

## NAME

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## DURATION

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## 15 SPEAKERS

Del Bigtree

Male News Correspondent

Female News Correspondent

Senator Lindsey Graham (R-SC) Senate Judiciary Committee Chairman

Susan Wojciki, YouTube CEO

Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care

Dr. Micheal Ryan, Executive Director, WHO Health Emergencies Program

Jefferey Jaxen, Investigative Journalist

Donald J. Trump, 45th President of the United States of America

Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease

Jeremy Butler, Iraq Veterans of America, CEO

Dr. Stephen Smith, Infectious Disease Expert

Dr. Drew

Dr. Oz

Dr. Phil

## START OF TRANSCRIPT

**[00:00:05] Del Bigtree**

Did you notice that this show doesn't have any commercials, I'm not selling you diapers or vitamins or smoothies or gasoline. That's because I don't want corporate sponsors telling us what to investigate and what to say. Instead, you're our sponsors. This is a production by our non-profit, the Informed Consent Action Network. If you want more investigations, more Hard-Hitting news, if you want the truth, go to ICANdecide.org and donate now. Good morning, good afternoon, good evening, wherever you are out there in the world, is that time to step out onto the Highwire? And I got to tell you, doing this show, it does feel like a Highwire feels like if you go one step too far this way, one step too far, that way you plunge to your death. We're taking it all very seriously. And as you know, as you talk to your friends, just depending on where they're at, you say one wrong word and they're all over you. How could that be? How could that be your attitude where you're getting your information? I mean, we are a nation divided. I mean, from one neighborhood, from county to county, state to state across this country. We're all seeing this very differently. And it's starting to look like this in the news.

**[00:01:30] Male News Correspondent**

What is wrong with people stay at home?

**[00:01:33] Male News Correspondent**

The virus just isn't nearly as deadly as we thought it was.

**[00:01:36] Male News Correspondent**

Most Americans continue to believe that shelter in place is the right policy. If we don't lock down the nation for the seasonal flu, why should it be locked down for a virus that may be significantly less dangerous if there's a concerted effort on the part of influential people at the cable network that we had all in call Trump TV right now to peddle dangerous misinformation about the coronavirus. Growing evidence that Lockdown's are doing little to help stop the spread of the disease. Doctors in the UK say the data we have so far has proven incorrect and that the death rate is much lower.

**[00:02:07] Male News Correspondent**

History will record that Donald Trump failed miserably on testing. His administration failed miserably on testing, and it left us lurching through the door.

**[00:02:17] Female News Correspondent**

Well, some experts say we need to do 20 million tests a day. Oh, that's realistic. We're doing roughly one hundred and twenty thousand tests today, right now, more than any country on Earth.

**[00:02:30] Male News Correspondent**

The virus has still killed nearly sixty thousand Americans, roughly as many as we lost in the entire Vietnam War.

**[00:02:36] Male News Correspondent**

Sixty one thousand directly on par with the seasonal flu.

**[00:02:40] Male News Correspondent**

Do you want a haircut? You want to go play golf you're concerned about? Of course you're concerned about your business. Tell the president that. And you're out there with with with guns, with with weapons strapped to your chest saying, oh, you want to get your you're fighting against the people who are telling you to stay at home trying to save your lives. You're upset with those people.

**[00:03:01] Female News Correspondent**

They want to keep us away from churches and synagogues. They want to make sure we don't go back to work. They don't get it.

**[00:03:07] Male News Correspondent**

The president to watch him in real time, just lie like a five year old child who's been caught doing something.

**[00:03:17] Female News Correspondent**

He and his team have devoted day and night to helping America through this terrible time. They deserve gratitude. Instead, they get endless grief.

**[00:03:27] Male News Correspondent**

And if you're so upset about it, you should be mad at the president.

**[00:03:30] Senator Lindsey Graham (R-SC) Senate Judiciary Committee Chairman**

The desire to destroy Donald Trump by the Democratic Party is greater than it is to destroy the virus.

**[00:03:37] Male News Correspondent**

Who the hell do you think you are?

**[00:03:41] Del Bigtree**

Has anyone else noticed this phenomenon? I mean, I know you have friends. You had friends that you were in college with, and we were all sort of talking around the world or just when you're walking around that given the level of fear of the coronavirus, if you meet someone with gloves on and they got the mask in, like, whoa, whoa, stay back, stay back, stay back. Have you noticed that you can pretty much figure out what their political party affiliation is? I mean, it's really quite bizarre, I think is the first virus in history that seems to have a party affiliation. Now, I say that and I want to be clear, and I've said it before, I grew up a lifelong progressive liberal Democrat from Boulder, Colorado. I still consider myself an environmentalist. But at this point in the world and all the investigations I've done and now consider myself, politically marooned, I'm agnostic. But looking at this back and forth, I know many of you didn't see that you're either watching Fox or in a conservative perspective, which is asking a lot of questions about the numbers and say, hold on a second, this looks like a flu. Whereas if you're only watching CNN and MSNBC and the more liberal channels, then you think we are all going to die, that the black plague has hit America and it's Armageddon. So it's really phenomenal to watch this taking place.

**[00:04:59] Del Bigtree**

And once again, how is it that political affiliations are now being used to discuss how we think about science? Now, of course, there's a divide in science, too, across the world. One of the great phenomenons in this is where we're used to hearing so often that there's a consensus in science, especially we talk about vaccination. The consensus is, this is true about science. Now, across the world, top virologist, top mathematicians and doctors are speaking out against the draconian measures. We've been pointing to that for several months now. If you're just joining us on the Highwire, then you should know that you want to go back and watch. The last eight weeks, we predicted the end of the imperial model. We showed you that the numbers just weren't adding up before anyone else did. Most of that is because we are not sponsored by a pharmaceutical company were sponsored by you, so we do not have anyone calling down and saying this is what you've got to say. Now, it's even more strange when you start seeing the political affiliations getting involved. But it's not just mainstream media. Right? We're also dealing with this on the Internet, the YouTube. The head of YouTube just came forward and this was the headline. "YouTube CEO, we'll delete anything that contradicts World Health Organization on covid-19," in fact, this is her saying it herself.

**[00:06:27] Susan Wojciki, YouTube CEO**

Anything that is medically unsubstantiated to people saying, like take vitamin C, you know, take tumeric like those oral will cure you, those are the examples of things that would be a violation of our policy. Anything that would go against World Health Organization recommendations would be a violation of our policy.

**[00:06:46] Del Bigtree**

What I found disturbing about this is she's not saying anything that goes against the CDC guidelines or FDA guidelines, which I would be suspect of anyway, because we've seen a lot of problems with the modeling and all the thoughts happening here. But at least those are US government agencies. YouTube is Google, right? It's a US government agency that is saying we will take down anything that is not adhered to, a foreign body, an international body. WHO does not work for the United States. They work with China. They work with Africa. They work with India. So and we know that China, I think, would love to see America have problems. So to say that an international agency is deciding what an American company is going to do, we're on really, really shaky ground. And, of course, it really is affecting the dialogue. And what are the guidelines and why is the WHO they just so much smarter than everyone else? How is it we're going to have advancements in medicine, advancements in medicine happen because one doctor or one science scientist or one scientific team discovers something that nobody else saw? You realize every single advancement in medicine happens because one doctor saw something different than everyone else did.

**[00:08:01] Del Bigtree**

That's the only way we've ever evolved. It's never been a consensus. It's never been because the W.H.O or a world body of scientists, discovered something one person and now YouTube saying, we're going to stop that. We're going to stop anybody that goes against the consensus thought on this, even though the consensus thought has been dead wrong week after week after week. And we're talking off by thousands of percentage points. Of course, the imperial model once said five hundred thousand people would die in the UK and that two point two million people would die in America. It is clearly, clearly obvious that that is wildly exaggerated and was totally inaccurate. And no one made that point better, I think, than two doctors in Bakersfield that spoke out this week. And this was one of the videos that was censored from YouTube doctors in America with their own data talking about what they're seeing in their own patients censored from YouTube. Here's just a taste of what that looked like.

**[00:09:02] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

We've really wanted to come together today and kind of just really talk about what's happening in Kern County with our testing, what's happening in California with the testing and kind of an E.R. physician entrepreneur perspective on what's going on. You're isolating yourself and we want to talk about it. That still makes sense. You know, we both have had extensive classes in microbiology and biochemistry and immunology. We've studied this for each of us twenty years. And we take everything that we're seeing today. And we put that against that backdrop and say, does this make sense? Are we following the science? Our volumes have dropped significantly. The hospitals, they're ICUs are empty, essentially, and they're shutting down floors. They're furloughing patients. They're furloughing doctors, people with heart disease, people with cancer, hypertension and various things that are critical are choosing not to come in based on fear. We've seen one thousand two hundred and twenty seven deaths in the state of California. Does that necessitate sheltering in place? Does that necessitate shutting down medical systems? Does that necessitate people being out of work? So I'm not saying who's wrong or right. I'm going through the science and through the numbers. I'm not I'm not in an ivory tower. I'm in seeing patients every day and I'm collecting my own data. I didn't have data two months ago. I just shared my data. That's actual, unfiltered, non-political data.

**[00:10:36] Del Bigtree**

That was a press release that came out by ABC twenty three, you didn't see his partner, but it was Dr. Daniel Erikson and Dr. Martin Masey. I think I said that right, that sat down and laid out the data that they were finding in their own clinics, urgent care clinics. Speaking in Bakersfield, California, an ABC News special report with two doctors talking about their data, talking about how they saw the data. Do you want to tell me why this is being censored? Are we not allowed to hear from real doctors giving us real numbers? "YouTube is your statement on removal of controversial video interview with Bakersfield doctors." This is "twenty three, ABC received an email from YouTube on April twenty seventh, giving the station notification the video had been taken down, setting YouTube's community guidelines. Twenty three ABC's appeal the ruling through YouTube. We quickly removed flag content that violates our community guidelines, including content that explicitly disputes the efficacy of local health authority. Health authority recommended guidance on social distancing that may lead others to act against that guidance, said the statement." These are doctors giving real numbers and facts. They didn't say run out of your house. What they were saying is we would really like to be talking to you, Gavin Newsom, or have Gavin Newsom look at the information we're having. This is what news is supposed to do, isn't it? Is it supposed to say, you know what, we've got some phone calls coming in and we are starting to investigate because President Nixon appears that he may have wiretapped one of his opponents? Oh, well, you know what? The governor the United States doesn't agree with that statement.

**[00:12:16] Del Bigtree**

So YouTube is blocking it. How does news do what it does? How do we investigate if we cannot help, go outward with our investigation? We can't show you what we're investigating. Do you only get the results when it's all over? You know, we do this different, the Highwire, you know that what's that's what makes us different than everyone else. We are bringing you the studies as the ink is dry. We're going to do more of that today. I got some really fascinating stuff coming to you. But first, it is my honor to bring on, I think, really a heroic doctor that stepped forward. And, like others we've seen during this crisis, say, hold on a second, maybe we need to take a little bit of a different look at this. I'm joined right now by Dr. Daniel Erikson. Dr. Eriksen, thank you for taking the time today. I know you're extremely busy and I think your phone's probably ringing off the hook right now. It's my understanding a little bit.

**[00:13:08] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

A little bit.

**[00:13:09] Del Bigtree**

So first of all, when you sat down to do this press release, did you have a sense, knowing that the, the state of the country and where things were at, that this might be censored and that there would be a chance that the video would be taken down and and no one would get to see this?

**[00:13:29] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Absolutely not. This was supposed to be a little fireside chat with some locals out here in a small Curnoe community. I basically I reporters had mentioned it'd be nice to see your new data. So I said, OK, here's my here's my negative. They asked me, what do you think of that? I said, well, out of my data, it's about six point five percent of positives. I said, this is my data and my opinion on a moment in time. This data is not to be extrapolated to the globe. I didn't even know they were going to live feed it to Facebook. I thought this is going to be recorded and we're going to keep it on the local segment. It was going to last for five minutes and go away. And then all of a sudden ten million views on Facebook and my world gets turned into this now.

**[00:14:13] Del Bigtree**

Ok, well, welcome to this crazy world. What is your opinion? As a doctor, obviously it's happened. And I'm sure you've heard about people feeling like they're censored. And usually it's some crazy conspiracy theorists. We had to take the video down. They're putting people at risk. I think it's clear you're not a crazy conspiracy theorist. What is your opinion now that you see that censorship is happening like this in America?

**[00:14:40] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Well, I think that YouTube and the WHO need to chat, because if you noticed Executive Director Mike Ryan, he said we need to look at the Scandinavian nations. Maybe they're making some sense. We need to look at our ability to self regulate. This is all coming from Sweden and that's the people I'm talking to. Now, you you saw WHO is now saying, let's look at a different approach. **The the Swedish did not lock down. People are not locked in their homes. Kids under 16 are in school. Businesses are open and their results are good. And Dr. Anders Technol, their chief epidemiologist, when asked how is your approach working, he said, we're very happy. He said, you guys at the experimental lab rats, you're doing something never done. We're doing a rational stepwise approach. We're allowing people to make their own decisions. Right. And control their own risk. And we trusted the Swedish citizens are smart. And now they're saying, who has the freedom now?**

**[00:15:43] Del Bigtree**

Right. Well, let's take a look at it. I think we do have the clip from the WHO. Let's take a quick look at what you were just talking about, Dr. Erickson.

**[00:15:50] Female News Correspondent**

My question is for Sweden, A. It's a country that chosen a different road, a strategy basically no lockdown and an open society through the crisis, could this mean that the population of Sweden, maybe other countries that have not had strict lockdowns, have a chance to be better protected in case of a second wave as they have been more exposed and had a chance to develop a possible herd immunity?

**[00:16:19] Dr. Micheal Ryan, Executive Director, WHO Health Emergencies Program**

Sweden has put in place a very strong public health policy around physical distancing, around caring and protecting for people in long term facilities and many other things. What it has done differently is that is very much relied on its relationship with its citizenry and the ability and willingness of citizens to implement physical distancing and to self regulate, if you want to use that word. And in that sense, they've implemented public policy through that partnership with the population. They've been doing the testing. They've ramped up their capacity to do intensive care quite significantly and have and their health system has always remained within its capacity to respond to the number of cases that they've been experiencing. I think in many ways, Sweden represents a future model of if we wish to get back to a society in which we don't have lockdowns, then society may need to adapt for a medium or potentially a longer period of time. I think maybe in Sweden they're looking at how that is done in real time. So I think there may be lessons to be learned from from our colleagues in Sweden.

**[00:17:34] Del Bigtree**

This is actually quite an about face, and I've been covered, we covered Sweden, we had a report done from Sweden and you did see people walking around, but they kept their distance and but they were in restaurants and schools stayed open and everything seems to be OK. And there's been a real push back. Trump has said there's going to be a huge death rate, but your hearing is going to be a huge death rate. They're making a mistake. That's not the case. Let's get past Sweden. You know, I know that you don't have all day and you got a lot to do. So for those people that are not among the 10 million that saw your video, take me through the data that you shared and that you discovered through your work. Now you have an urgent care facility in Bakersfield, California, is that correct?

**[00:18:12] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

I have seven. I have seven throughout California from Fresno down to almost San Diego.

**[00:18:19] Del Bigtree**

Ok, because I've heard arguments it's only Bakersfield. He's using this small little community to extrapolate. But you actually have a fairly wide demographic across Southern California.

**[00:18:30] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Again, my data and my opinions on my data are not the most important. I'll go through with you if you like, but the most important thing I can share is the opinions of epidemiologists. And watching this for 30 years, I interviewed Dr Switkowski, which is a brilliant bio statistician. What does he do for a living? He analyses studies and data and helps the public understand. So I asked him, what do you think of what's going on? I said, is there science for sheltering in place? Is there science for, you know, social distancing? And he said absolutely not. And then they interviewed a Swedish epidemiologist and they said, is there is there data for locking people in their homes? And they said there really isn't. So this is an experiment we're trying. And my thought is, if you're going to do an experiment, you better have some good scientific data before you lock people in their homes, tell them they can't come out because depression, anxiety, alcoholism, this stuff is coming into my offices. This is not a fabricated this is my opinion on what I'm seeing. And so you have to ask yourself the big question.

**[00:19:36] Del Bigtree**

Let me bear down that with you, because, what we're hearing is that it's like a war zone. The borders are like a war zone. The urgent care facilities are barely hanging on. There's no room we're going to run out of beds. There was going to be a shortage of ventilators. You are on the front line. You actually do this for a living. Describe to me what it has been like to be working in an urgent care facility in California through this. Was it did it get to the limit? Were you almost about to run out of beds? Were was there a real concern for shortage of ventilators? What did you see on the front line?

**[00:20:13] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

No, we're a spread out county, Kern County is one of the biggest counties in California. We're spread out. So I called the CEOs of the local hospitals and they said our volume is down. They've had to cut hours. They have plenty of surge capacity if we should have another spike. So my volume is down significantly. Everybody has the same story in this area. Nobody's busy. We had yesterday I checked and we had 14 people in the hospitals, according to our our local public health, that we're in the hospital because of covid. And we had, I think, six or seven deaths total. Every death is terrible. We don't want any death. But out of a million people, these numbers are fairly low. And so I asked them, we have surge capacity per their their phone call I took with them. So if we should open up the schools and take a rational stepwise approach to open up the economy, our hospitals in Kern County are ready. I can't speak for L.A., I can't speak for the entire state. But in Kern County, we are ready.

**[00:21:17] Del Bigtree**

What you at urgent care facility, one of the things that really got you into this is you've been doing testing, you've been having people coming in and you've been running tests. What were your numbers when you looked at those tests?

**[00:21:30] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

I got them right here. The numbers I was using was we had a total of five thousand two hundred and thirteen patients tested. Now, to be clear, those were not randomized. Initially, the CDC had asked us to test people for fever, cough, shortness of breath, which we did. After about three weeks of that, we started having employers asking us to test hundreds of people that had no symptoms. Some had exposure, some didn't. If they were in the food industry and let's say they were in the shipping department and one guy had a fever, well, they would send over four hundred people whether they were exposed or not. Then we had people coming in that had a elderly grandmother at home or an immune compromised husband. They had no symptoms but wanted to be tested. So our our data started to get more randomized. But at the five thousand two hundred thirteen mark, we had three hundred and forty positives, which is six point five percent. And I was just sharing this data. This is raw data. This is not bio statistically analyzed by an epidemiologist. This is my opinion of raw data. At one moment time you do not extrapolate this data to society. So the data I use now is from CDC, from World Demetre, and then I talk to the epidemiologists and the biostatisticians and I say, what should be our message now that we have data? Two months ago we had no data. So of course we're going to take a real cautious approach that was wise. But now that we've had two months of data, should we take a different approach? Should we be more like Sweden? I say yes.

**[00:22:58] Del Bigtree**

And during this press conference, you kept saying, millions of people infected, small death rate, millions of people infected, small death rate. And you compared this to the flu. Do you still hold on to that comparison? Is one of the things that gets attacked a lot in this conversation. You did cover one of the points. They said that your data was not randomized and you explained it didn't start out randomized, but got more and more of an office building says send everybody in, much more randomized there, different people, different ethnicities. And they certainly aren't coming in because they're having some symptoms. But where do you see this death rate in the data you're looking at now? I get it. And we've been sharing no one in our audience is brand new to this. We've been sharing worldwide data, too. But when you look at your data, six point five percent, you extrapolate it out. What is the death rate of covid-19 compared to the flu in your mind?

**[00:23:50] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Well, let's look at the data once again. The CDC on their website in twenty seventeen, twenty eighteen, we had about sixty thousand deaths from flu. The flu season usually last three to four months. I've been following flu seasons for 15 years. Sometimes it's bad. People are in hospitals. They're intubated. They're they're dying. Our hospitals are overwhelmed. It's terrible. Sometimes it's mild. This is like a bad flu season per doctor. Get Seki per doctor. Witkowski, these are epidemiologists analyzing flu cycles for thirty years. And they have told me this is like a severe flu. This is their opinion. I'm sharing. How many deaths total? Sixty two thousand two. Ninety nine. We have one million total cases out of six point two million, or about sixteen point six percent. Seventeen percent at a moment in time. A world leader and moment in time is what we have today. Right. But what I'm saying is we need to listen to the people who do this for a living who have degrees in this and who are saying this is like a severe flu and they're recommending a stepwise approach to get the economy back going. And I think that's rational.



**[00:24:53] Del Bigtree**

Ok, so tell me, both you and your partner, Moustaki, Miski.

**[00:25:00] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Muste,

**[00:25:01] Del Bigtree**

OK, you both have done a lot of work in immunology. You've looked at this in virology. You know, we're being told that the smartest way to deal with this virus and I'm going to have to assume viruses in the future. I don't know how we don't do this this way. We lock down, we sequester ourselves. Are there are there you know, on one hand, we know that locking down is going to certainly cause unemployment. It's going to cause all sorts of issues, with other illnesses. Right. And poverty and all that. But there's actually a danger to the health of people for locking down, too, isn't there, from a virology position? What is your thought on that? What are the dangers of locking down physically at this time?

**[00:25:47] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Let me talk to you about what I called a doctor out of Wisconsin. Dr. Lang, I hope he doesn't mind me saying that. And I said, what are you seeing? And he said, well, I was in the E.R. last night and I had patients that had chest pain a couple of days ago but didn't come in for fear of cold it. They had different severe things that had gotten worse because they were sitting at home afraid to come in. That's one. Number two, people are calling me, asking for anxiety medications that they haven't been using. Alcoholism is going up. People are telling me they're drinking more. And you can. This is all. Public knowledge, so there's multiple things we have to consider the collateral damage of a total shutdown versus the damage of the virus itself. And to me, the scales are tipping towards the collateral damage is affecting all Americans, the virus. Ninety five percent of us get get this virus and have a fairly mild go at it. Yes, we have some deaths and those are terrible. I'm a physician. I don't want anybody to die. Some of these people would have died during flu season. And so what I'm saying is, let's take a rational approach. Let's look at Sweden. I think, like the old stated, we've got something to learn from them. I think that their approach is working. If you look at their deaths per million to twenty five United States, one seventy five per million, Italy and Spain in the four to five hundred range per million, U.K. three sixty per million. UK is on total lockdown. The other three hundred and sixty per million. Now we can't we can't make judgements about this until the complete cycle has gone to say who wins, who, who, who chose the best route. But I think you need to choose a route that doesn't destroy your economy while you're dealing with the disease.

**[00:27:23] Del Bigtree**

Do you think there's going to be a benefit, though? There might be. I mean, locking down there could be a potential side benefit that since we all locked down, we didn't come in contact with viruses and bacteria we would normally come in contact with out in society. So are we going to be healthier because we've sort of wrapped ourselves in bubble wrap and stayed away from each other for this last two months?

**[00:27:47] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Wrap yourself in bubble wrap is not how you get healthy, you get healthy as you build your immune system. Let's talk about herd immunity. Herd immunity is really a key issue here. We have to get to that 70 to 80 percent where the virus is in society and it's moving from one person to the other. Pretty soon it runs out of places to go and burns out. That's going to happen whether you lock down or not. That's going to happen in Wuhan, China, South Korea, UK and the US. The virus will spread. Whether you lock down or not, people are social. You can't tell them not to intermingle. Their friends come over. They have little parties. They talk to their pastor, they go to their doctor. They go to Costco so we can go to Costco and Home Depot. And that's OK. But if we go to the beach, were arrested and they let criminals out and they tell us we can't go to the beach or parks and get arrested, you can see this is not rational fear. Fear has taken over and people have given up their freedoms for fear, in my opinion.

**[00:28:45] Del Bigtree**

How does herd immunity work, though, really from a I think there's a lack of understanding. This is something that you seem pretty clear on. How does my body react when I come in contact with the virus or bacteria? Isn't it dangerous for me every time it happens? Or, you know, when you talk about my immune system being made strong, can you very clearly, if this is biology one on one for our audience, how does that work

**[00:29:11] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

You when when you take in an antigen, a virus of bacteria you form and antigen antibody complex, you form EGI. And these are immunoglobulins and this is how your body sets up a defense against disease. When we test you, we're typically testing a PCR. We're looking for like pieces of virus. We're not looking for IGM. The test that just came out, that's called serology is a blood test. This test for ECG and the Ph.D. M.D. virologist that I've been discussing with WHO I will leave unnamed has shown me in his graphs that that peaks around seven to ten days. So post exposure, we can test you for immunity. And in my opinion, the most important tests are run right now is the serology. Why? Because we can we can see are we at that magic 70 to 80 percent mark. And as you know, the curve has been flattening. We are no longer on an upward progression. It is flattened. And now if we could have some wide based testing, we can decide if we have 70 to 80 percent herd immunity and put everybody back to work. But the testing is laborious and time consuming. So I think a stepwise approach approach to get Americans back to work and giving them some hope that they're not going to be locked in their house for the next six months is a critical discussion right now.

**[00:30:31] Del Bigtree**

Do you think locking down was a mistake?

**[00:30:35] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

I think initially we did this because, hey, China had this virus going crazy, you know what, China had an advantage and I'll tell you what it is, they they their disease peak before they lock down. If you notice, February 4th is when China peak. I know some people don't trust their data. Look at South Korea as well. They didn't lock down early. They waited until herd immunity happened. Then they locked down the twenty first. So they had the advantage of developing herd immunity after they locked down. That's an advantage

**[00:31:05] Del Bigtree**

Is when I think about my kids. I see a lot of people now we're all washing our hands. We're watching our kids. We got disinfectants everywhere. I personally don't think that that's going to be the healthiest world for my child to live in. But you're an M.D. You've looked at this. Is that how we want to live? Is that the best way to keep our children healthy?

**[00:31:26] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Well, I'll go back to the example of a four year old child, and I'll say, if you were four and you were my child and I put you in a plastic ball like a hamster wheel and never exposed to the outside world, you would not have a strong immune system. Immune systems are developed by exposure to antigens, viruses, bacteria.

**[00:31:47] Del Bigtree**

So it's important, it's an important part of life,

**[00:31:50] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

It's the way you develop an immune system, no one would say, hey, Del, we're going to put your kid in a plastic ball for five years to protect them. No, they're on the floor. They're grabbing staphylococcal streptococcal bacteria, all kinds of rhinoviruses. Little kids are sick all the time. Their nose is running. That's how they develop the immune system. If you take that away from them, they are not healthy.

**[00:32:12] Del Bigtree**

Do you know if you've tested positive for covid-19?

**[00:32:15] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

I have not tested positive, I have tested negative, in fact, through PCR, nasal pharyngeal swab,

**[00:32:22] Del Bigtree**

Does that make you happy or would you prefer to have had it by now?

**[00:32:27] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

You know, I may have had it Del, most most people that have had it have little to no symptoms, they call them, you know, in an asymptomatic carrier is a healthy person.

**[00:32:38] Del Bigtree**

I think I've heard someone say that before.

**[00:32:42] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

They have this magic name are you an asymptomatic carrier that's called a healthy person with no disease. And they developed immunity. They they are IGG positive.

**[00:32:51] Del Bigtree**

So, just to wrap this up, there's a real concern now, I think we're now hearing that there might be a second wave. There's thoughts that in these states, Texas, right now, Georgia are about to open up. People saying you're going to have disease outbreaks if you open up. Is that accurate? Are we going to see an outbreak when we open up? And are we going to see a second wave in the fall, in your mind?

**[00:33:15] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Do you know why we would have a second wave? Because we sheltered in place, you only have you if you don't shelter in place, they talk about flattening the curve. When you flatten the curb, you drag out disease. Then when you open the economy back up, you get a second spike. Is that going to happen? Nobody knows. We've never been in lock down the biostatistician, Dr. Bartowski, the great one. This guy is just awesome. I've talked to him for about three hours and he said we might get a spike. We might not. We'll see is the answer. So we don't know at this point. Our hospitals are prepared. I've asked our second surge capacity. Yes, we do in Kern County. We're ready. Let's get the economy open in a stepwise fashion. Let's let's think about the average American out there who is struggling, who is angry, whose business. I talk to a coffee shop the other day. She's losing both of her businesses. This is a real problem. It is crushing many Americans and it is stomping on our freedoms. And I think it's time to make some different decisions.

**[00:34:18] Del Bigtree**

You're living in a state that's probably doing really more seriously locked down, I would guess, than almost anywhere else in the country. Gavin Newsom announcing after a bunch of people went to the beach just the other day, I'm shutting down all the beaches, all the parks, even after we've heard that being out in the sunshine, that sunlight and heat are the worst thing for this virus that can't last there. People are being kept in their homes in California. You know, if you could speak to Gavin Newsom right now, what would you want to say?

**[00:34:47] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

I'd say let's get together and talk. I really love I love solving problems for the American people. I think I feel their hurt. I feel their anger. I feel their pain. They're texting me on Facebook saying, please help us get through this. I'm losing my business. You know, my husband is depressed, my kids are home. They're not in school. When can this nightmare be over? So I am trying to have a voice for those who don't have a voice right now.

**[00:35:12] Del Bigtree**

Do you feel like obviously, the video has been pulled down. There's been articles written about you. This isn't accurate. Do you feel like you're all alone, that you're the only doctor out there that is seeing this, that maybe somehow your data is off or different than everyone else around you?

**[00:35:28] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

We have hundreds of doctors from all different specialties who have called me. And I've interviewed some on my on my website, on Zoom, who are saying I see the exact same thing you do. I see I live in an area that's not busy. People are scared to come into the hospital. They've worked at different urgent cares that have shut down. And they say, I don't understand why we're doing this. I don't think it's the right approach. We have actually hundreds calling in who actually agree with the physician.

**[00:35:55] Del Bigtree**

So then, other than the media, I mean, then why is the media attacking? I mean, here's the thing, right? This is my question. If you're right and so many scientist and you're not I mean, I've been reporting this for several weeks now. There are in fact, at the end of the show, I'm going to list about one hundred and twenty top world scientists that would all agree with you. What is happening in mainstream news then. Can you explain it? Because it seems like they're telling us that we are going to die. We need to stay locked down. We have, you know, all day long music concerts. We're superstars are telling us if you want to be a hero, stay in your basement. Burger King telling us, just lay on your couch. That's how you can be an American hero right now. How is that happening?

**[00:36:41] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

I think what happens is we started down a pathway of logic. We said, oh, boy, Wuhan, China is got millions of people. The initial models that put out said two million Americans were going to die down two million. We're not even at one hundred grand. So the initial models scared us to death. So we said everybody, you know, shelter in place. I took precautions. My kids came home. I said, oh, boy, we don't know what this is. We sheltered in place. I had in ninety five masks everywhere. You know, I was going to the store with a mask. I told the line for two months and now are seeing my my community and going, why the hospitals are slow, I'm slow. The disease out here doesn't seem to be reflective of New York. So maybe we should make different decisions in our county because we are not inundated with disease. Maybe we should allow personal responsibility to take place and businesses to open and kids to stay in school. And then I started looking at different countries and going, Wow, Dr Gee Seki, you know, thirty years of this agrees. Wow. Dr. Anders Technol agrees. Wow. Dr. West. And they just kept coming, these epidemiologists who have agreed on this position. So that's when I formulated my opinion. After two months of reading and studying and talking to colleagues around the country, I decided that I think the best approach is something similar to the Sweden model.

**[00:38:09] Del Bigtree**

Are you concerned that given you all human beings want to be right, especially those that have driven our nation into what could really end up looking like a form of a depression? We're seeing jobless rates like we've never seen in my lifetime. Do you have any concern that there's going to be a cover up or, or at least sort of trying to soften the details you're talking about to protect those that got us into this? Are you worried that they're using the media to try and hide the fact that there may have been a colossal mistake made here?

**[00:38:42] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

You know, I think that if I was the leader and I made it and I made a move that maybe didn't have the best outcome, I would pivot. I would say, OK, the decision was made. Here's the outcome. Let's pivot now. Let's pivot. Let's get the schools open. No. One, kids under 16, everybody back in school. Let's watch that for two weeks. No. Two slowly opened restaurants, No. Three open major factories in a stepwise fashion like coming down a ladder. We've climbed up this ladder that is going to I don't know where. Let's send a step wise fashion, come down and reopen the economy. What do they try and cover things up? I don't think that's the big issue. The big issue is how do we get back to a place that's logical and rational, allows people to take personal personal responsibility for their own health.

**[00:39:27] Del Bigtree**

Those are all great points, points that we've been sharing here, I have to say as a reporter, I'm not a doctor, I'm not a scientist, but I have been interviewing a lot of people like you. But I think you're one of the most outspoken in America right now. I think it's courageous whether it seems like you didn't know how courageous you were being. But you are here, you're still speaking out. And I think that makes you an honorable person. And hopefully those videos will be put back up on YouTube. I know we're certainly hoping our video stays up, but keep up the good work and I hope you stay in touch as we watch this thing shift, because as we know every day, this story is changing, the models are changing. And hopefully you've had some influence on really looking at the hard data. Thank you for your time today, Dr. Erickson.

**[00:40:13] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Call me any time. Be happy to come back.

**[00:40:15] Del Bigtree**

Alright. Take care.



**[00:40:17] Daniel Erickson, M.D. C.O.O. Accelerated Urgent Care**

Bye

**[00:40:18] Del Bigtree**

Well, if you've been watching the Highwire, that is not new information. Look at the things he was saying. An asymptomatic carrier is just a healthy person. Why is Deborah Birx trying to track down all the asymptomatic carriers as though they are scary people? This is the type of information we've been sharing for eight weeks. And I've got to tell you, we have been all in on this. We have been hiring scientists and doctors around the world to bring the best information is coming to the end of April. And I'm a little behind. If you are not donating to us right now and you find yourself tuning in for like the third time saying, you know, that Highwire seem to have really good information, I'm not finding anywhere else. I mean, I see it on Fox, but about two weeks after the Highwire was saying it, will you join all of those great people that are helping us make this happen? Right now, we're asking for a recurring donation, just like you used Netflix or something else. How about twenty dollars for twenty twenty twenty dollars a month? Just set up a recurring donation so that we can keep bringing you these doctors and truth seekers and scientists and virologists that are trying to get you back to work. They are trying to get the information out to the president.

**[00:41:27] Del Bigtree**

The more we share this, you're the more you get out there. And by the way, since YouTube is censoring and since YouTube probably will try to take down this show, because I don't care what the show has to say, I'm much more interested in the scientists and doctors that are actually on the ground in the field like Dr. Erickson. That's where we're going to stay true to. And you can make up your own mind. I'm not telling you what to do. I'm not telling you not to lock down. But I'm showing you the scientists and doctors around the world and all the stats and all the data points where you can actually find them. So please go to our website and sign up at theHighwire.com. Right now, please just give us your email. I will never share it with anybody. I'm not tracking you. I just want you to be able to track me. If YouTube shuts us down, it's Facebook. Shut this down. Freedom of speech is hanging in the balance. You need to be able to hear from guys like Dr. Erickson there. We stepped up and found and tracked him down and spent a lot of time making calls to get him in here. For those of you who didn't see the video that was taken down on YouTube, that's what we're doing here.

**[00:42:30] Del Bigtree**

And I need your help. There's no farming here. There's no diapers being sold. I'm not even selling you vitamins or anything else. You are deciding what the content is. What you're saying is I want free news, free content that is not shackled by anyone. And by the way, if I was selling vitamins, there would be a vitamin guy saying You know what? I didn't like what you said about hydroxychloroquine the other day. I didn't like I don't want any of that. I don't want to be controlled by anybody. Every day we sit down with our team and say, where is the real news? What is the real story? What are the questions we're actually asking? And let's go find those answers. That's what we're doing for you. And everyone that donates gets that feeling every Thursday. I made this happen. Please allow yourself to have that feeling. Don't you sit back and watch. Don't just be a couch potato. Thinks you're a hero for sitting in your basement. Get involved the Highwire and donate to us now. Be really, really helpful. So speaking of what's happening in the world today, I want to bring in Jefferey Jaxen really quick to give us the rundown of what happened last week in America.

**[00:43:31] Jefferey Jaxen, Investigative Journalist**

Hey Del, how are you?

**[00:43:32] Del Bigtree**

Good. Really good. How are you doing Jefferey?

**[00:43:33] Jefferey Jaxen, Investigative Journalist**

Doing good. Alright. Let's go through the numbers first. So cases worldwide, we have three point two million in the U.S., little over a million cases. Mortality worldwide. Two hundred and twenty eight thousand. That's a little over that. And in the U.S. alone, at sixty one thousand cases jumping over to the jobless claims. Now, this has become, unfortunately, a reoccurring situation on this show over the weeks because they do come out on Thursdays. We had three point eight four million as of last week. That was the claims. That's a six week total of 30 million job jobless claims in the US. From the numbers, just from the numbers, this part of the damage appears to be slowing down. Now, the ripple effect is incalculable. But as far as those numbers, it's the second week in a row we've seen some slowing numbers. So, you know, are we flattening the curve there or whatever? Sure. I hope so. Yeah, but. Does this how does it start to change? We began opening in the country and that's exactly what we're talking about with Texas, Georgia and Idaho are all expected to let their stay at home orders expire tonight or today. So we're keeping an eye on those. And this is really this is an inflection point. States are expected to stay at home orders. I did a count before the show in the first week of May. We should expect about nine states to lift those orders or to severely modify them and to loosen them over the rest of May so far, 11 states have announced that they're going to do that as well. Several states haven't haven't made announcements yet. And as far as economies opening currently, there are 11 that are at some phase of openness right now. During the first week of May, there's going to be 12 more aggressive, May eight more. And again, a lot of states haven't released plans to open their economy yet. Some haven't released anything.

**[00:45:22] Del Bigtree**

What's the difference between, say, an economy opening and a lockdown being lifted? What is the difference between those two terms?

**[00:45:29] Jefferey Jaxen, Investigative Journalist**

Yeah, so the stay at home orders, you have the orders, the shelter in place, orders to stay at home orders. That's the lockdown being lifted for the for the residents. Now, the other part of it affects the economy is the businesses. So like in Georgia, for example, we have tattoo parlors, gyms opening. We reported that last week. So it's like it's like a slow roll re opening

**[00:45:49] Del Bigtree**

For these bars, things like that.

**[00:45:51] Jefferey Jaxen, Investigative Journalist**

Yeah. Still social distancing in order, still masks, things like that. But we're seeing we're seeing the beginnings of a popular surface here. And, you know, that's that's essential because, you know, moving on to this next point I want to bring up is the supply chains. This is going to be an issue moving forward. It seems like the supply chains in America and across the world are really being hammered here. And there is an article says, quote, This is Breitbart. "Producers warn America is facing protein shortages" in that article. Lots of great information. John Tyson, the chairman of Tyson Foods Inc., one of the largest meat producers in the U.S., says the supply chain is breaking. That was his quote. He put out a full page articles in The New York Times, The Washington Post basically warning about this and saying that this was in his this was in his statement. He said Millions of animals, chickens, pigs and cattle will be depopulated because of the closure of a processing facility. So, you know, a lot of people are trying to wrap their heads around this. Why is this happening? Why could this happen when the plants when the supply chains slow down, these plants shut just for even shortly or, you know, indefinitely? If you have the cattle ranchers, you have egg producers all the way down to, you know, Idaho potato farmers. They're all expecting to offload all of this food and there's no supply chain for it anymore. So they're stuck

**[00:47:11] Del Bigtree**

With all little videos and images of piles of dead animals and crops being plowed under. I can't imagine what that feels like as a farmer when that's your way of life. It's something you're so focused on. You take so much pride in, be like any of us to do a job and then just have to destroy what you did. And the people never get it and, you know, to see it or be a part of it and then to think what happens to us. Right. What happens is we start going to grocery stores. There's no meat here because they had to kill off, you know, all of that food. Really, really incredible moments. I mean, it feels like, we're taking America and we're moving ourselves closer and closer to bread lines as though we live in the old Soviet Union. And again, as we keep looking from this show, why where is the justification for this? And then, you know, and you look at YouTube, I mean, what's happening to our speech? I know you want to talk about that, too.

**[00:48:06] Jefferey Jaxen, Investigative Journalist**

Yeah, there's an article in The Atlantic and you know, these articles are all over the place. We seen reported on it every week. This article is very symbolic of kind of the overview of everything that's happening with censorship. And it's in my opinion, it's a disgusting article. It's called "Internet speech will never go back to normal" in the debate over freedom versus control of the global network, "China is largely correct and the U.S. was wrong." You know, if anybody wants to read this article, check it out. It basically says that significant monitoring of speech control is inevitable. Governments must direct censorship to conform to societal norms and values. In the article, too, on a side note, Zuckerberg calls data gathering and sharing a superpower. I ask for WHO. It's interesting because you covered YouTube, censoring Dr. Erickson, censoring other people. Why is YouTube censoring in favor of the World Health Organization? This is an organization in America that President Trump no longer no longer supports. With his funds. He withdrew funding. So why why are we under the dictates of the World Health Organization's information? I wrote an article for the Highwire called Inconvenient Truths about the World Health Organization. And they have a long history of this. We have we have they they pushed Purdue Pharma is opioid plan internationally after. Knowing that it was after all the lawsuits were happening in the U.S., they still took that the World Health Organization endorsed that HPV vaccine. They ignored those warnings. They ignored warnings like Dr. Peter Abes of infant mortality increases in third world country vaccine campaigns. Why are we listening to World Health Organization and why are companies like YouTube censoring in favor of them? This is all public knowledge, by the way. And why is it public knowledge? It's because we had an open debate about it and the chips were on the table and they felt they fall where they may.

**[00:49:58] Del Bigtree**

Right Amazing. Amazing. Well, I mean, it's incredible. I know. Well, let's go on. What's happening in America? I mean, as we are starting to challenge this, we're under siege. We are seeing censorship taking place. A lot of us we're talking about our civil rights, our constitutional rights. Does anyone care?

**[00:50:17] Jefferey Jaxen, Investigative Journalist**

Yes, short answer. Attorney General William Barr seems to care. Last week, we reported that he called stay at home orders disturbingly close to house arrest. This week, he sent out a memo to ninety-four attorney generals, basically saying the "constitution isn't suspended." So in this article, Barr's memo is in effect, a warning order to his 94 U.S. attorneys. It tells them to be, quote, "on the lookout for state and local directives that could be violating the constitutional rights and civil liberties of individual citizens." The memo is called Balancing Public Safety with the Preservation of Civil Rights. So basically, Attorney General Barr has chosen to attorney generals to oversee the efforts to monitor state and local policies as all this reopening happens and to take action

**[00:51:03] Del Bigtree**

Do you think this is baloney. I mean, do you think this is just the government trying to look good or do you really I'm always wondering, can I even trust this does build those borders? You really care, doesn't care about these things?

**[00:51:16] Jefferey Jaxen, Investigative Journalist**

That's a great question. Let's look at the action. So the previous memo he put out was to warn of hoarding and that they would take action with people hoarding masks and essential medical supplies. And there has been reports, if you look across the news over the past couple of weeks, you'll see the FBI taking action. With that, you'll see police departments, local police departments taking action with that. New York was just a recent one with people hoarding masks. So there was action taken there. Now, this this really brings some nuance. And that same constitution is a nuance. But someone's hoarding masks. There's a mask. You take them, you punish the person. But, you know, this seems Attorney General Barr's seems to be focusing on the discrimination around religion speech and interfering with national economy. So those three things now, that's a pretty big gray area. But I think I think if they have two people on a task force looking for this, he gives a heads up the 94 other attorney generals. We could be on to something with public pressure to public pressure and reporting on this. Even if people posting stuff to the Internet, that gets a lot of traction when when people see that

**[00:52:22] Del Bigtree**

It's amazing and it makes you think this can be a real divide in this nation. I mean, especially those that think that it's because he's a Republican or I'm a Democrat. I mean, I really wish we could get beyond our partisanship right now because it's going to get ugly in many ways. We should be looking at the science. We should all be agreed on our constitutional rights. Some crazy stuff happened in New York was what was the story reporting on New York this week?

**[00:52:45] Jefferey Jaxen, Investigative Journalist**

Yeah, the biggest thing is nursing homes. And I want to give a heads up and a hat tip to Michael Goodwin of The New York Post. They've been out front hammering this story, the stories about nursing homes and kind of just the the ill treatment and the issues the nursing homes have had. And why have they had that? Well, New York knew for months that the virus was extra lethal in, of course, elderly and nursing home populations as well as everyone's reporting. I mean, that's that's common knowledge. Governor Cuomo on May 25th, sent out a directive to nursing homes, said that basically they can't deny patients to nursing homes that may that they suspect have covid 19. So they had to take these patients. So the order effectively made covid patients a protected class. For what purpose? I don't know. Nursing homes had to wait until the patient arrived to do their own tests. And we know, especially early on, if they even had test those tests took days because they had to bring out to the centralized CDC locations. They weren't on the spot tests.

**[00:53:46] Del Bigtree**

So they literally just this is this was an incredible story when we started seeing this come up this week. I mean, the one thing if there was one thing, one data point we had in all the confusion coming out of China, it was it appears to be affecting people 65 years and older, that there's one data point we had out of Italy as it moved to Italy. It was affecting people 65 and older. There's one data point we had as it hit Washington. The first time was a nursing home that got covid. Inside of it was the first, you know, handful of deaths. Right, was eight deaths or something like that in one nursing home. We know that the nursing homes were the riskiest places, the people 65 and older. And to find out that Cuomo on May 25th says, I'm sorry, but you're not allowed to turn someone away in a nursing home that was just at the hospital and diagnosed with covid-19. Whether it's a new person coming in or someone that left. And what's the what was the reasoning behind with any idea what I mean? I think about this. If there's one data point my six year old daughter understands about covid-19, is that grandma needs to be kept away from this thing. So what was Cuomo thinking? Was there a reason behind this?

**[00:55:03] Jefferey Jaxen, Investigative Journalist**

None that I could see, and again, The New York Post has hammered him on this, he's been questioned about it, too, and he really hasn't been forthright with any type of real explanation. Now, this is understand, this is the same guy that talks about overabundance of caution with the policy, using data to reopen the economy, to to drive the policies. And, you know, this policy puts out for the nursing homes. It seems to fly in the face of all of that. Now, the other part of the policy that's really crazy is he didn't allow the nursing homes to require testing. So if they're a patient that is being admitted or readmitted, they can't tell the hospitals, hey, can you go ahead and test that patient first before you bring them to our nursing home

**[00:55:43] Del Bigtree**

other end of the wing or something like that, if you like you know what I mean?

**[00:55:47] Jefferey Jaxen, Investigative Journalist**

exactly.

**[00:55:49] Del Bigtree**

It really defies all reason

**[00:55:51] Jefferey Jaxen, Investigative Journalist**

In the last piece of that is they the memo went out and immediately the next day the hospitals began offloading their patients because they wanted to clear out to clear out these emergency rooms. They want to get these people out of there so they become offloading the patients to the nursing homes. So what that's doing, obviously, when you think about that, is you can't require tests.

**[00:56:12] Del Bigtree**

Let me read this really quick. We got we've got this right here. "Hospitals are under pressure to discharge patients, including one when the coronavirus, but who don't need ventilators to open up beds for what Governor Andrew Cuomo says will be a surge of thousands more cases in the next two or four weeks. However, nursing homes whose workforce is struggling with problems like those in hospitals, arranging child care and managing a short shortage of supplies like protective garb, fear the facilities will be overwhelmed." So they basically, in order to let me get this straight, in order to clear beds for the onslaught of cases that were coming, you sent those sick people into the petri dish where you would create the epidemic that would then force your hospitals to be overrun.

**[00:56:52] Jefferey Jaxen, Investigative Journalist**

correct.

**[00:56:56] Del Bigtree**

I don't know. I don't want to go mental.

**[00:57:00] Jefferey Jaxen, Investigative Journalist**

they were caught completely flat footed by this memo because they didn't have policies in place to do anything with it, literally 24 hours after the memo was initiated. They're getting patients. They're trying to shuffle staff around the hall is complete disaster. Shame on Governor Cuomo.

**[00:57:17] Del Bigtree**

Incredible reporting. Jefferey keep up the good work. And of course, every week you're writing for the Jaxen report on theHighwire.com. So for those of you that can read and want to take this information a little bit deeper, you definitely want to check out the great work the Jefferey Jaxen has been doing. Plus, we'll see you next week. Thank you.

**[00:57:34] Jefferey Jaxen, Investigative Journalist**

Alright. Thank you.

**[00:57:35] Del Bigtree**

Alright. I'm not I can't stop there. I can't stop there with New York. I mean, because we keep everyone keeps saying, well, we don't want to end up like New York. We're still Gavin Newsom still locked down in California because of what's happening in New York and New York, we're finding out made the most tragic, obvious mistakes you can possibly make. I mean, there is no reason why you shouldn't have had your nursing homes protected from people with covid-19. That's the only thing I've said. There's one thing you really want to do. Should this ever happen again, can we get better at locking down security nursing homes? But I thought I meant, like putting some seal on there and having hospitals and nurses that can't go in and out, go home and come back as though that was the risk. And in New York. Oh, no, no, no. It was even worse than that. Oh, you're sick. You got covid-19. You're the best place for you to be. We're going to force the nursing homes to take you on. Unbelievable. Which makes me really ask the question, is New York a total failure? Is it a total disaster? One would really have to think so. When you're looking at these headlines coming out, why are so many people dying of covid-19 in New York City "coronavirus New York Register's record single day death toll" "deaths in New York City are more than double the usual total". Alright. These are terrible headlines.

**[00:58:53] Del Bigtree**

I'd hate to be the one responsible for them. What's going on in New York? So now we know the nursing homes were not protected. In fact, they were forced to take on patients. But there's other issues, some of these we've covered over the last weeks. But I really want to lay out for you what looks like apparently a total fail in New York. Alright. Let's begin with this headline. This is what we all were hearing about, right? "New York has enough ventilators and stockpile for about six days. Governor says" now, remember, this was a whole issue, right? New York, Cuomo was screaming, I need more ventilators. I need more ventilators. I'm dragging ventilators from upstate New York. I'm getting all the ventilators I can possibly get. Right. Alright. Well, this is something he may not have seen coming, but now this is the headline about ventilator's. "High mortality rate intubated covid-19 patients in New York City, this is MedPage Today." "Nearly nine in 10 covid-19 patients who are put on a ventilator die. New York hospital data suggests." "In the new study, researchers analyzed data from five thousand seven hundred patients who are hospitalized from March 1st to April four through Northwest Health, the largest health system in New York with 12 hospitals across New York City, Long Island in Westchester County. Of those patients, two thousand six hundred thirty four were discharged or had died by the end of the study, and three hundred twenty patients with a recorded outcome were put on ventilators. Nearly nine in 10 of those ventilator patients died."

**[01:00:18] Del Bigtree**

"But if you look at the age difference, around seventy six percent of Pentavalent patients between 18 and 65 died. And if you were over that age, 97 percent of ventilated patients over the age of sixty five died 90 percent." So essentially what we will look back in history, saying is it could have done something like this. Andrew Cuomo saying, I need more guillotines, I need more guillotines to handle coronavirus, because that's what they did. And thank God we had Dr. Kyle Seidel come forward and say, hold on a second with the ventilators. I mean, amazing that that video stayed up long enough that the world could start shifting its treatment from ventilators. So mistake number to New York not only did not heed the advice of the entire world and put their nursing homes at risk, they used as a treatment, not oxygen, but ventilators, which killed nine out of 10 patients that were put on it. New analysis recommends less reliance on ventilators to treat coronavirus patients. Thank God we are learning our lesson. These are things we have to think about, right? What have we learned from this experience? Are we going to make the same mistakes? Alright. Now, on top of everything else, you don't have done the wrong thing in nursing homes using ventilators to kill people. And then what about the people that, maybe have had a life threatening moment? But, we're going to bring them back to life right now, not in New York because of these headlines.



**[01:01:42] Del Bigtree**

"New York issues do not resuscitate guidelines for cardiac patients amid coronavirus." So "first responders were outraged over the move." We talked about this last week. "They're not giving people a second chance to live anymore or in. Barzelay, head of the city union, whose members include uniformed EMTs and paramedics, fumed of state officials. Our job is to bring patients back to life. This guideline takes that away from us, he said." So even for people not dying of coronavirus, now you have an issue where you're dying of a heart attack and where we would normally save you under those circumstances. Governor Andrew Cuomo and the people in New York have said now, do not resuscitate those people, let you know dead dogs die or however the term goes. I mean, it's really quite shocking, but it doesn't stop there. Right. One of the problems we've been hearing about, even from Dr. Erickson, is we've cut our staff down. We are not staffing oncologists. We are not staffing heart surgeon. Here is this. "Cash starved hospitals and doctors groups cut staff amid a pandemic." I mean, some of this is because there's no money coming in. "Cardiac calls to 911. This is what I want to get to a New York City surge." And they may really be more covid cases. Now, here's here's the point. Dr. Erickson was making this point right. He said, what are the outcomes when people are afraid to go into a hospital? And what are the outcomes if someone who has a heart issue is either afraid to come into the hospital or number two their heart surgeon or who they would normally go to their doctor who might give them a stent because they're having some issues and they need to open up that artery.

**[01:03:18] Del Bigtree**

That's not happening. That doctor has been laid off. So that was the idea. Let's just lay off everybody. That's not ICU or E.R. or I mean, let me not overexaggerated their filtering through. It's like four to five days on and then 10 to 14 days off to see if you've got the coronavirus. So we're all so terrified of covid-19 that we're telling EMT's don't resuscitate anybody. We don't want them coming in the hospital, send all the doctors home because we don't want them getting sick. And now at home, you have people that are saying, well, I mean, I have a heart issue. My doctor's not in there and maybe I'm afraid of covid-19. How is this affected? This will. Now, the New York Fire Department is speaking out. This is what we saw in that report this week. It says "Emergency Medical Services, the part of the fire department that runs the city's paramedic response, is responding to three or four times its average daily number of cardiac calls, with each call almost twice as likely to involve a death. The dramatic increase of cardiac arrest calls and deaths from cardiac arrest calls demonstrates the impact suspected or confirmed covid-19 patients are having on 911 and what EMS members are having to respond to every day, said a senior fire official."

**[01:04:31] Del Bigtree**

From listen to this, this is incredible, from "March 30th to April 5th of last year, 2019 there, an average of 69 calls a day for cardiac patients and twenty six deaths, meaning thirty eight percent of those calls. They died. Now this year, March 30th, April 5th of twenty twenty, the week ending on Sunday, cardiac calls average two hundred and eighty four a day with two hundred deaths a day. Seventy two percent of the calls ended in death." That's more than double. That's like where we go. Two hundred deaths as compared to twenty six. I mean, look at that rise. The number "for Sunday were the highest yet out of three hundred twenty two cardiac calls. Two hundred and forty one or almost seventy five percent ended in death." "This is what Captain King Kong, a 16 year EMS veteran, said via the official FDNY, NY Instagram account. I know crews that go from cardiac arrest to cardiac arrest all day." I think that about sums it up. New York is a total fail when it comes to their actions and responses to covid-19. I used to live there. I have family there. Right now. My mother in law is there and I'm worried. I'm worried for her. There are better places to live because New York has done everything you could possibly do wrong.

**[01:06:05] Del Bigtree**

It would be really nice to see them start moving in the right direction, wouldn't it? And I certainly don't think we should make heroes out of any of the people that have made these kinds of mistakes. And then lastly, as though there wasn't enough to this, we had a drug that Donald Trump said the FDA want the FDA to make it available. It was hydroxychloroquine, which is what we know it to be, the malaria drug. And Cuomo, on top of everything else while he's having these death surges, decides I'm going to limit your ability to get to hydroxychloroquine. We saw it in this news day. "Cuomo limits prescriptions for two drugs to active virus cases." "An executive order issued by Governor Andrew Cuomo this week limits prescriptions of a hydroxychloroquine and chloroquine to covid-19 patients in state approved clinical trials and for FDA approved uses as an antimalarial autoimmune treatment and then only for a 14 day supply with no refills," basically. Yeah, it's a malaria drug, other things. But if you're dying right now of covid-19, we're going to put you on a ventilator. Nine out of 10 of you will never come back to us. And I God forbid I decide to go with chloroquine, where trials by Didier Raoult has a thousand people who have gotten it with a ninety nine point three percent success rate trials in China seeing the same thing. You've got doctors all over screaming that hydroxychloroquine is having an amazing success. Now, that's it all across the board for those of you that they're watching and you are probably up on the news using down, geez, you shouldn't touch the hydroxychloroquine.

**[01:07:44] Del Bigtree**

One thing this week, you must have missed it, right? You must have missed it. It doesn't work. The FDA is now saying it doesn't work. I didn't miss it, folks. We're going to talk about that. I'm not afraid of discussing things. And look, it's all up for grabs, right? I'm here to present the information. And by the way, if you want to be able to read and find all the studies that we referred to and you're brand new to this, all you have to do right now is type in ICAN in your comments. If you're watching on Facebook, if you're on YouTube or on our on our website, theHighwire.com or iTunes or anywhere else, just text us three, three, two, two, two, and type in ICAN. That's our non-profit. I can and we will send you links to this information at least as much as we can fit in the bot. If you really want our newsletter at the end of every week so that you can go to your friends and show them all the link and look really smart and have read the thing yourself and have come to your own understanding, then you got to donate to the Informed Consent Action Network for everyone, whether it's ten cents, twenty five cents, fifty cents a month or a thousand dollars a month, because you're making up those that are, maybe having a harder time.



**[01:08:50] Del Bigtree**

Please donate, become a recurring donor. Recurring donors get our newsletter. We're asking for twenty dollars for twenty twenty at the end of the month. We're a little bit short. You can help us this month. We want to keep it going. We want to keep going strong. Alright. Let's get to it. Did I miss the coronaviruses. I mean the chloroquine headline. No. Here's what the FDA had to say in a thing that was put out this week. "FDA cautions against years of hydroxychloroquine or chloroquine for covid-19 outside of the hospital setting or a clinical trial due to risk of heart rhythms, heart rhythm problems," we've been hearing about this, right? Well, what about the heart rhythm problems? When I talk to my friends that are in liberal states, they all are really on top of this heart problem. Other people that tend to be watching Fox and things are saying, oh, man, I have a friend that was saved by a hydroxychloroquine when it was really great, so bizarre and such a clear divide. But what was fascinating is it was a divide from the very beginning. I want to go back to I think it was about five weeks ago when we played you a video. How does divide start and how is it affected these discussions? This is what I want to talk about today. Take a look at five weeks ago. This was Trump and Fauci talking about hydrochloric mean.

**[01:10:07] Female News Correspondent**

The media seems to enjoy looking for the tension between you and the president,

**[01:10:15] Donald J. Trump, 45th President of the United States of America**

A drug called chloroquine. And some people would add to it hydroxychloroquine.

**[01:10:22] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

Today. There are no proven safe and effective therapies for the coronavirus.

**[01:10:29] Donald J. Trump, 45th President of the United States of America**

This has been prescribed for many years for people to combat malaria, which was a big problem. And it's very effective. It's a strong it's a strong drug.

**[01:10:38] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

You've got to be careful when you say fairly effective. It was never done in the clinical trial. They compared it to anything.

**[01:10:43] Donald J. Trump, 45th President of the United States of America**

It's not like a brand new drug that's been just created that may have an unbelievable, monumental effect, like kill you.

**[01:10:50] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

We're trying to strike a balance between making something with a potential of of an effect to the American people available at the same time that we do it under the auspices of a protocol that would give us information to determine if it's truly safe and truly effective.

**[01:11:07] Donald J. Trump, 45th President of the United States of America**

That may work, may not work. I feel good about it.

**[01:11:10] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

The president feels optimistic about something, his feeling about it. What I'm saying is that it might it might be effective. I'm not saying that it is it.

**[01:11:18] Donald J. Trump, 45th President of the United States of America**

I'm not being overly optimistic or pessimistic. I sure as hell think we ought to give it a try.

**[01:11:24] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

The information that you're referring to specifically is anecdotal. It was not done in a controlled clinical trial.

**[01:11:30] Donald J. Trump, 45th President of the United States of America**

Let's see if it works. It might and it might not.

**[01:11:33] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

There's no magic drug out there. Right.

**[01:11:35] Donald J. Trump, 45th President of the United States of America**

OK, we're going to see what happens. We have nothing to lose.

**[01:11:37] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

You really can't make any definitive statement about,

**[01:11:40] Donald J. Trump, 45th President of the United States of America**

You know, the expression, what the hell do you have to lose?

**[01:11:45] Del Bigtree**

So today we're talking about the divide in the nation, right, how we're all divided and this is really where it began, if you're not if you haven't been aware of this, there were really two teams that then split off. Right. You had conservatives that started reporting on all of the success of hydroxychloroquine all around the world. We started hearing from doctors on Fox all the time saying, oh, my God, I've cured so many patients. This is amazing. On the other hand, you had those that seem to be behind Fauci saying Fauci said it doesn't really work. CNN and MSNBC, we can't trust this drug. The only thing we all got to wait for the vaccines, the only way out the vaccine is the only way forward. 18 months from now, we've got to be locked down. And so this is where that divide really begins, isn't it? And it's quite odd. And I've said it before, why didn't Fauci believe there could be a drug, a miracle drug he believes is a miracle unicorn vaccine out there, meaning something that doesn't exist on the planet? He doesn't want to seem to believe that something that exists now really works. And now they finally have their moment. Right? The FDA has come out. And what did we see from all those same channels? If you've been watching liberal media, then you've been afraid of hydroxyl chloroquine and now it's your victory dance. It looks like this

**[01:13:00] Male News Correspondent**

A major setback in the hopes that the drug hydroxy chloroquine could be used as a possible treatment for coronavirus. A clinical study indicates the drug touted by President Trump does not work.

**[01:13:09] Male News Correspondent**

The findings appear to be pretty significant and concerning. And so when you put this in conjunction where we found that those that were treated with the chloroquine had higher mortality rate and higher rates going on ventilators,

**[01:13:25] Jeremy Butler, Iraq Veterans of America, CEO**

Where is the evidence that they're using to determine that it's safe to continue? When we've got this study, we see no other evidence coming out that it is beneficial.

**[01:13:36] Del Bigtree**

So here's my question to you. When you watch that moment with Fauci and Trump, is there a bias there? You know, do we do scientists have a bias? Are there things that they care about more than others? Do scientists tend to see what they believe? Does their bias affect how they look at their research? These are things that we are all going to have to really start to get more hypercritical of and focused on. Because remember, you have about a hundred drug companies now, all in The Amazing Race for a seven hundred fifty billion dollar product. That's what that vaccine could make Bill Gates to 70, saying he wants to give it to seven point five billion people. And at about one hundred bucks a pop, we're guessing that would be a very cheap vaccine. Seven hundred fifty billion dollars to be made. So is the bias, since the manufacturers are the ones that do their own study, is there a bias that's going to affect maybe problems that they have, maybe things that they do, how they handle that study? Right. That's what I want to discuss with you. Do you think that Dr Tony Fauci has a bias, especially as after I was on the show just a couple of weeks ago, pointing out to you that the NIH under Dr Fauci knew that they've done a study all the way back in 2005. This was a huge breaking story in which I showed you all the way back in 2005, five, they knew that hydroxychloroquine was effective against the SARS coronavirus and we could have had to jump on it and maybe been the first ones in the world to really discover it because we were already on it.

**[01:15:15] Del Bigtree**

That wasn't what we did. Instead, Fauci was saying, no, I don't really trust it. And I said, I think blood will be on his hands for all those that died. Now, whether or not he heard what I said or whether or not I was being overly dramatic, you have to imagine that he does see it ends up being a successful drug. And he clearly tapped the brakes on it as we were moving forward. A lot of people and Cuomo listen to him and didn't make it immediately available, then a lot of people might have died. That could have been saved. I'm just saying. Are you with me? Am I over exaggerating thinking there's a bias there to make sure that Trump is wrong and that I was right because I could get into some hot water and look really bad? Also, it's really messed up my vaccine program. Well, this was the headline as we saw it in Fox Dallas. Get down to I want you to look at those eyes. "covid-19 treatment hydroxychloroquine showed no benefit. More deaths in VA virus study." This was a study in the VA.

**[01:16:17] Del Bigtree**

They said there was more people died that got hydroxychloroquine than those that did it. But let's take a quick look at this, shall we? This is from Medarex IV. This is one of the comments coming from the study itself. Let's take a look at what they had to say. "Outcomes of Hydroxychloroquine usage in the United States Veterans Hospital with covid-19. This is one part of it that, however, hydroxychloroquine, with or without is it for myosin, was more likely to be prescribed to patients with more severe disease as assessed by baseline ventilatory status and metabolic and hematologic parameters, thus, as expected, increased mortality was observed in patients treated with hydroxychloroquine, both with and without azithromycin." So what they're saying is, look at our study has certain limitations, including to those inherent to all retrospective analysis, such as a non randomization of treatments. We didn't randomize this study." Our findings may also be influenced by the demographic composition of patients in our cohort, the majority of whom were black. Disproportionately higher rates of covid-19 related hospitalizations among the black population have also been reported in the United States as a whole." What are they saying here? Right here, they're saying in the study there is going to be this slight problem. We only gave hydroxychloroquine when you were about to die and we're being ventilated. You were already in really, really bad shape. So as it would turn out, if you looked at overall cases, those who are getting hydroxychloroquine were more likely to die anyway.

**[01:17:52] Del Bigtree**

So there is a chance our study could end up showing you that hydroxychloroquine caused a higher death rate when in fact, it was just that we gave it too late. Oh, and by the way, we really are only looking at the most susceptible population. There is African-American men over the age of 65, with other issues. This is this is one of the worst studies you could ever imagine. It is a total disaster. And on top of that, we looked into the study, we found not only did they take people that were only getting this drug right the last, which is, by the way, that's what you read into when you looked how Andrew Cuomo wanted to use it, right? Only in hospitals, only really in emergency situations. So not right as Didier Raoult was using it in France and told you, this is how you have to use it. You need to give it to him as soon as they're diagnosed and are really showing severe symptoms. Obviously, if they're asymptomatic and having no symptoms, they're probably not even in your hospital. But if they're there and they're showing symptoms and they seem to be going downhill immediately start a protocol. We've been seeing protocols using hydroxychloroquine with azithromycin or with zinc and having lots of success both ways and sometimes just hydroxychloroquine by itself.

**[01:19:05] Del Bigtree**

But you were waiting to the last minute. But get this. And remember, it was hydroxychloroquine and azithromycin, I believe, was the protocol for Didier Raoult. Right. And the zinc. And what we're being told is the hydroxychloroquine opens up the cell so that the azithromycin, the antiviral or the zinc can kill the the the illness. That's how it works. But get this, when you look at this study, just the control group, right. Those that didn't get hydroxychloroquine, were they not getting anything at all? Now, look at this. This is thirty one percent of them were being given azithromycin. A product that is a part of the protocol known to actually maybe be effective in helping with the covid-19 infection, so not only are you only taking those who are on the verge of death and probably going to die anyway so you can have a really hard time showing that there was any effect at all in your health, your group that did better. You're giving them a drug. It wasn't people that got nothing, which is what we're being told, that more people died that got than those that got nothing. No, not true. So this thing is a total, complete disaster. But luckily, I'm not the only one screaming that from the top of the mountain. This was on Fox News this week.

**[01:20:24] Dr. Stephen Smith, Infectious Disease Expert**

It's unbelievable. That's not a study at all. They don't mean unless the dosages of Hydroxychloroquine or is it the medicine used if a pill got dispensed from the formula doctor and body and the two other MDs on that study. The other are pharmacies and statisticians are not clinicians. They're all trained ophthalmology and body. It is a renowned ginger degeneration researcher. I have no idea why he delved into this study, which isn't a study. It's a sham. I can't believe anyone took this seriously. There's that one dosage listed, accumulative or daily of hydroxychloroquine or azithromycin and people call this a study. I've never, ever seen a efficacy drug trial or study, not mention the dose.

**[01:21:13] Del Bigtree**

And there you have it. I mean, we looked at the same thing. This is not even a study. This is a total, abomination of science. Yet mainstream media is running with this. This is the story they want. They want to get this. They want a treatment to not work, even though it's working everywhere else in the world. They want to take this away from patients right now in America and say, see, stop the hydroxychloroquine now, because this really, really crappy study that said it was crappy from the beginning and every doctor that looks at it says this is a disaster, said so this is really bad science, folks, and it's really, really scary that has come to this that we're actually we are playing poker with people's lives based on our political affiliations and whose side we're taking. I want to go to Dr. Didier Raoult, who is literally one of the greatest virologists in the world, has predicted so many of the discussions we've had on this show over the last eight weeks. He came out, he looked at this study. He's furious. And this is just one small piece statement of a tirade he's been on that we never got to still do. Let me read it to you. We've been putting a lot of bills together. The last minute still being for those of you that don't work on television, that you're really on the screen. Let me read it for you. This is what he had to say "in the current period. It seems that passion dominates rigorous and balanced scientific analysis and may lead to scientific misconduct."

**[01:22:44] Del Bigtree**

"And this article is an absolutely spectacular example of this," basically saying the bias in this is incredible, how poorly handled it was. And then really quickly, I want to point to something that's just a little bit off topic, but also very interesting in Italy there it is now being reported that people that take hydroxychloroquine for other illnesses on a constant basis, look at what they're discovering here. The Italian Society of Rheumatology Studies, 65 patients on long term hydroxychloroquine for ORAY and lupus. Only 20 patients tested positive for covid-19. There was no ICU and no deaths. This is a 90 percent reduction in infection rate compared to the rest of Italy. So clearly, this drug now I look at I know a lot of you out there, I'm in the natural health, too. I'll probably get a vitamin C injection, but I'm not telling you to do that, because if you do that, you get kicked off of YouTube. Tons of studies showing that that is very effective. But we're talking about Hydroxychloroquine here. We're talking about the fact that people that take it on a constant basis are not getting the illness. That tells you something. It also shows us exactly what the study showed us all the way back in 2005. Not only did it seem to stop the virus could actually prevent the virus. And so you had this really ridiculous study that has now got everybody changing their minds. Alright. Let's change gears now. Let's stay with the idea. I'm asking you, do you think there's a bias? There is a product, however, that Tony Fauci does seem to like.

**[01:24:21] Del Bigtree**

Now, remember, the hydroxychloroquine is it is past its patent, OK? It's a generic drug. It cost it. And my understanding is like five or six dollars a pill. No one can make any money on it. So when you think about funding things in the funding and it goes to the National Institute of Health and things like that, you guys that nobody wants hydroxy chloroquine to be the answer, huh? How much is it? Fifty cents. Sorry, I you know, I went Imperial College on that and totally overblown. No, 50 cents a pill is what they get from hydroxychloroquine. And remember, the FDA is now saying we don't want you use this only if you're in a hospital. Now, by the way, if you're pregnant and you happen to have heart disease and COPD and you're on your way to a malaria ridden country, take this product and pop it like candy because we're not worried about it. But if you're dying of coronavirus, we're not going to give you a prescription. We're going to wait till you're about to die to even consider whether you should get it at all. That's what's happening here in the United States of America. Sad but true. Alright. Hold on a second. Let me just take you down a notch. Let's talk about bias, right? Well, OK, you don't like Hydroxychloroquine when you like something else, maybe that cost more. Here's one of the things we heard that does show some hope as far as anthropology is concerned.

**[01:25:39] Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Disease**

The data shows that Remdesivir has a clear cut, significant, positive effect in diminishing the time to recovery. This is really quite important for a number of reasons. And I'll give you the data. It's highly significant if you look at the time to recovery being shorter in the death of your arm. It was 11 days compared to 15 days. And that's a P value for the scientists who are listening zero point zero zero one. So that's something that although a 31 percent improvement doesn't seem like a knockout 100 percent, it is a very important proof of concept because what it has proven is that a drug can block this virus.

**[01:26:28] Del Bigtree**

I mean, I just really I want to take this in for a second, because I think I'm about to blow your mind. Does that sound like a very different approach to a discussion about this drug compared to what we heard him say with Trump? I wanted to say it's anecdotal right now. We really don't hydroxychloroquine. I know. I know. I know the president's got a good feeling about it. But I really want to caution. We should think about this. We don't know how. Well. I mean, honestly. And then here, it's like very promising. This is promising this drug Remdesivir is really showing a lot of promise. And, as though, like, there's one hundred studies that are just rocking it out around the world. Right. I mean, clearly, Remdesivir must be awesome. Now, let me make this perfectly clear. I've been touting we should be in Remdesivir your trials too. We should be trying everything I want to find, whatever it is that works. Because once you have a treatment, even Bill Gates said, hey, you find a treatment that's ninety five percent effective, then we don't even have to worry about a vaccine. Bill Gates, who, by the way, is telling you we're going to wait for a vaccine, and he is pretty darn sure we're never going to find a drug that can be 95 percent effective. Just while I'm getting a little bit off track and you get used to be following this,

**[01:27:36] Del Bigtree**

You do realize that Dr. Erickson and every other decent scientist in the world has already said ninety five percent of healthy people will recover from covid-19 with no side effects whatsoever. So wait a minute. Hold on a second. Ninety five percent of people, we need a drug to be 95 percent effective in order to skip a vaccine. But nature itself, our bodies, our immune system is 95 percent effective at killing this thing. Moving on, most of us will get a cold. Some of us, you know, maybe even more be asymptomatic. I mean, this is what you got to start looking at here, right? But let's get back to Remdesivir. So what's going on with Remdesivir? If you're right, we all have to say, oh, my God, everyone's so excited. We're hearing the news that there's this great new thing. It says "Dr. Fauci says Remdesivir Trial shows Drug has promised us FDA plans to announce emergency use." FDA is telling you to stop using hydroxychloroquine, move over to Remdesivir. Alright. I want to take you through the only trial right now that we can find that's currently going on. Oh, by the way, guess who's doing the trial? NAIAD Now at the NIH? Naiad being the specific branch right here. There it is. National Institute of Allergy and Infectious Disease. Who's the head of that? Oh, wait a minute. That's Dr. Anthony Fauci

**[01:28:53] Del Bigtree**

He's doing the study himself. No wonder he's so excited about it. And wonder he actually knows that a study is going on right now, is showing so much promise. He's the one heading this study. OK, let's give him the benefit of the doubt. Alright. I really wanted to give him the benefit of doubt. Remember, maybe he's not biased. Maybe he doesn't have anything to prove. Maybe, having CNN, MSNBC and everybody saying you're the hero because you were right about hydroxychloroquine has nothing to do with this. Let's take a look at the study, shall we? You can find all this on clinical trials, dot gov. First of all, on February twenty, first they laid out how the study would work, "percentage of subjects reporting each severity rating on the seven point ordinal scale." OK, so they're gonna have a seven point scale that would lay out all we were looking at. "The ordinal scale is an assessment of the clinical status, the first assessment of a given study date. The scale is as follows. One," we'll look at one category. I want to be very clear. "One category is deaths. How many people die?" We just heard the other study showed how many people died in the chloroquine study. "Number two, hospitalized or in basic mechanical ventilation or extra corporeal membrane oxygenation." ECMO "number three, we'll look at hospitalize or not non-invasive ventilation or high flow oxygen" "four hospitalize requiring supplemental oxygen."

**[01:30:08] Del Bigtree**

"Five hospitalize not requiring supplemental oxygen. Six, not hospitalize limitation on activity. Seven, not hospitalized, no limitations on activities." These are all the seven groups in this very third trial they're apparently going to look at and how many people are going to be a part of this trial. We listed do we have that number? Oh, oh, there we go. It's in white one hundred and ninety seven subjects in each arm for a total of three hundred and ninety four people in this study. Now, those of you that have seen my film VAXXED, you remember that one of the issues that really was at the forefront of a whistleblower at the CDC named Dr. William Thompson was after they had the study design, they started manipulating and changing the study. OK, now that's something that is what really leads to being considered fraud. That's a fraudulent scientific study. You can't start changing the amount of people on the study. You can't start kicking people off. You can't change the groups you're looking at. That was all set ahead of time so that you don't have a bias interfering. Right. We want to make sure that bias cannot change studies as they're going along. Now, I want to make this clear, because I'm sure someone out there is going to try and say, I didn't say this. On the other hand, it's kind of a brand new way to do studies, right? This is what we call the DAPHNIS study.

**[01:31:30] Del Bigtree**

We don't want to be locked in on, what we determined up front. We don't want to get into trouble. Dr. William Thompson got into. But to be clear and adapt, the study is really just designed to if you see that the drug is having so much success, then maybe you'll want to just bail out of having some saline control group and start, moving them into so that they're not wasting their lives and being put in danger. We know it works. Let's move them in the group that gets the drug. Or maybe we want to say, jeez, we're having such success here, we should test hydroxychloroquine against it. They want to be able to change what the study can do. Alright. So it's an adaptive study, but with all of that caveat in place, remember that, those would be substantial changes to the study. I want to show you the changes that have happened to this study being run by Dr. Anthony Fauci. Take a look at this. Oh, by the way, that we talked about placebo group. Right. Here we go. The placebo. Now, Dr. Fauci has been known to be bragging that this is a really great gold standard placebo study, something that I've been asking for in vaccines from the moment I stepped in this "NIH clinical trial Remdesivir to treat covid-19 begins. We urgently need a safe and effective treatment for covid-19."

**[01:32:44] Del Bigtree**

"Although Remdesivir has been administered to some patients with covid-19, we do not have solid data to indicate it can improve clinical outcomes, said Naiad director and US Coronavirus Task Force member Anthony S. Fauci, M.D.. A randomized placebo controlled trial is the gold standard for determining if an experimental treatment can benefit patients." Read that again, because I really want you to start locking your head around this because I'm going to talk about a lot of the next several months as they try to avoid this process with a vaccine. "A randomized placebo controlled trial is the gold standard for determining if an experimental treatment can benefit patients." By the way, no placebo being used right now in the NIH version of the vaccine that's under trial, no placebo group. Alright. I just want to point that out so they're not using the gold standard there. But let's stick with Remdesivir. Here they are. Or are they? I want you to look at this placebo. Is it a saline injection so the people have no effect whatsoever? No, the supply "matching placebo is a lyophilized formulation is identical in physical appearance to the active lyophilized formulation and contains the same inactive ingredients." "The drug Remdesivir was a single diastereomer" is this where I got it? Alright. OK, so let's go to the non-active ingredient what are they talking about? We're looking at the drug Remdesivir. "In addition to the active ingredients that lyophilized formulation from Remdesivir contains the following inactive ingredients, water soluble Butel, lethal LETHER, beta, cyclodextrin, sodium spoked and hydrochloric acid and or sodium chloride."

**[01:34:35] Del Bigtree**

Alright. Only those last two words, sodium hydroxide. I'm sorry. I have no idea what that speed does. But that other one, those other two sodium hydrochloride are. Can I see you again, let me read let me read it. Alright. Hydrochloric acid and or sodium hydroxide, these are things that I'm pretty sure when I've watched episodes of The Sopranos, this is what they feel like a bathtub with to dissolve the people. They've cut into pieces. It's an incredible acid. Right. So here's the point. Why didn't they just give them a staling injection? Right. I mean, you're giving them a non toxic poison in the placebo group. I mean, it's really weird. We've talked about this in vaccines. Well, now they're doing a drug trial. It makes absolutely no sense. You need to be able to say, as they did in that really bad hydroxy chloroquine study, more people died. They got this drug than those that didn't get anything right. Well, here they're going to try and say that, well, then our placebo group. But your placebo group was giving a toxic chemical. And I also want you to ask yourself about the legal or moral ramifications of that, because, by the way, the definition of a placebo is supposed to be something that has no effect on the human body so that we have a pure safety control group.

**[01:35:55] Del Bigtree**

We know that sodium chloride that I get that right this time, hydroxide, OK, tongue twisters. We know that sodium hydroxide is not having no effect on your body. Definitely have an effect on your body, and that's in your control group. Alright. So all these things we've laid out now let's look at what happens with this trial. So we start out with we had three hundred ninety four patients, right? Well, all of a sudden, when we look at March 20th, it's about a month later, all of a sudden they decided to increase the amount of patients on both sides. They're now changing the amount of people from the one hundred ninety seven to two hundred and twenty on both sides for a total of four hundred and forty people involved in the trial. We have no idea why that would be the case, but it's odd. Then you look at the placebo group and here they're saying, what am I looking at here? Why hospitalized? Oh, OK, here we go on April 20th, we threw this together last minute, but still to me it's really brilliant if I can keep it together April 20th now, OK, sometime later, they increase it again to two hundred eighty six study participants in each side. So now we're we're up in five hundred. Over five hundred people have been added.



**[01:37:08] Del Bigtree**

But here's what is interesting. This seems to be a problem. Now, the study is bigger than we ever planned on it being with this group. And so what do they say? You know what? If we don't have enough of our fake placebo that's got that toxic chemical in it, then and only then you may have to use an alternatively a matching placebo of normal sailin of equal volume maybe given if there are limitations on placebo supplies. I mean, this is outrageous. I mean, why are we using stealing from the beginning? And now that the study, for whatever reason, is bloating and getting bigger and bigger, now we're saying, oh, what are those last few if we run out of it, go ahead to sailin. Really, really strange stuff here. You are clearly manipulating your control group by giving them a poison. And you were obviously trying to do something by growing the group. Remember, even though this is an adaptive study, they didn't end the control group. They haven't changed the control to another drug because they're seeing so much success. I'm going to speculate here. I'm going to speculate that maybe the effect is so small that it's not statistically significant. This see maybe a little bit better outcome from room desert, but they'll have to say a statistically insignificant. The only way you get around that is by adding more people to study and adding more people to study.

**[01:38:27] Del Bigtree**

I'm just guessing here. Otherwise it makes no sense. What are you going to see in five hundred and eighty people that you didn't see in the four hundred and forty? Well, then something really odd changes. They keep growing the numbers, by the way, and it ends up getting to about eight hundred people. This study keeps bloating. But here's what I want to point out to you. That was really weird. Remember when there was seven categories we were going to look at? Well, guess what happens in those categories in the middle of study, not bringing in new new drugs, new competitors, they change the categories. Look at this. All of a sudden on April 20th, they cut the whole seven group of seven. We're going to look at right now. All we're going to look at is number one three hospitalized, not requiring supplemental oxygen to not hospitalized, limitation on activities and or requiring home oxygen. And three, not hospitalized. No limitations on activities, huh? You might say, OK, what's the big deal? Well, I would say one of the big deals is you no longer have a category for death. You're no longer going to say one of the major things we're looking at is death. How is that the case? Isn't that the entire point? We want to know if this drug keeps people from dying and the one category you removed is death. I want to tell you folks, I don't want to tell you this is who is running all of the medical decisions for the United States of America.

**[01:39:58] Del Bigtree**

This is his own personal study. Right. And by the way, I'm not the only one that had a problem with that. In fact, what tipped us off to even look at clinical trials, Doctor, was the virologist, Dr. Didier Raoult in France, who again is jumping up and down saying, what kind of study is this and why did you just hear? He pointed out, "could Fauci explain why the investigators of the Naiad Remdesivir Trial did change the primary outcome during the course of the project, April 16th. Removing death from primary outcome is a surprising decision." You're right Didier Raoult You're right. I think that is a surprising decision. And what would make them make that kind of decision? I mean, could it be that there were other studies around the world that maybe weren't doing what they needed to do or showing what they needed to show? Actually, there was the WHO accidentally. Oh, this is one this is actually a different study. The Lancet "Remdesivir in adults with severe covid-19 randomized, double blind, placebo controlled multicenter trial". What did it find out? Interpretation in this study "of adult patients admitted to hospital for severe covid-19 Remdesivir was not associated with statistically significant clinical benefits." Now, then we have this. "Gilead tumbles after the latest data leak on virus drug trials, April twenty third." So this is all happening, right? This is happening while Fauci's in the middle of his study here, The Lancet publishing what's going on.

**[01:41:28] Del Bigtree**

But then the WHO leaks out a trial that's not even finished in China. It's going on. And that was that the headline we were just looking at. Gilead's now tumbly because it is showing that you have what appears to be maybe an increased rate. "Gilead sciences shares where whipsawed for the second time in a week after summary of a Chinese trial that's covid-19 drug, appeared to show that it was a failure." "The World Health Organization, which has been helping coordinate the global response to the virus, said it accidentally posted the results on a website that helps track therapies for the disease." Oh whoops we showed you it's a failure. Sorry about that. Gilead, "The summary was quickly removed, but details of the Post reported by the Financial Times and posted by the publication that they show that the drug wasn't associated with patients getting better more quickly and thirteen point nine percent of patients getting the drug died versus twelve point eight percent getting standard care." So more people died. The study in question was one of two main trials in China for Remdesivir and looked at patients with severe cases of covid-19. This group was considered one of the hardest to treat with antiviral drugs, since by the time the disease becomes advanced, there may already be significant lung damage.

**[01:42:41] Del Bigtree**

"In addition, the immune system may spin out of control in some patients with advanced disease, a process that antivirals like the Gilead drug won't help with." Now, Gilead, in its statement, said "the trends in the data suggest a potential benefit from Remdesivir particularly among patients treated early. The company said that the full data are being submitted for review and publication. In a follow up statement, the company said the data add to a growing but still inclusive body of evidence for Remdesivir It expects full results from the other two trials, larger studies at the end of May." So what it's saying is our other trials that are going on, we expect to get a better outcome. We're hoping for a better outcome than this one, which was described as a complete and total failure. By the way, it looks like one of those other tools is already gone. As I told you, they cancelled this trial that is being reported right here. That was a total failure, probably because they realize we're killing people. We need to just stop this trial. The other trial, which had people starting covid, I mean, starting the treatment earlier, it's been suspended. So it looks like, as far as we can tell, I might be wrong that the only trial everyone's counting on now from Remdesivir is being done by Anthony Fauci himself. But let me point something out, right. One of the complaints about how that study was being done, it was only on the severe patients who are most likely going to die anyway.

**[01:44:04] Del Bigtree**

And so it wasn't really fair to Remdesivir. Interesting why that is what we report when it's Remdesivir but when that's the exact same case in the hydroxychloroquine trial, we looked the other way. I mean honestly folks, this is seriously suspect isn't it. You're already manipulating placebo group and then you know, these other trials are not turning out. Right. Is that why they start bolstering the mouths? Remember, they use the term statistically insignificant in one of it in The Lancet, saying it was statistically insignificant if there was a benefit at all? Well, that what did I say? Why would you start adding more people to try and see if you can add in and get enough statistical significance? All I'm saying is I think it's clear that there may be some bias going on. Hold on. I'm being told something. Right. Right, and so what it really lets us know is that Gilead, a pharmaceutical company and NIH who works really closely and owns its own patents to things, is involved in what appears to be helping pharmaceutical companies. Is it possible that Remdesivir is just being put forward because you can charge more money? Maybe. Maybe that's the case. And we all know this is the problem with cancer therapies, right? If it ends up being a vitamin, nobody can make any money.

**[01:45:27] Del Bigtree**

You're never going to hear about it. Nobody's going to spend millions of dollars on trials. Is that why they're trying to bury hydroxychloroquine, along with the fact that it's going to make Donald Trump look really bad? That's another added benefit, right. So, number one, we can't charge for it. Number two, it's going to make Donald Trump look really bad. And for those of us that are on CNN and MSNBC and, all the channels that are really funded in most part by the pharmaceutical industry, it makes us all look good. I'm going to throw out one more theory just because it's really odd when you look at this, you see when you look at all the hydroxychloroquine chloroquine studies all around the world, DTAP one thousand ninety nine percent success rate. You had a doctor in New York, I'm forgetting his name right now, who had eight hundred people he treated Zelenko, had 800 people treated and said nearly one hundred percent success rate studies in China showed that hydroxychloroquine was having a nearly 100 percent success rate. So you had the opposite, right? What you have is successful trials everywhere. But the one that thought she cares about the FDA, care about that was really done poorly by the VA on a very specific population that were already dying. We're going to make that race all the great studies everywhere else. Now we reverse the thing right. And now we're going to try and hide all the studies around the world.

**[01:46:49] Del Bigtree**

They're showing that Remdesivir does appear has almost no effect whatsoever and may actually kill more people. We're not sure, but it's statistically insignificant in a Lancet, a published study. And we're going to try and override those bad studies with the one being done by who, Dr. Anthony Fauci. And I was asking myself this. And here, by the way, I show you facts, right? I hope you know the difference between what we're showing you things from a trial. And then when we talk about theories, I have a little theory here. It may not be true, but what we're thinking about bias. Remember how badly they want a vaccine. Right? Anthony Fauci keeps saying he really wants to in normal life. Do we have a vaccine? I've talked about the vaccine unicorn WHO So you're not going to have a normal life till you have a vaccine. Everywhere Bill Gates goes, he says you're not going to have a normal life until we have a vaccine, which made me think, well, then why would they be keen on Remdesivir you know? I mean, why are they going? I've been sort of speculating that they really want this vaccine and a great treatment like Hydroxychloroquine we've been successful. It raises the need for. Right. If you can cure that five percent that are going to be severe. And the point one to point three percent, that may actually die if you can cure them with hydroxychloroquine, the vaccines over what if you recognize that there's a drug that and remember what Bill Gates said, right.

**[01:48:05] Del Bigtree**

Show me a drug that's 95 percent effective. And then maybe then we can say that we don't need a vaccine as though he knows something. Right. Does he know that Remdesivir is actually a really crappy drug. Is it possible is it just possible that while we're hearing records, records all around the world of ninety nine percent effectiveness rate with hydroxychloroquine, that what Anthony Fauci is so excited about in this trial is this may have like a 50 percent success rate we could maybe even cure if we put enough people in trial, we can take a statistically insignificant, infinitesimal gain and make it seem like it's OK. Well, 30 percent of people were healed. Now, remember, it's only good enough we're going to have to wait for the vaccine to really protect ourselves. I'm just saying, folks, I'm just saying, is there a bias going on? Who's in charge? Who's making all these decisions? Who's funding this? Where's the money coming from? Who's on your television channel? I've said it before. I'm going to say it again. I stood on every stage around the world for the last two years saying Pharma is going to try to take over the world. It's the most powerful lobby in Washington.

**[01:49:17] Del Bigtree**

It's outspending oil and gas two to one. It's paying 50 to 70 percent of all advertising on your television. All of your news anchors work for pharma. That was never made more clear than what I'm about to show you. I'm going to show you how television works because I come from television. I worked at CBS. As you know, I won an Emmy Award for working on the CBS medical talk show, The Doctors. Before that, I was a producer for the Dr. Phil Show. I know a lot about what I'm talking about. And what I want to show you is and by the way, when you work on those shows and you are a television doctor or on a panel of television doctors, you have to be really, really careful about what you say. You have to make sure that your data is correct, because the last thing that any television doctor wants to have happen is a get called out for inaccurate information. So, believe me, they don't hop on a radio show. They don't hop on a TV show without a team of scientists and a team of producers like me all sitting down and making sure, yeah, Dr. Phil, you can say this, don't say this. This hasn't been proven. This he gets the OK and he goes ahead. Three of those doctors, Dr. Oz, Dr. Drew, Dr. Phil all had similar messages when they sat on televisions around the world. Really, this is what they had to say.

**[01:50:37] Female News Correspondent**

How much damage is the media causing now? The way they're covering this?

**[01:50:43] Male News Correspondent**

The essentially the entire problem we're having is due to panic, not the virus.

**[01:50:49] Male News Correspondent**

We need our mojo back. Let's start with things that are really critical to the nation where we think we might be able to open without getting into a lot of trouble.

**[01:50:56] Male News Correspondent**

Can't show you an x ray of depression. I can't show you an x ray of anxiety. But the fact of the matter is, the longer this lockdown goes on, the more vulnerable people get. And it's like there's a tipping point. There's a point at which people start having enough problems in lockdown that it will actually create more destruction and actually more death across time than the actual virus will itself.

**[01:51:23] Male News Correspondent**

This kind of thing doesn't worry me at all.

**[01:51:26] Male News Correspondent**

It is a press induced panic. I am angry about it. It is the flu.

**[01:51:30] Male News Correspondent**

It's milder than we thought. That fatality rate is going to drop as we identify more cases. The entirety of the problem now is that people are being pushed into bankruptcy.

**[01:51:41] Male News Correspondent**

I tell you, schools are a very appetizing opportunity. I just saw a nice piece in The Lancet arguing that the opening of schools may only cost us two or three percent in terms of total mortality. And that's any life is a life loss. But to get every child back into a school where they're safely being educated, being fed and making the most out of their lives with a theoretical risk on the back side, it might be a trade off. Some folks would consider voting to get industry back supply lines. I mean, things that we can do without putting the nation at risk.

**[01:52:08] Male News Correspondent**

Poverty line is getting such that more and more people are going to fall below that because the economy is crashing around us and they're doing that because people are dying from the coronavirus. I get that. But look, the fact of the matter is, we have people dying. Forty five thousand people a year die from automobile accidents, four hundred eighty thousand from cigarettes, three hundred sixty thousand a year from swimming pools. But we don't shut the country down for that. But yet we're doing it for this. And the fallout is going to last for years because people's lives are being destroyed

**[01:52:41] Male News Correspondent**

And we need to calm down. It's here, it's mild and the press needs to shut up. It's really getting to be a problem.

**[01:52:51] Del Bigtree**

Those are really bold statements, and by the way, I know everyone has your opinion of television, but I've actually worked very closely in this arena. This is where I come from. I have real respect for these guys. They're not always on the train of thought that I'm on. But I have to tell you, they do their due diligence in this point. All three of them are saying, look, we have got to start being smart. You got Dr. Drew, who's a psychologist. You've got Dr. Phil, who's a psychologist, saying the ramifications of locking down are so tragic. And by the way, the death rates of other things and the issue thrown in, I don't know why he had to be like car accidents so far away. Dr. Phil, I would have said if I was writing for you. Six hundred forty thousand people die of heart disease every year. Sixty thousand die of the flu. I mean, these are tangible numbers. Diabetes, cancer, go with actual illnesses, you know, versus, you know, people driving cars. But we hear your point, right? We still drive. We don't shut down the world. All three of these doctors went out of the way to really try and stand up for the American population. Dr. Oz being the only one that is actually a medical doctor who treats patients, but all of them saying the same thing. This lockdown is going to be more dangerous than the illness itself.

**[01:54:00] Del Bigtree**

We've looked at the numbers. It looks like a flu. Clearly, we are overstating this. We are overstepping this. And Dr. Drew, like, let's the media have it. Cut it out. You're scaring people. Well, it's interesting. What do you think happens when when three television doctors that as I've said before, right. I'm telling you, their paychecks, if they have a television show, they want to keep that television show, they have to answer to pharma, especially Dr. Phil. I mean, that what I know for sure, because I wrote the interstitials, I wrote all the commercials, we did all of those things. We did it all there to make you afraid of your health so that we could sell drugs for those that were being advertised through commercial breaks. It's for real. And now we have proof for you. These guys, I think we'd all agree, also have gigantic egos, right. Types of guys that really probably don't like to apologize a lot. So it take a lot to get someone like this to apologize, don't you think? WHO they do it for. Their kids, their wife, I doubt it. What about former, their boss, what happens if their boss says, you better cut that crap out, you better go grovel. You better bend over and take it right now. You take it back. We can't have those statements out there by the three top TV doctors in the world. Here's how they responded.

**[01:55:29] Dr. Drew**

My early comments about quailing coronavirus with influenza were wrong, they were incorrect. I was part of a chorus that was saying that and we were wrong. And I want to apologize for that. I wish I got it right, but I got it wrong. What I did not get wrong was every time I took a position, I always said, make sure you listen to Dr. Fauci because he is the person we must look to.

**[01:55:56] Dr. Oz**

I realize my comments and risks around opening schools have confused and upset people, which was never my intention. I misspoke. As a heart surgeon. I spent my career fighting to save lives in the operating room by minimizing risks. At the same time, I'm being asked constantly, how will I be able to get people back to their normal lives to do that? One of the important steps will be figuring out how do we get our children safely back to school.

**[01:56:20] Dr. Phil**

I've gotten a lot of Tugg tongues wagging by comments I made last night on Laura Ingraham Show, so I thought I would follow up on that. Robert and I 100 percent support the CDC guidelines of quarantine and have been following sheltering at home and maintaining social distancing guidelines. I have said 100 percent. I support that we shut the country down to protect what is perhaps a small percentage of those for whom this virus is most dangerous. Listen to your state governors as I'm going to do. You abide by their rules to stay at home until we are all happily united. If I offended people's sensibilities last night with my examples, then erase those.

**[01:57:09] Del Bigtree**

Did it work, they were you feel raised, you see how passionate they were about this apology. They really felt deep down in their heart they made a mistake. I've been saying this from the beginning, I mean, you're going to have to look at these things, you're going to have to look at what makes someone turn around like that. Pharma does. We are seeing our world change before us. You have to understand there's a massive bias going on for some really strange reason. It's bowling down party lines and it shouldn't. This should have nothing to do with being Republican or being a Democrat. There's scientists, I'm sure, and doctors on both sides. Why is it so many doctors are lining up so many virologists? We're going to talk about this next week. I didn't have time to get to it this week. And I know I promised it to you and it was over one hundred and twenty. Now world renowned scientists are speaking out against the lockdown. It's over, folks. This thing is over. This is not our discussion any longer. Was this disease deadly? Was it dangerous? The discussion has to be what's going on here. You see, here's the point I want to make. If I told you, you know, a couple of months ago, form is the one running media. And if Dr. Phil, Dr. Drew, these guys that seem like they know what they're talking about, they answer to pharma.

**[01:58:26] Del Bigtree**

I just proved that that happened. You see, you would have said it's a conspiracy theory to say that pharma is guiding television and those things that are being said on television. You would have also said Del, the conspiracy theorist has been standing on stage, is saying they're going to try and create a forced vaccination policy for every adult in the world. This has never been about children. It's about vaccinating every adult form. It does not make money of a two to three percent of unvaccinated children. I've said it over and over again. If you've been following me, you know it's true. I said the money is in all the adults. Three hundred and thirty million Americans or seven point five billion people around the world. That is a payout. I've been warning you that the real I.D. is coming ID twenty twenty. That's now been pushed back a year. Maybe because I've been talking about enough. It was a conspiracy theory to say that they were going to track your ID and that that ID would be attached to your vaccine records. Oh, except now Bill Gates to say no, no, no, that's exactly what it does. We're going to need a tracking system to see whether or not you got the vaccine. But I'm thinking maybe if you give me a little time, we won't need a card.

**[01:59:37] Del Bigtree**

How about a microchip? I'm developing a microchip that can be injected into you, that will know your vaccine, record all your medical records. So we decide whether you go to work. They're telling you we're going to do mandatory testing. If you want to go to work, you're going to have to walk out in the world and you're going to have to be tested everywhere you go. Maybe it's not a microchip. Maybe it's some sort of armband or a badge or a symbol like I held up in Austin, Texas. I said, are there going to be symbols in our future? Again, the conspiracy theories tell Bigtree says they're going to track us. They're going to, you know, try and give us microchips. We're going to try and force VAXXED everybody on a lunatic. He is right. And now we're buying drones from China to follow us as we drive around. We now know that our cellphones that we carry, that all of these, you know, Silicon Valley companies are tracking our cell phones to see how far we're standing away from each other. So here's my point. It's no longer a conspiracy theory anymore. It's a reality. Doesn't matter what I said a year ago, I don't get some great I told you so here. What I want to show you is that though I've been referred to as a conspiracy theorist for a long time, what I was was a really good reporter that saw all this coming because of all of the published data, because of all of the medical journals, because of all the peer reviewed science that I've been providing you on this show.

**[02:00:59] Del Bigtree**

But let's be clear right now, this is not a conspiracy theory. This is not a drill. This is not a joke. And I was saying this to a friend of mine. It's not a conspiracy theory was like, well, I mean, to say it's a conspiracy. So you do recognize what a conspiracy means, right? It means a small group of people that decide to do something to a larger group of people that was involved in decision making is done by a very small group of people. That's exactly what you have when you see one hundred and twenty something virologists and more and more people like Dr. Erickson stepping forward all around the world. Yet Tony Fauci doesn't want to hear it. Deborah Burks doesn't want to hear it. And Bill Gates is not even a scientist. He doesn't want to hear it. And a few handfuls of people is the WHL don't want to hear it. They don't want to go along with the body of science. This small group of people are telling you they have a plan for your future.

**[02:02:03] Del Bigtree**

And that plan is this. We will not let you get fully back to work until we have a vaccine 18 months from now. We don't care how many jobs we destroy or how much we level the economies of the world. And in order to make sure you're getting that vaccine, we're developing a microchip or a dye system that will be injected into you so we can track you. And we're talking to airlines to make sure that they don't let you on a plane unless you have your I.D. That has what? Your vaccination record. And we are following your cell phones to make sure that your social distancing, something that we may leave in place for the till the end of time, hugging might be illegal. Kissing might be illegal. Your cell phones will help us know if that took place. And drones flying overhead that are checking your thermometer, your temperature. That's not a conspiracy anymore. That is a dream. It's a beautiful dream by a small group of people. And the question I asked you. Is it your dream? Is that your choice? Is that the world you want for your children? Because it's happening. It's happening right now. What are you going to do about it? You still have a choice. We still outnumber this tiny little conspiracy group. We still have the body of science behind us, more and more Erikson's stepping up.

**[02:03:41] Del Bigtree**

At what point do you decide I have to do what's right, that is not a world I want to live in? I'm an American, I'm an Australian. I live in the U.K., I live in Poland, I live in Africa, but I still want to be as free as I can be, and especially when I see something with a death rate that looks like it's right on par with the flu. And even if it was many times higher, I would never want to give up all of my freedoms because I was that afraid. Afraid of science being put out by biased people, a conspiracy group. With a terrible dream for your future. This is our time. I'm hopeful I know how many of us there are. I know how much the science is on our side. There is absolutely no way we lose unless we forfeit this game. And that is not going to happen. So tune in next week and find out how we win this for all of us, this is the Highwire. I love you all. Don't we need your help? We're going to keep it coming. I'll see you next week. 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.

**END OF TRANSCRIPT**

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