood before that science is being taken over by the pharmaceutical industry and people like Bill Gates, now we have to see it. I hope this blows up and everybody can understand what's really going on here, because public health is being trampled by financial bias and political agendas. We've got to stop it, Del, and thank God for you for being able to expose it. I mean, all you have to do to see that there's these puppet masters pulling the strings on puppets like Dr. Maria Kerkove, you did a great comparative video analysis of what she said, kind of laying out the science of the trace, the contact tracing, and how asymptomatic spread is so, and then you put it in direct context the next day when the puppet masters pulled her strings and said, hey, that's inconvenient, that's not a part of our messaging. We're contriving a message here to manipulate the population into believing something that serves us. You know, doctors...

[00:31:47] Del Bigtree

People got to wake up.

[00:31:47] Dr Jim Meehan, MD

...will see this. Doctors are seeing this, they will continue to see this, and they will begin to not trust the CDC, not trust the World Health Organization, to see anything that has Bill Gates's fingerprints on it as something that needs to be scrutinized very heavily because the public health is not in the top of their minds, Del.

[00:32:08] Del Bigtree

Dr. Jim Meehan, thank God for you. Thank you for raising the alarm on this, bringing it to our attention. I know you put your own license at great risk to speak out against Bill and Melinda Gates or the WHO, but the truth will prevail. Thank you for bringing it to us, and we look forward to speaking with you soon.

[00:32:26] Dr Jim Meehan, MD

God bless you, Del.

[00:32:27] Del Bigtree

Alright, take care. Amazing. I mean, outrageous. You cannot call that a conflict, you know. It's not just one study, right? It's not the Lancet's a total disaster. Then the FDA still pulls hydroxychloroquine and then the study they point to is an even bigger disaster. I've been saying they are killing people in New York that are not receiving hydroxychloroquine. They are murdering people in every hospital that are not using techniques that we are seeing such incredible results all around the world with, and now they're murdering people in trials, is it possible, in order to prove their point, to look like they're right? These are scary times, folks. And who's been helping us get to the bottom of it? Our own Jefferey Jaxen, it's time for The Jaxen Report. Well, that was a bombshell, Jefferey, we just got dropped on there with the hydroxychloroquine trials. WHO still continuing trials to obviously show that it doesn't work while they kill people to make their point. What else you got for me this week?

[00:33:31] Jefferey Jaxen

Well, there's a new drug on the block, and it's a common steroid called dexamethasone. This was from the Oxford trial, this is from the Oxford Recovery trial that you were just speaking of.

[00:33:43] Del Bigtree

So they're killing people with hydroxychloroquine, but with this drug, they're having some success, tell me about it.

[00:33:50] Jefferey Jaxen

Yeah. So the success is basically about a third. So around 30% of people being ventilated, it reduced their deaths. People receiving oxygen, they had reduced deaths by about a fifth, and there was no benefit among the patients who did not require respiratory support. So now we're making headlines at 30% as opposed to, you know, 80-90% that were initially from the hydrochloroquine, which is interesting. But looking further into the data, we can't find it, because this is science by press release. This is right out of Oxford University's press release, and it was a limited data and that's basically all they're giving us. So no data for the public to see. The research is not in a peer-reviewed journal, it's not published anywhere. So this is kind of the first we're seeing of it. And the medical community is rightfully skeptical. Right out of Reuters, there's headlines already about doctors who are questioning this. "Show me the data: US doctors skeptical of reported COVID breakthrough." Now I pulled two quotes from here, and this is kind of the sentiment out there. One of the quotes, "'We have been burned before, not just during the coronavirus pandemic but even pre-COVID, with exciting results that when we have access to the data are not so convincing,' said Dr. Kathryn Hibbert, director of the medical intensive care unit at Harvard's Massachusetts General Hospital." Another gentleman, "Dr. Thomas McGinn, deputy physician-in-chief at New York's largest healthcare system, Northwell Health." He said, "'We have to see what the study looks like given the current environment of retractions,' said McGinn. 'I just wait to see the real data, see if it's peer reviewed and gets published in a real journal...'" Not uncommon to ask for this, but it looks like the medical community is really after the Lancet retraction, after the Remdesivir issues in those studies, people want to see the data. And, you know, it's exciting that this is a 30% reduction in deaths, but it's time to just produce this data.

[00:35:44] Del Bigtree

And to be clear, one of the things that it appears would be good about this is where hydroxychloroquine seems to only really have success being given upon symptoms early on, right, to keep you from ever getting on ventilator, it hasn't shown success in the trials where they just give it to you right when you're going on to a ventilator, which is really the only studies that Tony Fauci and others have pointed to. It was too late. But this steroid actually did have success right upon that moment that people are going on ventilators. So where, I imagine, you imagine, I mean, this is the thing, right? I worked on The Doctors television show. People always ask me, what did you learn, you know, working on a medical talk show for six years where I won an Emmy Award? Well, we're all under this impression everyone's talking to each other, right. And that we're really just looking for the best cure and the best way to do it. And if you were a thinking person, you would say, well, let's take this drug hydroxychloroquine that has over 200 studies, thousands and thousands of people showing 99% success rate. Why don't we go ahead and prescribe that at least for those at risk? Right. The over 65 with other comorbidities, as soon as you are testing positive, we're going to go ahead and start the hydroxychloroquine. Now, we know that 99.75% of you do really good with that. Or 99.25. But for those that end up maybe you are going onto the respirator, that would be the moment that maybe the steroid comes in handy where we can now save 30% more of you, that last little bit that are now going into the really dangerous place. Then you go, wow, then we've eradicated really any problem almost whatsoever. Yet that's not at all how any of this is being done, right. It's all being manipulated by people to make money and trying to push some agenda, what we're going to beat on all the rest of this show. But what else do you have for me? Let's move on.

[00:37:33] Jefferey Jaxen

Yeah. So well, right before we go in the next story, there's some breaking news, just about an hour ago out of New Brunswick, Canada, Bill 11, we reported on this last week. It has been defeated in New Brunswick provincial legislature by a vote of 22 to 19. Yes, Education Minister Dominic Cardy's Bill 11, this sought to eliminate religious and philosophical exemptions for schoolchildren, that's out. Two days ago.

[00:38:00] Del Bigtree

I have to imagine there's a lot of phone calls by you people in Canada, we talked to you last week about this. So congratulations to you for stopping that bill that was going to try and take away your exemptions. Remember, I've been warning everybody, they want you forced vaccinated. That's what Heidi Larson is talking about. They're going to use COVID-19 as the excuse. Well, Canada up there in New Brunswick, it appears they were awake enough to stop this thing in its tracks, so congrats to Canada today.

[00:38:26] Jefferey Jaxen

Yeah, that's just gigantic news. So, Well, moving on to the next story, we had a report of 54 NIH scientists fired, National Institutes of Health. This is a Science Mag headline. "Fifty-four scientists have lost their jobs as a result of NIH probe into foreign ties." Now, this started in 2018. NIH released a statement trying to protect the integrity of biomedical research. So what that was, basically they were looking at failure of grantees by the NIH to include contributions they receive from foreign governments. They were worried about IP getting leaked to foreign entities and also confidential, just confidential information. So this probe has been going on for a couple of years. We saw headlines at the end of January from a Harvard professor who was charged. This was the headline. Dr. Charles Lieber was a chairman of Harvard University's chemistry and chemical biology department. He took 15 million in total of NIH grants. And it was found that he was also a strategic scientist, this is what the Department of Justice called his position at Wuhan University of Technology, where he is receiving \$50,000 per month. They gave him almost a million or a little over \$1 million to perhaps start a wing there. Now, that coincided, obviously, with the virus, so a lot of people are saying this was because of the virus, but it appears that this investigation started way before that. Looking at the latest information from this investigation, they've identified 399 scientists of possible concern. The FBI, which is included in this investigation, they found 121 of them. 44 additional were flagged by their own institutions. So NIH Director Francis Collins had this to say about it in Science Mag. He said, quote, "'It's not what we had hoped, and it's not a fun task,' NIH Director Francis Collins said in characterizing the ongoing investigation. He called the data 'sobering.'"

[00:40:29] Del Bigtree

I mean, look, I think this is great. Obviously, we don't want foreign ties in the decisions that are made. These things affect, as we know, right now our economy is being destroyed by decisions that appear to have some sort of foreign scientist involvement. WHO, all of these things, I think all of it needs to be called into question. But is there any statement in any of this that's referencing perhaps one of the biggest scientists at the NIH, Dr. Tony Fauci, and maybe a \$3.5 million grant that went from the NIH to Wuhan Laboratories? It seems to me if while we're going to start just flushing out all of the scientists that seem to be interacting with, in a lot of it, China, is Tony Fauci finding himself in the middle of this at all?

[00:41:15] Jefferey Jaxen

Zero. Zero mention of Fauci or his ties to China. It's basically just researchers and scientists that don't have the name Tony Fauci.

[00:41:24] Del Bigtree

Probably the people that just didn't discover anything worth anything, we can lose him. Just get rid of the ones we don't like, that were useless anyway. And then, Tony, don't worry, we got you covered. Unbelievable. But I'm sure there's more to come from that. You got the FBI involved. These things, again, are affecting world policy, economics, everything now. It's not just a bunch of geeky doctors interacting across borders. This is really national security hanging in the balance, and so I'm glad at least they're looking into it, even though you have to imagine they're protecting the ones that probably really are the major problem. And you got to tell me, they knew, right? These people are all getting grants like crazy. They all talk. They're not, they know how many flights people are taking to China. You know these guys were involved. To me, this is just a lot like, you know, just throwing the peons under the bus as you try to cover your butts. But, you know, we'll see how this all plays out. Alright, another gigantic story was breaking this week. Tell me about that.

[00:42:24] Jefferey Jaxen

Yeah, yeah. Kind of under the cover here that a lot of people didn't know about was a fluoride court case. Grassroots organizations took the Environmental Protection Agency to court. So basically the background is citizens have the right to petition the EPA under what's called the Toxic Substances Control Act. Organization called Fluoride Action Network and others did that in 2016, trying to get them to take fluoridation out of water, fluoride chemicals out of water, which are pesticides. And what happened was the EPA denied it. So this was the first time that a denied petition went to court. So we had, as the plaintiffs, like I said, Fluoride Action Network, organization called Moms Against Fluoridation and Food and Water Watch. It was a fascinating trial. This was trial by Zoom, basically, it was a call-in trial, and it couldn't be recorded, unfortunately, those were court orders. Not uncommon for trials not to be able to record those. So we don't have actual footage of it, but it was a fascinating trial. So the plaintiffs in the case had four experts that had consulted and worked with the EPA setting standards in the past. So one of them, his name was Philippe Grandjean. This guy is basically the reason why there's limits on mercury toxicity in fish. He's the EPA go-to guy when it comes to that, and in his expert declaration he submitted to the court, this just gives a kind of a flavor of what these, what the science community is talking about. He says, quote, "The evidence of fluoride neurotoxicity in the general population is fairly recent and unlikely to represent the full toxicological perspective, including adverse events that may occur at longer delays. As has been seen on numerous occasions, the evidence available today may well underestimate the true extent of the fluoride toxicity. With a reasonable degree of scientific certainty, I therefore consider the elevated levels of fluoride exposure in the US population as a serious public health concern."

[00:44:30] Jefferey Jaxen

Now it's fascinating stuff. So 2016 was a petition. In 2019 there was a JAMA Pediatrics study that was published, there was a study published in JAMA Pediatrics about fluoride exposure in children, among pregnant women. It found a 3 to 4%, it found IQ drops on par with lead for kids that were exposed to fluoride when the woman was pregnant. There was a 2017 study out of Mexico found pretty much the same thing. So these were new, these were kind of new revelations since the petition happened. Now, on the other side, you had the Department of Justice defending the EPA. Their experts were from a hired firm called Exponent. Exponent is a consulting firm. They've defended Monsanto products, Dow products, Syngenta products, and, you know, just kind of what are called hired lab coats basically. And again because there's no video I pulled a quote from this. When the plaintiff's attorneys ask these Exponent people how much they are being paid, the quote says, "...He [plaintiff's lawyer Connett] also asks Chang" --this was one of the ladies-- "how much she had billed EPA so far for work incurred during the trial... 'Somewhere around a hundred and forty eight or nine thousand,' Chang said." So for the two of them, around 350,000 total to Exponent. "'Something around that range,' Chang said..." Really fascinating stuff.

[00:46:05] Del Bigtree

Our government is funding a bunch of shills to come in and try and refute science being published in JAMA. Of course, we covered that story back when it was breaking and the fact that there was doctors and scientists getting together saying this is shocking. I always thought that it was safe, and now I'm going to have to change my entire thinking about. So that's in court right now. People have been able to watch it online, but we can't show you any video because they made it illegal. How did you feel like the trial was going? And there's several sections. This is the first part of this trial. What has to happen right now for it to move forward?

[00:46:43] Jefferey Jaxen

Yeah, so what happened, there was a, I guess you want to call it a ruling but it was not really a ruling yesterday. So what the judge in the case did was he essentially suggested that the plaintiffs had won. However, the judge gave the EPA time to take a second look at this new data that was available when the petition, that wasn't available when the petition was sent. So these two studies on pregnant women and the IQ drops in the kids. So it gave them time to reincorporate this new evidence, make changes, and the judge put a stay on it and held his ruling until this could possibly happen. So in basically 30 days, on around August 6th is, there's going to be a meeting between the EPA, between the the groups that brought the case and the judge, and they're going to have basically an update on where it's at at this point, and if nothing moves forward at that point, the judge may be making a final decision. But what's interesting really, bottom line, what came out of this trial from watching this thing is the EPA and the CDC have no studies to show a pregnant woman, as it stands, that their fetus is safe from fluoride neurotoxicity. Only studies out there show that there is a neurotoxic effect. And also the studies up to this point that the EPA does have don't look at neurotoxicity as the endpoint of the study. They look at bone and teeth damage, potential damage to the bone and teeth. So that's where we're at with fluoride science, that was the bottom line that came out of this trial.

[00:48:18] Del Bigtree

So they basically just wanted to know, are the white spots in your teeth caused by fluoride? If not, oh good, it's good to go. It's not causing white spots when there was this other looming much bigger problem, because it's always known to be neurotoxic. Right, isn't that the the known quality of fluoride, at least, and the question is only on the dose. And I don't know how much can we be getting since we're drinking it in our water all day, every day for the 80 years or 100 years we're alive on this planet. Huge, huge stuff, and all of it, I just think, is showing a science that's crumbling down around us, and it's really disconcerting to see how government agencies like the EPA bring in private contractors to fight the citizens that are just simply saying, I think you're poisoning us. To watch our government knowingly attempting to win a case so they continue, can continue to poison us. Just shocking stuff, Jefferey. Thank you so much for bringing all that, and obviously we're going to continue to follow that. Great work, Jefferey. Anyone that can still read, you may want to check out The Jaxen Report on the thehighwire.com every week. Writing really great stuff, talking about things like this in much more detail, so Jefferey keep up the good work. Thank you.

[00:49:32] Jefferey Jaxen

Alright. Thank you, Del.

[00:49:34] Del Bigtree

Well, you know, at the top, I said, there's an agenda, folks. There's an agenda to force vaccinate you. They are gunning for any product that could actually take away the need for a vaccination. Remember, the CDC has already told you the death rate of COVID-19 now appears to be 0.26%, a quarter of 1%. Why were anyone still locked down, God only knows. Why we're wearing masks, God only knows. But even more importantly, why are we still searching for a vaccine unicorn? You know, I've talked about this before. We know that they want the vaccine unicorn, but now it has, what? Even greater potential. Are we developing Operation Warp Speed? Is this vaccine unicorn now gaining superpowers of warp speed? Well, it does appear that it is, and it's scaring the hell out of a lot of people, including vaccine scientists and proponents? Take a look at this little expose on CNN, It gives you a pretty good feel of where Sanjay Gupta and Dr. Peter Hotez are at.

[00:50:40] Moncef Slaoui

I have very recently seen early data from a clinical trial with a coronavirus vaccine. And these data made me feel even more confident that we will be able to deliver a few hundred million doses of vaccine by the end of 2020.

[00:50:59] Mark Esper

We will deliver, by the end of this year, a vaccine at scale to treat the American people and our partners abroad.

[00:51:08] Alex Azar

We're working for a fully approved vaccine, but we'll also use the tools we have, for instance, emergency use authorization as appropriate. We use all of our regulatory tools to bring vaccine available for the entire American population by January.

[00:51:22] Dr. Sanjay Gupta

This doesn't fit with any timeline that we've ever heard before with regard to vaccines. You know, typically you're talking about many years, not many months, with something like this. You clearly are hearing from some very impressive individuals who have a long history of vaccine development. Moncef Slaoui, who has been at a company that was responsible for making ten vaccines. The timeline on these vaccines, though, several years, typically, from from actual development all the way through FDA approval. So the idea now that we're talking by the end of the year, a possibly fully approved vaccine, not just one that has an emergency use authorization, that's for healthcare workers, but a fully approved vaccine, that is the fastest timeline that we have heard, period, in this discussion.

[00:52:09] Dr. Peter Hotez

The problem is it's, to be able to test that the vaccine is both safe and effective, and as far as I understand, phase three clinical trials on the first vaccine, the Moderna one, won't even begin till the end of the summer. I don't see a path by which any vaccine is licensed, whether it's emergency use or otherwise, until the third quarter of 2021. So I understand that it could be manufactured by, the several vaccines could be manufactured by the end of the year. I just don't see how you collect enough safety and efficacy data to say that we can have a vaccine for general use by the end of the year.

[00:52:50] Del Bigtree

Amen, Dr. Peter Hotez. Now, by the way, he would know. He has been working on a coronavirus vaccine for, I think, over a decade now. So he's well aware of all the problems. I'm not going to get deeply into the problems of the vaccine, other than the fact that it killed animals in the animal trial, was totally, made all of them sick, and there were warnings at the end of every animal trial saying we better not move or we should really be careful about moving forward with human trials with this vaccine. Something's terribly wrong, it's making people more sick or making the animals more sick. Cytokine storms, all of this. Folks, when scientists that usually promote bad vaccine safety science, as we've pointed out for years here, when they usually promote it and now they are terrified of the vaccine in the pipeline, and how quickly it's coming, and they start telling you they are worried about the amount of science and the length of the safety testing, you better get really afraid, okay. Because we have very strange bedfellows now, and it doesn't end with Dr. Sanjay Gupta or Dr. Peter Hotez. There was an opinion piece written in The New York Times by our own Dr. Paul Offit and Ezekiel J. Emanuel. "Could Trump turn a vaccine into a campaign stunt? In a desperate search for a boost, he could release a coronavirus vaccine that has not been shown to be safe and effective as an October surprise."

[00:54:18] Del Bigtree

Huh. Interesting point. Let's look at this article. He goes on to say, and this is really worth the read, you should check it out, because there's just, I mean, it's one of those articles I wish I could just read the whole thing, but I'm just going to give you a taste of it. Take a listen to this. "In a desperate search for a political boost, he could release" --meaning Trump-- "a coronavirus vaccine before it had been thoroughly tested and shown to be safe and effective." He goes on to say, "No vaccine since the 1950s has been approved and licensed without completing large, prospective, placebo-controlled studies of safety and effectiveness." I am going to take some issues with that statement in just a moment. Let's go on and look at, "Even if a vaccine generates antibodies," --and this is very important-- "it does not prove that the vaccine is effective at preventing infection; it only makes it more likely that the vaccine would be effective." And let's be clear, let me be really clear, talking about those ferret studies that everyone went through. The ferrets did create lots of antibodies. Only problem is, once the ferrets went into a challenge study, which we can't do with human beings, where we sprayed or put them in contact with coronavirus, the antibodies actually worked against them. It didn't protect them, it sent their body into a cytokine storm, massive upper respiratory illness and organ failure.

[00:55:34] Del Bigtree

It was a total disaster. So there are times when the antibodies actually don't work for you and there's no way of knowing. They don't seem to know. Peter Hotez says, we don't know why this antibody immune enhancement, a really pretty name for, this thing can kill you, is happening. But anyway, let's go on. Paul Offit goes on to say, "If only 20,000 participants receive the vaccine, serious but rare side effects might be missed." So he's even saying that 20,000 wouldn't be enough. "If some harms eventually arise, it could further erode a fragile vaccine confidence and threaten the ability to get enough people vaccinated to establish herd immunity. That would be a disaster." And he goes on, let me go ahead and finish it up and we'll get to the other points. "As the White House did with its relentless promotion of hydroxychloroquine" --he's on that boat-- "as a cure, it would badger the FDA to permit use of the vaccine. More pressure would come from drug companies, some of whom may spend up to 1 billion on research and are intensely competing for prestige and glory. They are planning to begin manufacturing their vaccine candidates at risk - that is, before completed studies showing their vaccine is actually effective." Whoa wait, wo wo wo wo wo wo wo wo. Man. First of all, I want to thank you to the team, Dr. Offit. It's nice to have you on board.

[00:56:59] Del Bigtree

But are you telling me that you are nervous that the pharmaceutical industries itself, the drug companies that are making the vaccines, shouldn't be trusted to be looking out for our best interest? Are you telling me that they may rush these trials if the President lets them get away with it? Because I was pretty sure your entire career you've been telling us, you've got to trust the drug companies. I work for them all the time. They're great, nobody's trying to get people killed. Everybody's only making products and putting them out there with the highest level of safety studies that are known to man and, you know, the drug companies because, by the way, CDC never does the safety study, the FDA doesn't do the safety study, the drug companies do. And now all of a sudden, even though I see Paul Offit trying to blame this on Dr., I mean, on President Trump, it does appear your real concern is your buddies, isn't it Paul? You're really nervous that those people you usually work for, those blood-sucking liars that will push anything through to make a couple billion or \$100 billion, that they might actually skip some very important, necessary testing for a product that they can never be sued for. Huh. Really interesting. Listen to what he said on CNN, it gets even better.

[00:58:17] Paul A. Offit

Yeah, these are extraordinarily preliminary data. So what we're waiting for is we're waiting for the big trial, which is to say the large, prospective placebo-controlled trial, where you have 20,000 people who get a vaccine, 10,000 people who get a placebo, then and only then will you know whether a vaccine is safe and effective. We need to do the kinds of trials that prove to us that something is effective and prove to us that it's safe. What worries me in this is we're so desperate for a vaccine because we're terrified, paralyzed by this virus, that we might be willing to accept something less. And I think we owe it to the people in this country, especially remembering that most people who get this vaccine will be healthy young people who would be unlikely to die from this virus. We owe it to them to do the kinds of trials that we normally do to make sure that this is safe and effective.

[00:59:03] Del Bigtree

You know, I'm so torn right now. On one hand, I really want to thank you, Dr. Offit, for saying the exact words I've been saying from stages all over the world, and so has Robert Kennedy. Jr. It's really nice to hear you admitting what you've been fighting us on all this time, but you're not actually accurate. And I struggle with this because, on one hand, it's really nice that you're saying things like, we really need to wait for that robust study of 20,000 people and 10,000 that receive a saline placebo, because that's the only way, as you put it, the only way we can know that it's safe. By God, you are right. But to say that since the 1950s, we have always done that with every vaccine, that's where you start getting off. And remember, even in your article, you said that 20,000 in a study, you could still miss real issues with the vaccine, so it's not even a huge study in your mind. So you're saying, though, that 20,000, and 10,000 in the saline group, is the only way we can know. And by the way, why do we need to know? Because children are unlikely to get sick at all. Kind of like the rotavirus, don't you think, the vaccine you made, Dr. Offit? I mean, we know in the United States of America, a child may get diarrhea, but they don't die. I'm not going to go ahead and go against rotavirus maybe in third world countries that have dysentery, but the death rate is really low, why risk anything with children?

[01:00:36] Del Bigtree

Really great point. But to really bang this home, since this is my ballpark, now you've stepped onto my field, where we've been investigating, for those of you who don't know, for the last four years, one word, safety, with my nonprofit, the Informed Consent Action Network. And what we discovered is that not a single childhood vaccine, not one of the 16 vaccines given to our children, has ever been through that study that Paul Offit just described, 20,000 people given the vaccine, 10,000 given a saline placebo. The only way we can establish safety, look at this. When we looked at, there it is. Not a single one of those vaccines, they tested against each other or multiple groups of vaccines or other toxic chemicals that are in the vaccines, but not one ever tested against an inert placebo. And let me point that out, let me just give you an example. This is right out of the insert, Dr. Paul Offit, of one of those vaccines you said you think was tested thoroughly. Let's look at this. This is ENGERIX-B, right from the insert itself. It says, all subjects, it's the clinical trials, "a total of 13,495 doses...were administered to 5,071 healthy adults and children." So 5,000, not 20,000, 5000 people got it. "All subjects were monitored for 4 days post-administration." That doesn't seem very thorough. And then when you look at, oh, and by the way, there's no placebo group. There's no placebo group anywhere in here. They didn't give you a saline group.

[01:02:11] Del Bigtree

Not only was it not 20,000, but 5,000, they didn't have the 10,000 in the placebo group that Paul Offit just said every vaccine goes through. Let's look at the other hepatitis B vaccine, RECOMBIVAX. Again, you can find this written right in the paperwork of the vaccine itself. "In three clinical studies, 434 doses...were administered to 147 healthy infants and children" up to ten years old. 147? That seems like a far cry from 20,000 to me. Again, zero placebo group, Paul. And they were monitored for five whole days. Oh my God. You got Peter Hotez saying, I don't see how when they start a trial at the end of the summer, he said, remember, he said, it was my understanding Moderna isn't going to start a trial until the end of this summer. I don't see how. Then they'll be able to have a vaccine ready to go by January because we shouldn't really even understand the results of those trials until he said the third quarter of 2021. So even Dr. Peter Hotez seems to think a trial should last at least a year. I would say a lot more since every drug we take is like 5 to 10 years in a trial. But these scientists are upset with the fact that, well, we're not even going to look at it for a year, which wouldn't be long enough, and I'm showing you vaccines they're pointing to as the gold standard: five days, four days.

[01:03:36] Del Bigtree

You see, folks, this is what Paul Offit didn't want. What he didn't want was us and you and the world starting to ask the appropriate questions about vaccination. How long are they studied for? How long do they go through safety trials? What was the placebo group? Was there one at all? And you can tell. And by the way, the reason I think Paul Offit has such a problem with this is that every headline is telling us there's two groups that Donald Trump really wants to make this available to this fall. That is, doctors, our frontline defense, and African-Americans. For those of you that are African-American, I would say I would maybe tell you to go and look at the Tuskegee experiment and ask yourself, are they lining up for another Tuskegee using African-American citizens? I don't know, I'd start asking that question. But bring that up again, let's look at that headline. "Bill Gates says healthcare workers may get a coronavirus shot within 18 months as scientists race to develop a vaccine." Well obviously, they're ramping it up. And Paul Offit doesn't like the idea that he himself is about to become the test subject. Alright. And then really quickly, just to talk about another vaccine, back in April of last year, we talked about the MMR trials, which were there were several trials that we brought up in our show that had a total of 800, I think, and 50 participants in the trial.

[01:05:07] Del Bigtree

And between 30 and 40% of the 800 had serious gastrointestinal and upper respiratory illnesses from the vaccine. Just about half of them got sick from the vaccine. There was no placebo group, Paul, And therefore it got approved. Not 20,000, not 10,000 in the placebo group, no placebo group, whoop, throw that away. And only 800 people, half of whom got really sick, and that got approved. So, Paul, I guess all I'm asking for is this. Since you seem to be developing a brilliant conscience, and I know that you really do care about people, I have always said that even to your face when I've met you, I think that what you want is for people to be healthy. I hope you will join me in beginning to really sound the alarm, as you just stated, on any vaccine that was not tested on 20,000 individuals, with 10,000 in a placebo group, with about 2 or 3 years length of time so that we can see if the vaccines caused autoimmune disease. Welcome to the party, Paul. It's great to have you. Alright, well, it doesn't end there, folks. I'm not just going to admonish Paul because he might be wrong about some of his stats. I'm really, help, I think it's really great that he has stepped forward to call out this vaccine, and we really need to. Okay. This vaccine is super dangerous. I know that it's just a part of the agenda. They're just going to use this vaccine to break down your rights to reject a vaccine.

[01:06:38] Del Bigtree

They'll force it on all of us, and then we'll come the tidal wave of all the other vaccines that they're going to force you into so this is just being used to fight for their agenda I mentioned at the top of the show. But this is a legal action, in essence, we're taking. For those of you just joining us for the first time, you're never going to see a show like The HighWire. We're not only the only ones reporting truth, the only ones showing you science from around the world and telling you what's actually going on, we actually commit ourselves to making a difference with the science that we find. So you can go to thehighwire.com to look at all of the things that we're working on. And please subscribe right now because obviously when you do work like we're doing, they're going to want to censor us right off of Facebook or YouTube or something else, so please, will you go ahead and sign up at our website so we can always find you no matter where we have to run to, to write you the letters and bring you the information. But this is a citizen's petition right here to the FDA that just got sent out last night. This is very, very important because it's based on what Paul Offit just said. Now you can find this on our website at icandecide.org, but let me just read you the gist of what we are demanding.

[01:07:49] Del Bigtree

And by the way, this is not like anything else we've done. The FDA has a portal with which if you make the appropriate petition and put your own self at risk, which is what I'm going to describe too, they have to take this into counsel and look at their rules and see if they are going to make a difference. And what is the difference we're asking for? Here's what we want from all of the coronavirus vaccine trials. Here we go. Alright, to begin with, the action requested, number one is to "hereby requested that the commissioner: a. Require all Phase II and II trials of vaccines against COVID-19 include a placebo control group... b. The placebo shall be a saline injection without anything added. If the vaccine and saline are visually distinguishable, opaque vials should be used." Don't give us some baloney that you can see the vial, therefore you cannot use saline. "c. The placebo control group shall be of at least equivalent size to the experimental group. d. All" --and this is huge-- "All systemic adverse reactions, adverse events, serious adverse events, medically-attended adverse events, new onset medical conditions, and any other health issue arising or exacerbated post-vaccination shall be documented for each subject post-vaccination for a period of at least 12 months for adults, 36 months for children and teenagers, and 60 months for infants and toddlers." These are huge points. You cannot say it's safe. And by the way, now I believe Dr. Paul Offit is backing this up and so is Dr. Peter Hotez, and in this document, we quote Paul Offit saying, this is the only way to establish safety, and that's very important.

[01:09:40] Del Bigtree

Our petition goes on to read, "Because there is no licensed COVID-19 vaccine, an active control is not appropriate for trials of new COVID-19 vaccines; thus, clinical trials of potential COVID-19 vaccines should include a placebo control group... 9. Further heightening this need for placebo-controlled studies is the fact that the Secretary of the United States Department of Health & Human Services has already granted those developing and selling any COVID-19 product broad immunity from liability for injuries." So they have no responsibility to us, you had better. And "15. The undersigned therefore respectfully urges that the actions requested above be adopted forthwith." And this is the first time I've ever signed this. The way we have to submit this means I am now under risk of perjury. "17. I certify that, to the best of my knowledge and belief: (a) this petition includes all information and views upon which the petition relies; (b) this petition includes representative data and/or information known to the petitioner which are unfavorable to the petition; and (c) I have taken reasonable steps to ensure that any representative data and/or information which are unfavorable to the petition were disclosed to me. I further certify that the information upon which I have based the action requested herein first became known to the party on whose behalf this petition is submitted on or about the following date May 28th, 2020. I have not received or expect to receive payments, including cash and other forms of consideration, to file this information or its contents. I verify under penalty of perjury that the foregoing is true and correct as of the date of the submission of this petition."

[01:11:32] Del Bigtree

Sincerely yours, Del Bigtree, Informed Consent Action Network. Well, those of you out there knows what that last paragraph means. That means that Dorit Reece is out there, she is going to pore through this thing. Paul Offit and these people say we may have a way to get to Del. We may have a way to investigate or get him arrested, because now perhaps he's perjured himself. That's how seriously this document we are taking. I'm putting it on the line. And by the way, it is a bit of a chicken match, because if they decide to arrest me, guess what I will finally get. That's right, discovery. You guys want to arrest me, let's really get into the details of these vaccines and how the trials go on. I'm only saying this because this is getting real and we are not playing games any longer. And I need your support. Maybe, maybe at some point I will need legal help. But what I want you to know is we are fighting for you. The Informed Consent Action Network, our nonprofit, is standing up for you right now, making sure that no shoddy trial. And by the way, Moderna currently doesn't have a saline placebo.

[01:12:49] Del Bigtree

And by the way, the Oxford trial of AstraZeneca vaccine just got rid of their need for a saline placebo, they just ditched it. So this is going to try and ensure, and we're going to be all over them to make sure that they do proper trials. Remember, I will always fight for your rights to never have to inject yourself with a single vaccine. And maybe this is really only for those people that believe in the vaccine, to try and ensure for you that you get a safe vaccine. But if you want to help us with this work, and if you're tired of hearing people complaining about it but doing nothing, then why don't you help us out at The HighWire by becoming a subscriber at icandecide.org. What we're asking for is you to donate \$20 for 2020. You pay for your Netflix, you pay for everything else, go to icandecide.org and donate to us. \$20 a month for 2020, while we fight the attempted takeover of your body and the destruction of science as we know it. Nobody else is standing up in this fight the way we are. We have won four lawsuits against the National Institute of Health, the CDC, the FDA, and Health and Human Services. Every one of you watching right now that is a part of our recurring donation program get to watch this show and say, I made that happen. I helped truth be told. I made sure the world found out that the WHO's trial is using a lethal dose of hydroxychloroquine to fake their point.

[01:14:21] Del Bigtree

You are making a difference by joining us. And for those of you that have been thinking about it, will you please do something that makes you feel good? Maybe put down the cappuccino, one less Frappuccino, you don't need the calories anyway. Get rid of it once a week and put that money towards fighting for your children and you in the future world to come. We are going to win this, but we need everyone. This is a battle, I need your help. \$20 for 2020. Thank you very much for all of those of you that you are making this possible, and thank you for those that right now today are going to join us, welcome to the team. Alright. So, as I said at the top of this show, is there an agenda? Is this a war against actual natural herd immunity? Is it that they're trying to mask us and keep the virus from spreading fast enough so that we still need a vaccine when one can finally come along? I mean, by the way, SARS, two years it was gone. MERS, another coronavirus, very deadly, two years it was gone. These things usually disappear in two years. So are we forcing them to rush a vaccine just so they can get it to us before we don't need it anymore? Is there a war against herd immunity? One might think so if you remember what Tony Fauci said.

[01:15:34] Dr. Anthony Fauci

Ultimately, the showstopper will be obviously a vaccine where you can vaccinate people and you won't have it. There's going to be another issue that's going to be important, and it has to do with somewhat of a comparison, for example, with influenza. We go through multiple cycles of influenza. There's always a degree of background immunity in the population. I mean, that will ultimately happen if we get a situation where we get back to normal. Now, I hope we don't have so many people infected that we actually have that herd immunity, but I think it would have to be different than it is right now.

[01:16:10] Del Bigtree

Boy, I hope we don't get to that herd immunity. Well, there is a gigantic, I think, scientific breakthrough this week by a world-renowned brain scientist. In fact, Science magazine calls him the number one most influential brain scientist in the world. A computer program just ranked the most influential, Professor Karl Friston. He made a discovery this week because he took his knowledge of how to map the brain and decided to map COVID-19. I got to sit down with him in an interview just two days ago. For those of you that want to get on with the rest of your day, you can go ahead. But for those of you that actually want to understand the science, really want to understand what's happening in the world today, and are in for some science, get ready to geek out, this is what we do here on The HighWire. I do not hold him down to one soundbite. I want you to listen to what one of the greatest scientists alive today has discovered about COVID-19. This is amazing.

[01:17:16] Del Bigtree

It is my honor to be joined right now by Dr. Karl Friston from London. Dr. Friston, Science magazine rated you and said that you're the number one most influential brain scientist in the world. What got you into that position? Why are you referred to as that? What's the work that you do?

[01:17:40] Prof. Karl Friston, FRS

Largely I am famous for brain mapping, human neuroimaging. So this is the approach to understanding how we work by taking images of the human brain, understanding how one part of the brain is connected to or talks to another part of the brain. And as part of that endeavor, you have to drill down onto the fundamentals of how we work, how we work as sentient machines, how we interact with other people. And that inquiry, along with hundreds of young students and colleagues, meant that I, my profile, my footprint in the literature is high, which is why I'm cited a lot.

[01:18:25] Del Bigtree

Now the work you do is interesting because it involves actually modeling, right? You use sort of computers to input a lot of data when looking at the brain to come to conclusions that we can't, sort of we can't just look at the brain and see something in there, we have to sort of take data points coming out. Can you explain that a little bit, how your modeling system works?

[01:18:49] Prof. Karl Friston, FRS

Right. So that's exactly the really challenging problem. Yeah, we want to work out, see how the engine of a car works, but we can't actually open the bonnet, so we have to infer what's going on under the bonnet on the basis of usually noninvasive signals, hence the neuroimaging. So this is an inference problem. It's really trying to work out what caused those data, the data that we can observe, and then use those data to test hypotheses about the architecture, the functional architecture of the brain in this instance, or the the physics of the engine, if we're looking at an automobile. And much of the difficulty when trying to infer all the neuronal message passing that is going on inside our heads is it is an immensely complicated and connected system. So one has to test hypotheses about basic architectural principles like hierarchical structures, like concentric organizations, functional specialization for different parts of the brain. But the problem is more general than just understanding the brain. Understanding any dynamical coupled system presents this problem when you only have sparse data, a small number of things that you can see that you have to use to infer what you really want to know, which is what you can't actually see.

[01:20:19] Del Bigtree

Obviously impressive work. You know, you're world-renowned in this work of being able to take these data points and sort of start to map and see a vision of something that would otherwise be invisible. So then how is it that you are now, there's a lot of reporting now about how you've looked at the data of the COVID-19 pandemic and how you're coming to certain conclusions using, my understanding, the modeling you would normally use to map data points coming from the brain or in the brain, now you're looking at data points around COVID-19. Can you tell me, first of all, why did you decide to take a model that's designed for the brain and have it look at the data around COVID-19?

[01:21:06] Prof. Karl Friston, FRS

Right. Well, I suspect like a thousand, if not 100,000 scientists around the world, as soon as lockdown started, we all thought about how can we apply our skills to help. Our skills in this instance were particularly pertinent because the problem that we deal with in the brain mapping and the neurosciences is understanding how populations are connected. Here we're talking about populations of nerve cells in the brain and the connections are literally white matter connections, wires in your brain. But the underlying dynamics is almost identical to the dynamics that underwrite the connectivity between populations of people that are exposed to a virus. So the way that the virus spreads is very, very similar to the way that the information spreads from one part of the brain to another, or using the analogy of the epidemiology, the way that, say, an infected sub population in New York might connect or commute or transmit to, say, California. So the underlying differential equations, the mathematical equations that capture these hypotheses about the epidemiology, the process, the dynamics, are almost identical to the ones that we've been using for a decade or more when trying to infer how a brain connectivity, a network of neuronal populations, operates. So we just repurposed validated code and applied it to questions and hypotheses about how populations of people are connected and transmitted. In this instance, the virus from one person to another or from one population to another.

[01:22:54] Del Bigtree

Extremely fascinating and makes a lot of sense, at least, you know, from a lay position of understanding those connections. So in your work, there's a term that's now coming up, and that is non-susceptible. This isn't something that I've heard a lot of discussions about until I started looking at your work. Can you explain what, in terms of COVID-19, what a non-susceptible is?

[01:23:23] Prof. Karl Friston, FRS

Right. So this is a really important issue at the moment, and I suspect it will become increasingly contentious. So the non-susceptible proportion of a population introduces a heterogeneity into the kinds of people that may be able to become infected by the virus, and by implication, then transmit that virus to somebody else. And that proportion of the population that is incapable of transmitting the virus, of being contagious, that's the key population that you want to, if you like, render innocuous, hopefully via some population or herd immunity. So if everybody in the entire population is capable of giving you the virus, if you want to reach what's called an endemic equilibrium where you're mitigating or indeed suppressing the outbreak, it means that a large proportion of that entire population has to have acquired immunity. On the other hand, if you consider that there is a substantial number of people that simply cannot contract the virus, and if they do contract the virus, a further level of heterogeneity where only a certain proportion of that susceptible proportion can transmit the virus, then we're looking at a very much smaller key subset of spreaders in the population, and it is only they that have to acquire population or herd immunity, which puts a lot of pressure on interpreting the seroprevalence, the number of antibodies that we're recording or estimates of the number of people that have actually had the virus.

[01:25:06] Prof. Karl Friston, FRS

Both scenarios, with and without a non-susceptible or a non-contagious subset of the population, speak to very different responses to different kinds of interventions. So for example, if you believe that everybody is susceptible to the virus and can then communicate it to somebody else, then if you relax or unlock or relax social distancing prematurely, you're inviting them, the virus to spread throughout this hitherto unaffected, non-susceptible population. If, on the other hand, you think there is what has been referred to in the media as an immunological dark matter out there, if a substantial number of people just are not in the game, they can't play the game of viral transmission, then you might want to focus much more on enriching the people you're isolating using a track and trace and isolate strategy in the hope of effectively eliminating the carriers and the viruses completely. So it's a big question. At the moment.

[01:26:12] Del Bigtree

So let me just, to understand this, what you're referring to is we're, again, another new term, immunological dark matter and non-susceptible, those sort of go together, if I'm correct. And the idea that there might be this sort of, you know, just like we say in space, there's dark matter, you know, things we can't see but we know it's there, a non-susceptible body of people, meaning they cannot catch the illness and they certainly can't transmit the illness. For some reason they are, as you said, not in the game of dealing with this. And so I would imagine, just very quickly, when we look at the Imperial model and these gigantic numbers that were coming from Neil Ferguson and his work, you know, 2.2 million potential deaths in America, 500,000 deaths in the UK, can I assume that that was based on nearly a 100% susceptibility rate, meaning if everybody had to get it to reach herd immunity, then certainly even a low death rate. I mean, I still think they were thinking 3%, but whatever, it would be, it would be fairly catastrophic, right, if everyone is susceptible to the illness. Is that, can I make that assumption about the Imperial model?

[01:27:34] Prof. Karl Friston, FRS

You can indeed, I thought that was an excellent summary right through, from the dark matter analogy of stuff out there that we can't see directly, in this instance, we can't actually measure them with PCR tests or antibody tests, but they have a fundamental role in shaping what we can see. And yes, I think you're right. I mean, you'd have to ask Neil directly, but Neil would have been briefed with the worst-case scenario, that he had to play it safe. Infections were doubling every 2 to 3 days, they had to make a very quick move and quick decision, and clearly, you're going to opt for the worst-case scenario, so what is the worst-case scenario? Everybody can be in the game. Everybody is potentially susceptible to infection and also transmission. The alternative hypothesis, that there are a substantial, possibly up to, say, 50% if not more, of people who are not in the game would predict a much milder outcome. On my reading of the statistics and the modeling at the present time, what has happened so far is that that alternative hypothesis is probably more likely at the moment, but only the fullness of time will actually tell. But you're absolutely right. The very big numbers inherit from a worst-case assumption that everybody is in danger.

[01:28:48] Del Bigtree

So when you then took the data that we have all over Europe, right, you use mostly European data to input into the way that your model would normally look at the brain and neural pathways and connections, you've made some fairly bold predictions, or at least how you're reading the data, you know, can you tell me in your estimation, this dark matter or this group of non-susceptibles, what is the range you believe we're looking at when we look at the European numbers, based on the data, how it's coming out of your model right now?

[01:29:26] Prof. Karl Friston, FRS

Right, yeah. So you're absolutely right, we have just completed an analysis of the ten countries globally that have experienced the worst fatality rates. So the current modeling, and I should say and clearly, you will appreciate this, everything I say is conditioned upon the assumptions that are inherent in the model, and they all come equipped with uncertainty. So under the hypothesis that there exists certain kinds of non-susceptibility, and you ask what are the levels of non-susceptibility, i.e. dark matter that best explain the data, then the answers at the moment are roughly. Well, let me focus on America. It looks as if about half of the people in America have yet to play the game, so they may be out of the game because they're self-isolating and shielding at home and they will remain so on their farms or in their apartments until it's safe to come outside again. Some people may be just on islands or sequestered in remote areas. So about half the people are just not actually started to play yet. Of the remaining half, it looks as though about a half simply cannot catch the virus. And if they do, then they have a 50% probability of just developing a mild illness. So, for example, they could have what's called a mucosal immunity that they fight off the virus at the mucosal level.

[01:30:57] Prof. Karl Friston, FRS

Or they could develop a T-cell immunity that would not necessarily appear on antibody testing. So that leaves just a core subset of a subset of about 20% that are, if you like, they're not super spreaders, but they are spreaders. They're people who are both susceptible, they can develop a fairly serious illness, not necessarily acute respiratory distress, but a symptomatic illness that engenders a B cell or antibody response that is measurable in serological testing. And crucially, if we assume that those people have a sufficient viral load and shedding to infect somebody else, they're the ones that are keeping the epidemic going. So the numbers at the moment are about less than a quarter, a half of a half. So the two halves, the first half is not susceptible and the second half is not, you cannot transmit. And if you contextualize that given that we're only talking about half of the population of the USA that's actually effectively involved in the pandemic at the moment, then we're talking roughly about the percentages that you're measuring in terms of antibody levels when you look at various studies from, say, New York or California.

[01:32:20] Del Bigtree

Right. So can I, is it safe to say that roughly 80% of the American population is either just not in the game at all or not susceptible, so that we really are, we should be focusing in your mind on this 20% that can be contagious, can spread the illness, is 80%, you know, half of half, are we close by making that percentage statement?

[01:32:50] Prof. Karl Friston, FRS

Yeah. Yes. Yeah. Yes, 80% would be possibly optimistic side, but certainly around that level, yes. And I do qualify that because it's just on the model, that's the, those are the numbers that best explain the data so far but we haven't really seen the offset of the death rates or the new cases in America so far. But, yes, I think that would be a ballpark number. How do you deal with that? Certainly, if you could identify those spreaders, those people who become symptomatic and can potentially infect somebody else, that would be wonderful. And of course, that's the agenda behind find, track, trace, isolate, and support. So there's this window of opportunity now, and it may be slightly slower to present itself in America because obviously you have a much larger population. And interestingly, you are dealing with lots of regional outbreaks in each state and they're all coupled to each other by population fluxes. So the picture in the United States is slightly, a slightly richer picture. But overall, I think in the next few weeks and certainly in the next months, there's a window of opportunity, before what they refer to as the second wave will present itself as a possibility, where testing, tracking, and isolating and supporting may well get on top of the people, well, get on top of the virus and lead to a plausible mitigation or suppression. And the key people you want to identify are indeed those people who are spreading the virus.

[01:34:31] Del Bigtree

I mean, it's an incredible realization, and I understand that again, you know, and your model is not, my understanding of the Imperial model is a very static model, there's not a whole lot of changing and adjustment, but yours is, you can constantly be updating the work that you're doing as more and more data comes in, which is why, if I'm correct, you're a fan of the contact tracing, the testing. More of that's going to only give you a clearer picture of this dark matter and this group of non-susceptibles, correct?

[01:35:01] Prof. Karl Friston, FRS

Yeah. That's a very informed question. So you're absolutely right. The reason I got into this game was to say, hey, look, there is a technology out there that has been tried and tested in the life sciences, and why, would you consider using this in the context of epidemiology? And the big thing it has to offer is exactly what you're talking about. So technically, it's called Bayesian belief updating. It's assimilating information online, on the fly, and then testing different explanations for those data using Bayesian model comparison. So you're absolutely right, the model which we use is growing by the week, changing subtly in a direction where it's always increasing the evidence in the data for its structure and form. So in fact the inclusion of this non-susceptible population, the inclusion of this non-contagious population, was indeed driven by comparing models with and without these components, using a repeat Bayesian model comparison. Literally comparing the likelihood of these data, under this model, with this component relative to this other model, a reduced model, without that component. And then you can quantify in terms of a log or an odds ratio, how much more likely. So at the moment, in our hands, with our models, all models are wrong, but the models with the, these non-susceptible subpopulations in are at least 100 times more likely than the ones that are not in. But that will change.

[01:36:37] Del Bigtree

I like the sound of that. I like 100 times more likely to have some qualities we can trust. I think this is really a very hopeful discovery, and the reason being, and you're mentioning a word that I just don't hear enough from at least the health departments around the world and many of those policymakers, and that's the term herd immunity, right? It seems to me, you know, we can wish and hope on a star that somewhere out in the future there's a vaccine for COVID-19 and there's nothing wrong with wishful thinking, but it doesn't exist on the planet as we know it right now. And I'm concerned about what we hear, the rushing of science, I think those two words together are terrifying. As we look at a vaccine, I don't think any science should ever be rushed, especially not when we're talking about an entire population getting a product, I think they should take their time with it. But as we look at this idea of herd immunity, one of the things that I think would people would be pushing back is, well, you mean, you know, 70, 80% of us are going to have to catch this illness in order to reach herd immunity. Based on your modeling, that number is really quite a bit substantially lower. If there's really only a 20% susceptibility group, that would mean to me that most of the nations in the world, whether locked down or not, still saw infection rates that must have us dangerously close to herd immunity, which I think has two thoughts in my mind.

[01:38:13] Del Bigtree

Number one, we should really be promoting healthy people that we know can handle this illness very well being out there, they don't know if they're in the non-susceptible group, based on they might have had the coronavirus last year and it felt like a cold and there's some cross-reactivity. But really, my thought is this. In America the CDC is essentially come to the determination that 0.4% of those that are symptomatic could die, a death rate of 0.4%. When you add in what they're describing, the CDC says there's a 35% asymptomatic carriers not having symptoms, then that really drops your death rate down to 0.26%. When we even take that number, if we took 0.26% across the 330 million Americans, it's still a large death rate, but it's on par with what we accept with flu and other things. But what you're saying is, all we're really maybe accepting is that 0.26% death rate of only potentially 20% of our population? That seems to me to be an argument that we should really begin opening up and doing business, maybe carefully, but certainly opening up so that we can start just letting this virus get to its final end, which is herd immunity. Would you agree with that perspective?

[01:39:40] Prof. Karl Friston, FRS

Yeah, yes. That perspective comes along with a lot of angles and numbers. I think the general thrust sounds sensible. Again, if it is the case that there are a sufficient number of people out there who are not capable of transmitting the virus, then it certainly makes sense that the out here is going to be building up a sufficient degree of immunity in the subpopulation that can actually transmit the virus, and that may well be much lower. So, for example, current estimates from under the models that we're just talking about are about 15% peak seroconversion or antibodies in America. So just to paraphrase what that would mean, if you magically were able to identify all of those people that were not going to suffer a serious illness and subsequent fatality, you might want to certainly encourage them to get out there because they are resistant. They are going to dilute the the number of people who are contagious a little bit, like sort of putting graphite into a nuclear reactor, they will calm things down because they're going to dilute the, statistically, the propensity of the of the virus to spread itself around.

[01:41:03] Prof. Karl Friston, FRS

So they literally provide a shield out there for those susceptible people. And then on the other side of the coin, if you are susceptible and you are subject to this infection mortality ratio, then you probably just don't want to get into that game, you should probably be still self-isolating and just come out when it's safe and, you know, that could be, it could be in eight months, it could be a year, it could be sooner. If testing and tracking is an efficacious way to actually suppress the virus, then it may well be you may well be able to come out. So I think, you know, focusing resources on those people who are vulnerable and those people who are potentially contagious and will keep the infection going is probably the right way to deploy resources. I think, you know, if that is your summary, I think that's probably a very fair summary, conditioned upon all the modeling assumptions that we've been talking about.

[01:42:05] Del Bigtree

How far off? I mean, and I appreciate your time and this is really informative. When we look at the data that's coming in, when we look at the numbers that, I mean, you know, when I hear Tony Fauci and Deborah Birx saying we just don't have the data yet, I struggle to understand how much data is needed when every continent now, as far as I know, in the world, has now gone through at least a first wave of this illness. We've had millions of infections, we've seen hundreds of thousands in the death category, hospitalizations. You know, for someone like you, how much more data is actually needed to begin really effectively making policy? How close are we to having the data that you would feel confident is enough to get the job done, shall we say?

[01:42:57] Prof. Karl Friston, FRS

Well, there is a very precise answer to that. About three more weeks would tie down whether there is a large proportion of people who are not going to be able to transmit the virus. That will be operationally or strategically important because it will then, as we've been talking about, put the emphasis on identifying people, on tracking them and tracing them and supporting them. And it will put much less emphasis on social distancing or the propensity to go back to work or to or to go shopping. So the the technical answer to your question, there's always, data is always useful. So the statement there's never enough data probably means that for a given level of precision or uncertainty about important parameters of my model, I would need this amount of data. So if you look at it in this sort of graded or quantitative fashion, what that means is that the knowledge or the beliefs or the certainty about the sort of key aspects of your models gently shrink as more data comes in. So the amount of data, as you rightly point out, that would be needed to make some inferences of a certain confidence about what's going to happen in the next few months, I think there's, you know, one can make reasonably confident predictions given what has happened in other countries. So you're absolutely right that the shape, which is where all the information is, of the epidemiological curves in countries that have already witnessed the first wave many, many months ago is incredibly informative about the structure of the model.

[01:44:37] Prof. Karl Friston, FRS

Clearly, they're going to be country-specific fluctuations or variations in the parameters that would need to be tied down given these countries data, but the overall shape of it I think is fairly well understood. Having said that, there are other big questions such as what will happen in six months or a year's time in relation to a second wave. That will probably require more data. Already there are indications, but these indications are clearly less certain than the, technically what's called a posterior prediction, about what's going to happen in the next few weeks, next few weeks to the next few months. So depending upon the level of the question, there is an enormous amount of data out there, that's something that I've learned from brain responses, the shape of the little flickers of electrical activity that evolve over several hundred milliseconds contains so much information. And in the same way, the shape and the form of the epidemiological waves that extend over weeks contain an enormous amount of information, if you believe you know how those shapes and those data were actually caused.

[01:45:45] Del Bigtree

Dr. Friston, I really appreciate your time. Extremely illuminating. I think that, you know, I understand you're very careful and that is true about scientists, good scientists. I recognize you don't want to jump to a conclusion, but I think we can judge from your use of the word, you know, where it is gentle changes and subtle changes, that you don't think your model is that far off. Can I assume you're not expecting some gigantic spike change that takes us from somewhere in the 75 to 80% non-susceptible rate to, oh my God, I was wrong, it's only 5% are non-susceptible. You're not predicting that level of a change, what you're talking about is maybe some subtle adjustments. And if we're only three weeks out, we're certainly going to follow you. I think this is a really, really important discovery, and I would hope that all of the nations of the world, as we are crushing our economies, as we're sending people into poverty, as we're limiting our ability to share resources with each other, even necessary drugs and all of the complications and dangers to the shutdown that we've been through, it certainly seems that you are shedding light on a path forward towards herd immunity and a focus on where we really need to put our energy on this susceptible group. Have I misstated anything before I wrap this up, because I just, as we come away from this, I have a really good feeling about the work you're doing and I want to thank you.

[01:47:22] Prof. Karl Friston, FRS

Oh, thank you very much, I've enjoyed talking to you and answering your questions. Thank you.

[01:47:26] Del Bigtree

Very good. Take care, Dr. Friston.

[01:47:29] Del Bigtree

I mean, it's amazing. What an amazing interview. I hope you got as much out of that as I did. We're talking about top world scientists right now. There is no consensus that the lockdown means anything, that masks are necessary. What we're seeing is a consensus of the best scientists in the world, recognizing and proving that this is essentially, let me put it in lay terms, a nothing burger. And to get to, I think, the dark matter that he was just discussing. Ironically, I was already planning on talking to Dr. James Neuenchwander about a brilliant set of studies that are underway right now and are beginning to move towards peer review discussing that it's not actually antibodies that seem to be at the center of this, but T-cells and the memory of T-cells. Is it potential that that 80% group or a large part of those people that are not susceptible right now are not susceptible because they had a cold last year? Really, really interesting stuff. I want to bring on Dr. James Neuenchwander, who I know is in the middle of his practice, we're going a little bit long, so thank you for taking the time. Tell me about these studies that we're talking about, when it comes to T-cells. You were on just two weeks ago. We talked about how T-cells naturally have this ability to just fight the enemy outside of what we sort of described as the walled city. But then if they penetrate that wall, that's where the antibodies have to start fighting inside the cell. But there's more discovery about the T-cell, it's not just this natural fighting ability that happens naturally, but there's a memory in T-cells that's now being discussed. Tell me about this information.

[01:49:11] James Neuenchwander, MD

Well, yeah this was an article in Cell that hasn't been published yet, but they were talking about looking at people who had recovered from COVID-19 and had talked about the responsiveness of their T-cells, both their helper T-cells and their cytotoxic T-cells to the COVID. Now, what they found was they had a set of controls and these controls were frozen samples that they had from 2015 to 2018. So regardless of how early you think COVID showed up, these samples were pre-COVID. And when they tested the T-cells in those samples, what they found was about 50% of the time the T helper cells in those samples responded to COVID. So because these people hadn't been exposed to COVID previously, clearly there was either some type of cross-reactivity or perhaps there was too much similarity between the non-spike proteins of COVID and the previous infections they had. They also went back and tested these people to see, had they been exposed to the beta coronaviruses, and that's what COVID is, a family of these viruses. So they had previously been exposed to that family. So that allowed them probably to make these memory T helper cells that were able to just spontaneously react. Now, with the cytotoxic T-cells, it wasn't quite as good, it was about 20% of the non-exposed patients that had cytotoxic T-cells that responded. And again, part of that may be just the way they did the assay, but still, it's pretty good. When you talk dark matter, we're talking 50%, that might be your 50% right there.

[01:50:57] Del Bigtree

So 50%, let me just get this right. It appears that by having potentially a cold last year or the year before, which is a coronavirus, that there's a broad enough immunity that was established by our T-cells that they're recognizing COVID-19 and fighting it like how we sort of think of a vaccine or how having had the measles infection as a kid, how we used to have lifelong immunity. We are seeing a large population, maybe up to 50%, that simply from having a cold, then, as we just heard from Dr. Friston, they actually can't then contract COVID-19, is that right? Because their body fights it.

[01:51:39] James Neuenschwander, MD

Well, we have to always look at the data in terms of what we're looking at. Obviously, these were not people that were exposed to a virus, this was something going on in a petri dish, so we have to look at the data that tells us that T-cells responded. Does that mean that they're not going to get an infection? We don't know, but common sense would say, hey, if you already have an immune response to this virus, in all likelihood you're not going to get an infection from it. You know, somebody interestingly said, well, maybe if the immune system is already revved up and they get exposed, that might actually be a bad thing. But usually it's not. Usually that's going to mean you have protection against that infection, and in this case, we're talking about the COVID. So again, these patients, and it doesn't necessarily just have to be from a previous coronavirus vaccine, or excuse me, not a vaccine, but an infection, it could be from any virus. If there is enough cross-reactivity in the T-cell receptor with the target on the coronavirus, then it's going to react. And that's what they're talking about. That, you know, we don't really know does that give you immunity but we do know that those are the cells that protect you in the long run with other infections. So it would make a lot of sense that that's your 50% that he's talking about.

[01:52:52] Del Bigtree

It's interesting because, you know, earlier in the show, we were talking about how Paul Offit is really afraid of rushing a vaccine. And he and both Peter Hotez are saying things like, okay, some of these trials are showing antibody production from the vaccine, but that may not mean anything at all, and in these studies it seems to me that there is more focus now saying the T-cell part of your immunity, which is different from antibodies, may be far more important than antibodies. So describe for those of us that don't understand the difference, a T-cell versus an antibody, what are we talking about and why is it that antibodies may not actually matter when it comes to COVID-19, or at least not as much as T-cells?

[01:53:33] James Neuenschwander, MD

Right. So if you're dealing with any intracellular infection, you need some sort of cellular immunity to respond to that. And this is, the animation here, you have the virus, that's the pathogen being enveloped by a macrophage, and it's being expressed on the surface of that macrophage using these proteins called MHC class II proteins. Those proteins are going to bind with the T-helper receptor, and that's going to get that macrophage to release this Interleukin-1, gets the T-cell to release Interleukin-2, and that's where the magic happens, because that's going to stimulate the cytotoxic T cells, and we'll get back to those, and then also stimulate the B cells. So the cytotoxic T cells are different. So this is a normal mucosal cell. It's going to express the stuff on the surface of the cell using a different protein, but that's a protein that the cytotoxic T cell recognizes. When it can bind that protein, now what it's going to do is actually release compounds to tell the cell it's time to die. When the cell dies, the virus dies with it. Also, it's going to, the Interleukin-2 is going to get these B cells to start getting activated. They get stimulated by a helper T cell. They divide, they start making antibodies. These antibodies will then float around looking for the viral target, bind to it, and then again tell these macrophages to chew it up and destroy it. So the B cells, some of them can become memory B cells, so these don't make antibodies, but they will protect you in the future.

[01:55:00] James Neuenschwander, MD

And you don't just have memory B cells, you have memory T cells. I mean, this is all very simplistic, the signaling is a lot more complicated than what's in this animation. But again, if you've got these memory T cells, you're going to have immunity for a long time. One thing you learn about immunity is no matter how much you know, you start reading, you start researching, you realize eh, I really didn't know that much, because this stuff is constantly evolving, our ability to understand what's going on. You know, when I trained, I knew there were T cells. Then I learned there were T helper and cytotoxic T cells. And now there's like Th1 helper cells and Th2 helper cells, so there are like 6 or 7 helper cells. So they all have different functions and they respond to different cells, but in this case we're talking about, these are Th1 helper cells and these are cytotoxic T cells, that's what they're finding in these papers, that seems to be what's giving people the immunity, and that's what allows you to destroy the virus in the cell. If you're talking about antibodies, the antibodies are just going to deal with what's circulating in the blood. You know, they're not going to deal with an actual infected cell, the antibody can't get into the cell. And that's why the T cell immunity is critical to actually clear the infection out of the body.

[01:56:13] Del Bigtree

Alright. So then brilliant, and the animation was very helpful. And though it may seem simplified, to many of us, I think we're still saying, I need to watch that animation like four more times. Which, by the way, if you want to watch anything on this show or get any of these documents or these scientific studies, just type in I-C-A-N, ICAN right now, if you're on Facebook and we'll send you that information, or if you're on YouTube or somewhere else, just text us at 33222 and type in I-C-A-N. Or if you donate, if you're a recurring donor, at the end of every week, you get a very detailed newsletter of every single link presented in the show, and that's the best way to do it. Go to icandecide.org. Lastly, and I know that I'm, this is, here comes the big dangerous question. Is there a way that I can feed or help my T cells? I mean, as far as health, what part of my diet or are there vitamins that I'm not going to ask you to say cure anything, but do we know about vitamins supporting our T cell growth so that we have this robust reaction, which seems to be so important when it comes to COVID-19?

[01:57:20] James Neuenschwander, MD

Yeah, we actually have some evidence. I mean, you know, we don't have multi-center large placebo-controlled prospective studies, but we have evidence. We know that that T cell receptor, when it binds that antigen, and whether it's a helper T cell or suppressor T cell, it needs vitamin D to do its thing. Vitamin D helps the DNA get expressed and transcribe genes that that T cell receptor needs to do its thing. So that's what's going to get these T cells going. And we know that the vitamin D helps. So there was actually a study in, I believe, in Singapore earlier this year where they gave vitamin D, they gave B12 and they gave magnesium, I mean, these are simple nutrients. And yet they were able to reduce the incidence of ending up in an ICU by like 80%. I mean, this is pretty incredible that just simple nutrition can make that big a difference. And we also know zinc plays a huge, huge role in how the immune system responds, whether it's targeting, you know, we talked a little bit last time about the cells' response to the virus, not an immune cell, but like a mucosal cell, it needs zinc to do that. You need zinc to make these cytokines. You need zinc to control the level of these inflammatory cytokines.

[01:58:37] James Neuenschwander, MD

If you don't want to go into cytokine storm, you need adequate zinc. So these are simple little nutrients. Anybody can take them, you don't need a prescription for me to do that. You know, you want to take care of your body. And I think it's really important you give people some tools here. Rather than just let's all cower in the basement and hope for the best, you know, let's do something, let's get the vitamin D, let's get these nutrients into our body. Our immune system is beautifully designed. It's designed to take care of this stuff. We need to take care of it. And we're not emphasizing that enough. You know, one thing I just want to say about Paul Offit and Hotez, you know, I don't necessarily agree with their views on vaccines, obviously, but these are smart guys. They know what vaccines do. That's why they're ringing these warning bells. Most of us are very much afraid of what is this going to do to the immune system over the long run, particularly when it comes to autoimmunity, because those T cells are going to be, that Th1 response, it's good to get rid of viruses, but it's that same response that can cause autoimmune disorders.

[01:59:43] Del Bigtree

Really great information. Dr. Neu, thank you for taking time out of your practice to join us. I will look forward to the next time we have you on. Thank you so much.

[01:59:51] James Neuenschwander, MD

Alright. Alright.

[01:59:53] Del Bigtree

Alright. You know, here, you see how the science is all coming together, right? These people aren't talking to each other. Dr. Friston isn't talking to the scientists that are looking at the T cells and the fact that they just sort of almost accidentally went and looked at a blood bank and said, let's use this as a control. Oh my God, the control is able to stop this, too, how is that possible? All of this is leading to a smaller and smaller group of people that have any issue whatsoever. Which really begs the question, are we seeing a spike? Is there a danger to open up? It certainly seems that that is the agenda of fear by the media, which goes against every scientist I just showed you. Instead of science, do you want to listen to these fools, telling you what you should be worried about?

[02:00:36] Various news reporters

The threat from the coronavirus is not over.

[02:00:38] Various news reporters

Coronavirus cases on the rise.

[02:00:41] Various news reporters

Surge in cases.

[02:00:43] Various news reporters

Alarming spikes of COVID-19 cases.

[02:00:45] Various news reporters

Is the second wave upon us?

[02:00:47] Various news reporters

The number of new cases is rising faster than ever.

[02:00:50] Various news reporters

The virus has infected more than 2 million Americans, and US deaths now exceed 115,000.

[02:00:57] Various news reporters

An alarming increase in new infections.

[02:01:00] Various news reporters

Cases on the rise in 20 states.

[02:01:02] Various news reporters

14 states seeing an uptick of more than 25%.

[02:01:06] Dr. Anthony Fauci

We are seeing right now is something obviously that's disturbing.

[02:01:10] Various news reporters

COVID-19 cases have returned to peak levels. Thousands of new infections detected after restrictions were eased.

[02:01:18] Various news reporters

14 states have seen increases in hospital patients since Memorial Day.

[02:01:22] Various news reporters

This map showing the latest hotspots.

[02:01:24] Various news reporters

Scenes like this shortly after Arizona became one of the first states to lift stay at home orders.

[02:01:30] Various news reporters

There are still beds available, but doctors are sounding the alarm.

[02:01:35] Various news reporters

There will be waves of infection everywhere.

[02:01:38] Dr. Ashish Jha

A lot of people are going to get very, very sick. Many people will die.

[02:01:41] Various speakers

They've been warned, they're not taking me seriously.

[02:01:43] Dr. Ashish Jha

By September, we're going to hit 200,000 people dead.

[02:01:47] Various speakers

Approaching the precipice of a disaster.

[02:01:50] Dr. Ashish Jha

If we don't act, the future is very grim.

[02:01:55] Del Bigtree

Aaah, Memorial Day is killing us all. Restaurant, bars, oh my God, shut down, shut down. Unbelievable. I mean, and if you saw the headlines, it was insane this week. Newsweek, "Georgia sees highest single-day rise in coronavirus cases since reopening...." Reuters, "Record spikes in new coronavirus cases, hospitalizations sweep parts of US." CNN, "Florida, Arizona and Texas report record number of daily Covid-19 cases." Why? Because of Memorial Day weekend? Because Texas and Georgia opened up their restaurants? It couldn't have anything to me, why those three states? Because they want you to say, don't open, right? Don't open because if you open, just like Texas and Georgia, we could all die. Really? How about the fact that like millions of people were just marching all over the freaking country? In fact, when you look at the amount of riot rallies going on all over, look at this map. Can we see it behind me? Do we have it? Look at that. That is how many people joined, went shoulder to shoulder to march all over the United States of America, and you're telling me only Texas and Georgia and Florida have an issue? Come on now. We're tired of this. And by the way, what is causing the giant spike in cases? I don't know. Maybe the fact that you're testing more, that there's a giant spike in testing.

[02:03:15] Del Bigtree

Let me just show you some quick graphs. Here's the United States of America as a whole. There you go. Daily tests for the United States of America, it's spiking, okay. We're spiking the amount of tests that now, daily, 583,000 people are being tested. The daily positive, however, is going down, despite what you might think. Current hospitalization is going down, despite what they just told you in their fear-mongering. And daily deaths are going down across America. Let's look specifically at one of the states, we have Texas here, I think. Let's take a look at Texas. Okay, look at the spike in the amount of testing, okay. Look at that. It's up through the roof. Don't even look at the blue line, look up there, 58,590 per day on that day. But still daily positives, sure, they're going up a little bit because you are testing like crazy. Current hospitalizations are up a little bit, daily deaths are essentially down, which is really the most important part of this. Especially when we talk about everything we were just talking about. I mean, you get the idea, I can show you, all the graphs of the same thing. Testing through the roof, and then there's a slight uptick in the amount of cases.

[02:04:28] Del Bigtree

Alright, let's look at New York, someone just said New York's pretty good. Here you go, here's New York. Daily tests higher than ever, spiking the daily test. Daily positives down through the floor. Current hospitalized down through the floor. Daily deaths down. They have finally apparently killed enough of their people in nursing homes that that is over and no matter what they tried to do to have the worst death rate in maybe the world, even that, the virus seems to be making its way. And when we think about, you know, are we suckers here? Are we going to just keep hearing from top neurology scientists, top doctors, studies all over the world saying there's this tiny, tiny group of people that are actually at risk? In fact, most of you, maybe 80%, can't even get this illness this year. You would think you're all alone, you're ready to throw in the towel, you're ready to jump off of your balcony, but don't, because people are standing up. We are making a difference, we're being heard. We are not sheep, we are not stupid, and we are certainly not letting the New York State Bar Association force a vaccine that does not even exist. This was New York last weekend.

[02:05:45] Various speakers

Wonderful to see you all here, and you are the New York brave.

[02:06:11] Protest information

On June 14th, 2020, over 800 lawyers, parents, and concerned citizens of New York marched from the New York State Bar Association, to the steps of the Governor's mansion in protest of a report that would aid Gov. Cuomo's push for a mandatory Covid vaccine.

[02:06:11] Mary Holland, Esq.

We're here to really let Governor Cuomo and his lawyer pals at the New York State Bar Association know that we're not taking it.

[02:06:19] Rita Palma

Why The New York State Bar Association is important because how I see it is that Governor Cuomo is lining up his organizations to support mandatory COVID vaccine for everybody in New York State, from birth to death.

[02:06:32] Sujata Gibson, Esq.

Mandatory vaccination violates the most sacred fundamental human rights and constitutional rights that we have.

[02:06:39] Various speakers

They've been taking away our rights, they've been kicking our kids out of school. Now they're trying to force the coronavirus vaccine on us, so, you know, we're upset, we're protesting it.

[02:06:48] Mary Holland, Esq.

How can anyone in their right mind imagine that a COVID-19 vaccine will not be experimental? Scientists have been working on coronavirus vaccines for over 20 years, unsuccessfully.

[02:07:04] Sharen Medrano, IBCLC

We the people, not Cuomo up there, or any government officials who control what medical intervention enters our body, especially one associated with a virus that has a just above 99% survival rate.

[02:07:19] Cara Castronuova

They want to divide and distract us from the important issues, which is our body and our health. We can't let that happen.

[02:07:25] Mary Holland, Esq.

The clinical trial for COVID-19 vaccines, so far, have been dismal.

[02:07:32] Pastor David Camp Jr.

After we've lost over 110,000 people, they said, well, we did make a mistake.

[02:07:38] Mary Holland, Esq.

You can be sure that pharma and the government and the medical staff that administer these products will have no liability.

[02:07:46] Brooke Jordan

Education here in America is supposed to be free. We should not have to pay with the lives of our children. We should not have to pay with the help of our children. And we should not have to pay for the education of our children with the sacrifice of our religious beliefs, of our morals, of our principles, or with the surrender of our basic common sense.

[02:08:21] Michael H. Sussman, Esq.

There was a line that was drawn between individual's religious beliefs and state authority. And if we stop drawing that line, we go down a slippery slope.

[02:08:30] Dr. Greg Wollen, DO

If we don't stop this now, especially with this corona vaccine and what they're trying to do in New York State, which is mandate it for every child through every adult, regardless of age, every year, then it's going to cause a huge detriment to our society.

[02:08:45] Dr. Aaron Lewis, PhD

I'm not going to stop until I die. They can't decide on your life, my life, my family's life. yOur family's life.

[02:08:55] Sharen Medrano, IBCLC

They failed big time, because they thought they would bury us, but they didn't realize that we were seeds.

[02:09:01] Various speakers

The matter is not about one or another party, it's about a people's movement.

[02:09:06] Mary Holland, Esq.

Will we stand by and let them mandate COVID-19 vaccines? No. Will we resist with everything in our power? Yes. Will we sue them? Will we win?

[02:09:24] Del Bigtree

Wow. Incredible, powerful rally there in New York. I am joined by general counsel for Children's Health defense, Mary Holland, who obviously we saw speaking at this event. Mary, what is going on? What the heck does the New York Bar Association have to do with vaccination? They're not doctors, they're not medical professionals. Why are they weighing in and what power do they have at all? What is this about?

[02:09:53] Mary Holland, Esq.

Well, thanks for that video, Del. The New York State Bar Association is a professional group of lawyers, and they wrote a really good, comprehensive report about lots of issues related to COVID-19. And many of their dimensions were really useful, right, about patient care, about do not resuscitate, about liability. But they stuck in a page and a half about vaccines that was inadequate, and then they had two lines of a recommendation saying basically every person in New York should get the COVID vaccine as a mandate, with only a medical exemption and a very, you know, that's it. No religious, no spiritual, no nothing, nothing about safety, nothing about clinical trials, nothing about all of the things that need to be considered. Nothing about evidence, nothing about necessity. It was just this very bald recommendation that seems to have been very related to, you know, helping out the healthcare industry.

[02:10:53] Del Bigtree

Does the bar tend to weigh in on things like this? Is this something that normally happens and what effect does it have on anything?

[02:11:01] Mary Holland, Esq.

This is a professional association, Del, but it's prestigious. It's the largest association in the country of lawyers. It happens that the president, Hank Greenberg, had been counsel to Governor Cuomo when he was attorney general. He was also the general counsel of the Department of Health in New York. So these are wired lawyers, these are prestigious and influential lawyers. And so, a recommendation like this could carry weight and I think pharma and government people who are pushing mandates are going to be looking for credible third parties to be making the argument for mandates, to take away the right to prior free and informed consent. And so had they succeeded in getting the New York State Bar Association to be out in front and say, oh, this is a great idea, and they even went so far, Del, as to recommend this in their report for every person in the country, and have federal mandates. So this is not a trivial recommendation, and I was very proud that people came together also to commemorate the one-year anniversary of children being, 26,000 children in New York being thrown out of school. But we came together and the really, the good news was that, you know, whether it was because of us or not, the Bar Association really reconsidered their recommendation. They walked it way, way back, and they basically ended up saying that a mandate should be a last resort. And then when the, you see they put in things about scientific evidence and safety and phase three clinical trials, and it should be only if necessary and required and they should be encouraging people first. So that was a triumph to see them actually give some thought to what they were recommending. But even more significant is they had an annual meeting in their House of Delegates on Saturday while we were marching and doing speeches, and they had a really robust discussion, which was very nice to see. Lawyers do like to argue, they like to debate things. And the consensus of the group was, we can't recommend a vaccine unicorn. We can't recommend a vaccine that doesn't exist.

[02:13:09] Del Bigtree

You set me up perfectly, Mary. I owe you \$20. Here is just a couple of excerpts from that call that was going on, and you're right, this is exactly what they seem to be saying. Here's just two of the guys that were speaking.

[02:13:22] NYSBA Committee Delegate

Look, support mandatory vaccinations. But we don't have a vaccination now. We are not going to have a vaccination between now and the November meeting of the House. So there is absolutely no urgency, no necessity, no rationale for our rushing to judgment on that highly controversial issue.

[02:13:51] NYSBA Committee Delegate

I recognize what our colleagues have said, that we have eradicated diseases based upon vaccinations. And I think they are very important part of public health protocol. But at the same time, I would, at this point, based on the fact that we don't have a working vaccine, we have some promise, but we don't have an actual working vaccine. One of my concerns, at least with regard to resolution number three, is that we would have a resolution on the books of NYSBA that potentially would have no connection to a working vaccination or any kind of medical science.

[02:14:28] Del Bigtree

It's almost comical. I mean, I'm still just befuddled by the levels of discussion around the world on something that, as you just well put, I call the vaccine unicorn. What are we discussing here? This doesn't exist. We're talking about a policy for something that may never exist on this planet. Obviously, it's great that multiple lawyers, and those weren't the only ones, really are critically thinking and saying, what are we talking about here? But then you had an argument that seemed to have nothing to do except for, I'm just tired of the complaints. Listen to this guy. I mean, this is outrageous.

[02:15:04] Hank Greenberg, Esq.

For those of you who don't know this, a very disciplined, a very effective group of lobbyists who are opposed to mandatory vaccination have besieged the staff of the New York State Bar Association in a way I have never, ever seen. Thousands of phone calls. By the way, these are not NYSBA members, these are not NYSBA lawyers, thousands, thousands of phone calls and emails on a daily basis. It has been like nothing I have ever, ever seen, that level of discipline. And right as we speak right now, as we speak, there are hundreds and hundreds of people protesting around the bar center, not NYSBA members, not NYSBA lawyers. And by the way, that will not stop until November. That will not stop until January. And if we want to reward that kind of, frankly, intimidation of our leaders and our staff, then vote yes for November.

[02:16:11] Del Bigtree

You obviously really pissed Hank Greenberg off out there in New York. And it's amazing, right? Forget the fact that there's no science. Forget there's no safety studies. Forget that there's no vaccine that exists. You better vote on this because we can't have the people intimidating us with phone calls. I mean, it's really moronic, and but the beauty is it shows the power of the work that you're doing out there, Mary, and that so many people are doing by showing up when we think, oh, it has no effect, it clearly does. Those phone calls and those things that we promote on The HighWire and you work so hard to get out there with Children's Health Defense, it really makes a difference. Tell me about just that. I mean, what did it feel like, all those people? You know, we've got to, it's going to be a huge fight, right? This is going to happen, whether it's the bar association in every single state, this is the agenda that I stated at the top of the show. They want to force every human being into a vaccination. What are we going to need to do to stop it?

[02:17:07] Mary Holland, Esq.

Well, it felt great, Del. You know, there were lots of people from lots of different groups, they were there for lots of different reasons. We were all together. It was a beautiful day and there was a great energy and we felt our power. And there's an irony in this prestigious lawyer saying that we're intimidating him. They're talking about a coercive medical intervention for every person in the state, in the country, and that doesn't strike him as intimidation, but phone calls and, you know, a peaceful assembly strikes him as intimidation. There's an irony there. But what's it going to take? They're posturing, Del, they're posturing. They're trying to get these third parties to come out and say, have a mandate, have a mandate. And it's essential that we posture back. It's essential that we do what you and I have done around the country, show up at these capitals, say no repeal of the religious exemption, no mandates. It violates fundamental human rights, it's unethical. It is putting people in the position of being experimental subjects. It's wrong. If we learned anything from World War II is that we can't do that. The consent of the individual is absolutely essential. So we do have to get out there. We have to march, we have to send emails, we have to send phone calls, we have to let our legislative people know that we will not take it. And I think, Del, if we get millions of people around the country and the world to stand up and say, we will not take this, over our dead bodies, I think they are going to pull back, as the New York State Bar Association did. And that's incredibly rewarding that they pulled back and, good for them. They had a robust discussion and cooler heads prevailed. And that's what we want to see around the world.

[02:18:48] Del Bigtree

Amen to that, and you know, I also want to point out that people like you are out there, and everyone in your state, you've got to find, either it's your health choice or a CHD chapter or one of these groups that is out there, because, look, you could have looked the other way. This was just the New York Bar Association, this wasn't a law. It wasn't a law going into action. But we're nipping these things in the bud, right? We've gotten smarter, as a movement, we're getting smarter. We're stopping these things where they start, right as they start to germinate, so that it doesn't move on to becoming a robust wave that's moving into a law. I think that that's what we're proving is we're getting smarter, we're more active, we're hitting everywhere where they try to peek out and sneak in a little bill or sneak in some promotion for the removal of your, really, your God-given right to control your body, your body autonomy, your personal liberty. Mary Holland, you are a hero, thank you for being out there. Of course, other great groups in New York, all around the country fighting this. So very important. To follow the work that you're doing, what's the best place to see what you're up to?

[02:19:57] Mary Holland, Esq.

I'm at Children's Health Defense. Del, and we're we're putting out information every day just like you. If people sign up, we will be able to be in touch with them on almost a daily basis, getting them the up-to-date science and information about what's going on. And we do have a platform where we invited people to send emails to the New York State Bar Association. I completely agree. We're at a place now, Del, before they have this vaccine, where I do believe there will be some, we have an opportunity to nip it in the bud. We have an opportunity to show these powers that be, we will not take this. This is unethical, it's illegal, it's not going to happen. But if we don't get out and show them that, it makes it easier for them to have it happen.

[02:20:40] Del Bigtree

Alright. Well, keep up the great work, Mary. We'll talk to you soon. Thank you very much for taking the time today.

[02:20:45] Mary Holland, Esq.

Thank you, Del.

[02:20:47] Del Bigtree

We win this with truth. We win this with science. We win this by being present. Let's be really clear. Today I showed you, there is so obviously an agenda. It's not, and you probably knew it, and I suppose you say, Del, we all know it's all about a vaccine, I hope that's the case. I hope you all see that they are actively gunning for products that appear to have really great results. Why? From the very beginning, from the very beginning, gunning at hydroxychloroquine, the second that Didier Raoult was doing trials and saying, I'm having huge success. And then when they finally come around to do the trial they felt like was necessary to prove its case, they give four times the dose and essentially murder innocent people in a trial. And then as they retract the use of this drug, how many people are being murdered in hospitals as they try to show us the death rate is still high, you still need to stay locked down, because they need you locked down. They, as Tony Fauci has said, we don't want you to get to herd immunity, even though Friston is telling us we're probably 1 or 2% away. All you have to do is get outside. Sure, there may be a couple more people that go into a hospital, and you better fight that that hospital allows your relative to use what your investigation has said would be a good treatment.

[02:22:12] Del Bigtree

I'm not going to tell you what to do with your relatives, but I would be looking at it. I'd be looking at all the studies of whether it's intravenous vitamin C or vitamin D or hydroxychloroquine or certainly zinc. All of these things are out there and if your hospital's denying it, you better find a better hospital. But at the center of this is still 0.26% is the death rate. I could keep parading scientists, and I will, across this show, but let's not forget the simple truth is, this has a death rate of 0.26%. But by the way, that was of the entire population if we looked at it. Now we're thinking, could it just be 0.26% of only 20% of us? I actually ran that number on my phone as I was sitting there. I can't, I don't know if you can see that, but that is your chance, as an American, given that 80% of you may already be immune. If you're wearing a mask, if you're terrified right now, if you don't want to come out of the house, if you're scowling at Del Bigtree, who's in your store not wearing a mask right now, just know that you are apparently terrified of a 0.0005. Oh, it turned off, there it is. That is the risk right now. That is your death rate right now in America, given the popular science.

[02:23:28] Del Bigtree

Maybe three weeks from now, this may be adjusted a little bit. And what is that group? What is the group that are really at risk? Let's be honest about this. I'm going to say something that might get me in some trouble here, but let's be honest. That group is very well known. People over the age of 65, not just because you're over the age of 65, but you're sick with other diseases. You have heart disease, you have COPD, you have diabetes, you have issues. Many of those issues coming from the fact that you didn't treat your body very well while you were alive on this planet. And I want to talk about this for one second as I close this down. That 0.26% are the most sick among us. And I have nothing against you. Go ahead and bubble wrap your house, please. Lock yourself in your basement. Go and do what's necessary. But here's the problem. When you were my age, you were most likely eating food and fast food and Doritos and drinking Coca Cola, which you will never find in my home. You were eating that all the time. You probably were drinking a lot of different alcoholic beverages and really liked to party and probably really enjoyed your cigarettes, and you said to yourself, you know what? It's more about the quality of my life right now.

[02:24:42] Del Bigtree

I don't care if I live to be 100 years old. I want to enjoy my life right now. I like the finer things in life. I like good, rich food. I like smoking a cigarette once in a while. I like to drink my drinks, and you know what? Good on you. That's the United States of America. I have no problem with that. Some of my best friends think like that. It's great and they're fun to hang out with. That is perfectly okay. But here's what's not okay. When you reach that point in your life where now your arteries are starting to clog up, your body is shutting down, and the alcohol is eating up your liver, and you have diabetes or you have multiple COPD, you have asthma where you can't breathe, all the cigarette smoking finally caught up with you. You have heart disease because of the way you decided to live your life in the moment. Here's what you are now. You are pharmaceutical dependent. You did that to yourself, not me. You decided that the moment mattered and now you find yourself pharmaceutical dependent, which is really what that 0.26% is. And that's okay too. Thank God there's drugs out there. There's drugs that allow you to eat that Philly cheese steak, even though your body knows it hates it. But go ahead, take the Prilosec.

[02:25:55] Del Bigtree

What difference does it make? Drug yourself, drug yourself, get through the day, don't exercise. Maybe just attach a little electrode and see if electrocuting your stomach will give you the abs you want. Come on. Grow up. You made your choices. And now that you're pharmaceutically dependent, here's what you don't get to do. You don't get to say, I have to take a drug to protect you. That's what this is. You don't get to say I have to wear a mask and suck in my own CO2 to protect you. You don't get to say I have to lock myself in my basement and destroy my career and take away my own ability to feed my children because you are pharmaceutical dependent. You lived your life. You made your choice. And thank God will live in the United States of America so you don't have to worry about grocery police standing outside of a grocery store saying, really? You really need four liters of Coca Cola. You really need four bags of Doritos or Cheetos or Fritos or whatever the heck it is, or little cupcakes with synthetic icing on it. You really need all that, because we could go there, right, If we're really going to get in each other's shiznit, that's what we could do. Or can we live and let live? Eat all the Twinkies you want, drink all the bourbon you want and smoke as many cigarets as you want.

[02:27:15] Del Bigtree

And when you find yourself pharmaceutical dependent, I will go ahead and say thank God the drug companies are there for you. But you do not get to make me pharmaceutical dependent. You do not get to put me in the way of Heidi Larson, who wants to eradicate natural health and natural herd immunity and make us all pharmaceutical dependent. No, she only gets to rule your life because you lived in a way that you are going to need drugs to survive. And by the way, if you're wearing a mask right now, if you're locked in your basement, if you're at a grocery store and you're scowling at me and you aren't pharmaceutical dependent, and you are living a decent life, you may want to think about taking that mask off. You may want to think about coming out in the sunshine and getting some vitamin D. Because you know what? I do care about my pharmaceutical dependent friends. And the only thing I can do for them, you know, beyond wishing for a vaccine unicorn, is to actually catch what is just a common cold. Oh my God I got you, right. You're going nuts right now, you're saying, wait. He said common cold. I thought people would compare this to the flu. No, let me be perfectly clear. This is not even a flu.

[02:28:32] Del Bigtree

For 99.74% of us, you won't probably even have a fever or a cough, because as it's described, this is one of the most mild illnesses there is. So mild, you are probably what is called an asymptomatic carrier, you don't even know you have it. That's how mild this is. It's a common cold for 99.74% of us. The non-pharmaceutical dependent people. So here's what we do. Let's go outside. Let's take off our mask. We're not on drugs, and we don't need to be on drugs. Let's catch this cold. Whether or not it's just the 20% of us or maybe we're not even in that category, let's give it a college try to catch this cold, so that we can protect the pharmaceutical dependent amongst us. That though they lived our lives, we still love them, and they need us to establish herd immunity, quick, before we destroy the world we live in and can't do anything for anybody. So join me. Let's save the world, shall we? I'm up for a cold. Grab your vitamin C, your vitamin D, your magnesium, your zinc. Let's do this, and I'll see you next week on The HighWire.

[02:30:06] Del Bigtree

Thanks for watching, and thank you for being a HighWire Insider. Be sure to share this show with your friends on Facebook, YouTube, Periscope and Instagram. Because knowledge is power, power is freedom, and we need all we can get.

END OF TRANSCRIPT

THE HIGHWIRE