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Del Bigtree

Jefferey Jaxen

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Simon Gold, MD, Emergency Medicine Specialist

Stella Immanuel, MD Emergency Medicine Specialist

James Todard, MD, Author, "An Effective Treatment for Coronavirus"

Joseph Lapado, MD, PHD, Physician Health Policy Researcher, Associate Professor, David Galien School of Medicine, UCLA, Surgeon General of Florida

Dr. Robin Armstrong, SNF Director

Richard Urso, MD, Ophthalmology Specialist

Jeffery Barke, MD, Family Physician, Newport Beach, CA.

Daniel Erikson, MD, Emergency Medicine Specialist

Male News Correspondent

Dr. Cameron Kyle-Sidell, MD, Specialist in Emergency Medicine

Female News Correspondent

Andrew Cuomo, Governor of New York

Dr. Scott Jensen, Minnesota State Senator, 47th District

Victor Gullin, Born and Raised in Sweden

Maurice Parry, Swedish Resident

Dr. James Neuenschwander, Board Certified Emergency Integrative Medicine

Prof. Karl Friston, Neuroscientist

Dr. Anthony Fauci, Director at the NIAID

Justin Trudeau, Prime Minister of Canada

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

Bill Gates, Co-Chair, Bill & Melinda Gates Foundation

Dr. Peter Hotez, Baylor College of medicine, Nutritional School of Tropical Medicine-Dean

Knut M. Wittkowski, PHD, Former Senior Research Associate, Rockefeller University

John Hay, PHD, Director, USC CEREP

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Dr. David Brownstein, MD, The Center for Holistic Medicine

Dr. Zach Bush, MD, Internist Endocrinologist & Hospice Care

Dr. John Ioannidis, Professor of Medicine, Epidemiology and Population Health at Stanford University

Avik Roy, President of The Foundation for Research on Equal Opportunity

Dr. Scott Atlas, "New Coronavirus Health Advisor"

David L. Katz, MD, MPH, FACP, FACUM, Founding Director, Yale University Medical Center

START OF TRANSCRIPT

[00:00:09] Del Bigtree

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[00:00:47] Del Bigtree

Good morning, good afternoon, good evening, wherever you are out there in the world, it's time to step out onto the Highwire. But we have a very special show for you today. We actually pre-recorded this show because we're moving into our new studio. Now, the reason we're moving is because though we haven't told you, it's quite hot in this studio. You see, when my entire staff moved down to Texas from California, we had to keep the show rolling. And so we rented a warehouse. This warehouse has two tiny little rooms that have air conditioning that we all sit in and meet together every single day, which is really proven that we get along, which is great. But the warehouse that the studio sits in has zero air conditioning. That's right. July, August in a warehouse with no air conditioning. In fact, I have a thermometer here. If you remember this little thermometer right here, it currently says that it's thirty two degrees Celsius. Now, we couldn't figure out how to make this Fahrenheit for those of you that want to know if we're going to punch it in and convert it. That means it's currently eighty nine point six degrees right now in the studio. I'm not making this up and this is one of the cooler days that we've been in here. So when they say never let them see you sweat just shows you how cool I actually am. Anyway, I'm looking forward to some air conditioning in our future. When I think about all the articles that have written, the anti-vaxx have a media empire.

[00:02:24] Del Bigtree

We recognize they're referencing the Highwire. And just so you know, we make sure that whatever we have, whatever types of funds we have to work with, that it goes into the way the show looks, that it comes up at the highest level. You now know that none of the money was invested into making me comfortable. One of the hottest days we had happened to be when I was in the debate with Alan Dershowitz, here is how we handled that day, which was peeking out at nearly a hundred degrees in here, dry ice on the floor, a fan blowing up. And that's how we got through the Alan Dershowitz interview. As they say, the show must go on and it will continue to go on. So this week, while we're moving into our new studio, what we're going to do is have a look back at covid-19 on the Highwire, the highlights of what took place, a lot of what we got right. And then that which we got damn near. I hope you enjoy this. And for all of you that are brand new to watch in the Highwire, or maybe you just joined in over the last couple of weeks, this will be a great show to sort of bring you up to the speed to the things that we've covered from the very beginning, so that you have a sense of what our audience has been watching for the last roughly six months now.

[00:03:41]

So let's get started. I think the number one topic that we jumped on right away was the topic of the actual death rate. Remember, we had an imperial model that started this entire fiasco that said that over five hundred thousand people would die in the UK, two point two million people would die in the United States of America. This is what led to Lockdown's and all sorts of quarantines and draconian measures that they've been described. But very early on, we started looking at the data, first of all, in China and Wuhan, China. So in this episode, I broke down the actual numbers, which was roughly three thousand one hundred deaths out of the Hubei province of 58 million people. We showed that the death rate could not possibly be as high as they were saying the UK is 58 million people in Hubei. Only three thousand ended up dying from that illness. This is how I ended that show, calling on a statement about what death rate warrants quarantining any nation. Take a look at this. What is our threshold of acceptable death? Because up until this point, it's been between twelve thousand and sixty thousand people in America, we accept will die of the flu, mostly because they were dying of other illnesses anyway. Now, suddenly, are we going to look at this differently? We need to know what that number is. That's the question. What is the percentage death rate either as a whole? No amount of people that could die in America or as a percentage of the infection rate and those things that I just showed you.

[00:05:25] Del Bigtree

And then question number two, once we know what that rate is and we know what that number is, if once our testing does come online and the models start to show us all around the world in our own testing, of all the people showing the mild cases and the asymptomatic cases, and we watch this death rate dropping down as we know it naturally will once it drops below that threshold that our governments have said, will we remove this quarantine and say false alarm, everybody? Sorry, we took obvious precautions which were necessary. But now that we've recognised that this death rate is well below the threshold that we have set, we are going back to our normal lives. In that episode, I showed that we were predicting that maybe this would have an infection rate like a flu. I called it a 20 percent infection rate based on the numbers in China. We came up with the death rate in China as zero point zero to six percent. Now, we've never tested the numbers in China or believed in the numbers in China. And so we wanted to move on the very next week to look at Italy. Italy, we knew, was probably more likely to be accurate with their numbers. And that's when we introduced you to Euro Momo. We found a website that publishes the daily death rates of all of Europe.

[00:06:51] Del Bigtree

And so here is a clip of us describing euro momo and a covid-19 or really was the excess deaths that we were looking at saying this is really where the data should be coming from, not from models that are based on God knows what, we had real time data that was coming in and nobody seemed to be using it. At least we were on the Highwire. Here's us introducing euro momo and the idea that, yes, there did seem to be an uptick in deaths around covid-19, but not the levels that would bring hundreds of thousands or millions of deaths. Take a look at this. Let me show you the numbers that all the scientists that are speaking out now and all of these reports coming out of Italy are referencing. This is one of the things that's come from one of our investigators in Europe. This is called Momo. So this is a European modeling system. So this is right from the website. This just updated this morning, OK, it's about four years that's being related here. This red line we see here, that's the that's the median that's the median level of death in Europe. OK, what that saying is, this is the average. So we came across, we decided, let's just look at Italy, shall we? And where are we at? And when we come over here to just this last week. Now, when we looked at this earlier in the week, we were just below this first line and now we're just above this first line.

[00:08:18] Del Bigtree

We're not touching the top line. We're not above the top line like we were over here. We are below the top line. OK, this is what has the entire world terrorized, that this blip right here really matters that we should be locking down the world right now? It's true. Look, there are there is obviously a problem going on here. But remember, there have been problems before and we have never locked anyone down before. But let me show you how this works. How about let's go back to twenty nineteen because you'll find this interesting. Remember this color 2019 week, seven of twenty nineteen last year. Look what was happening there. There you have an issue that's, we have above expected, all through Europe here. And you have multiple nations that are in the high zone exactly where Italy is at right now. This didn't create a quarantine situation. We didn't lock down, all of Europe and all of the world. Right. Let's take it back another year. Let's go to twenty eighteen. Take a look at this. Twenty, eighteen, what is happening here? My God, we are well above high now. We have Italy in very high, very high, very high other nations in the high zone. A few are staying out of it. Let's see. Twenty seventeen. Oh, my God, what was going on? Week two in twenty seventeen, look at this, very high all through multiple nations, UK, others in the high zone where Italy is at right now.

[00:10:08] Del Bigtree

This must have been what the great play? This what must look like the end of the world. Let's go back to twenty twenty. Remember, this is where we were back in twenty seventeen. No problem. Where are we at right now. That. That is where the world is shutting down at. Does anyone see an issue with that? Does anyone see a problem when we have Bill Gates describing this as the once in a century pathogen, right, as that show was finishing up when we had been discussing Italy's numbers, we're talking about the fact that even Italian hospitals and leading authorities were saying, you know what, we cannot consider all of the deaths in Italy covid-19 most of these people were dying of other comorbid issues. This is where we started hearing about the over the age of sixty five other comorbidities like heart disease, cancer, COPD and diabetes. And the Italian one of the Italian health ministers declared that we really need to take the death rate and multiply it by just make it 12 percent say that we had to take 12 percent of that number to come up with the final number. So they were lowering the numbers. And as I was describing that in the show, breaking news came in about the imperial model, which we had been questioning for weeks. Take a look at this moment. They do have breaking news coming on on second. We have. OK, hold on one second. So, Jefferey, what is the breaking news?

[00:11:39] Jefferey Jaxen

"Epidemiologists behind highly cited coronavirus model admits he was wrong, drastically revises model." Now, this model inform government policy decisions in the U.S., in the U.K., in the U.K. So Ferguson basically just gave evidence in the UK's Parliamentary Select Committee on Science and Technology as part of the nation's coronavirus response. So going back to the daily Daily Wire report, Ferguson's model projected two point two million dead in the United States and five hundred thousand in the United Kingdom. If no action was taken that the Daily Highwire writes, "After just one day of order lockdowns in the UK, Ferguson has changed his tune. Now the epidemiologist predicts hospitals will be just fine, taking on covid-19 patients an estimated twenty thousand." So we have five hundred thousand goes to twenty thousand, more than half of whom would have died by the end of the year in any case, because they were so old and sick.

[00:12:39] Del Bigtree

One of the lead scientists has been telling us that this dire outcome is now absolutely shifting his tune. Twenty thousand, I am sure it relates to the numbers we are used to in America that makes this no worse than any other flu, which means, should we all be jumping up and down? I feel like people should be charging out in the streets and screaming, hooray, it's over. It's over. This thing really was either a hoax or a fraud or one of the biggest mistakes the medical establishment has ever made. Well, that seemed like a huge story when the imperial model came crashing down. It broke during our show. And I made the statement. I've been called out in newspapers for saying, there it is, the pandemic is officially over. Well, it was certainly over as it had been described, but it seemed that nobody wanted to stop. In fact, we kept fast tracking forward as though nothing had happened. It didn't matter that now they were declaring that twenty thousand deaths would be the number in England, down from five hundred thousand deaths, which is only a difference of about two thousand or so percent. A two thousand percent change in the projected numbers did not slow us down at all. And as I said at the beginning of the discussion about the numbers and the death rate, when we're looking at China, if we don't determine what death rate warrants a quarantine, then we don't risk of being in quarantine perpetually, which is what we now see ourselves in. And remember, all the way back then, we weren't even wearing masks yet.

[00:14:11] Del Bigtree

Alright. Onto the next topic that we take a lot of pride in. We were one of the first people to discuss hydroxychloroquine. What's ironic about this story is many of you or many people out there in the articles written about me claim that I'm anti pharma, then I'm anti vaccine. You know, there's a lot more nuanced to these conversations, but let's take them at their word. What's ironic about hydroxylchloroquine was this was an instance where I was actually promoting a pharmaceutical product called hydroxychloroquine. And then and only then did I actually lose my YouTube channel. So the anti pharma guy loses his channel when he becomes pro pharmaceutical product. Weird, but that's the world we live in. How did this story start? It started back in March when we discovered a French virologist, a world renowned virologist named Dr. Didier Raoult. And this is what he was saying all the way back in the beginning of March. Let's go ahead and talk about a drug. This is really super interesting. Here is a scientist out of France. His name is Didier Raoult. Look at what he said in this video. "Five hundred milligrams of chloroquine per day during ten days brings a spectacular improvement and is recommended for all clinical cases that tested positive for coronaviruses." He says "actually from all respiratory infections is probably the easiest to treat. There is really no reason to get excited and to rush to produce a vaccine."

[00:15:42] Del Bigtree

Now, later, near the end of that month in March, Donald Trump of the United States declared that he liked this drug, this anti malaria drug called hydroxychloroquine. Well, we all watched all of the media descend upon him and attack him. We watched Tony Fauci step away and say, I'm not so sure about hydroxychloroquine. It seems random. There's no studies on it. And there seem to be this rift in the White House. That issue has become more and more political as it went along. But then in the middle of April, we stumbled upon a study that blew our minds. A study from all the way back in 2005 when the National Institute of Health, where Dr Tony Fauci was working, they did a study of hydroxylchloroquine and the SARS coronavirus. Here us breaking that story in April.

[00:16:37] Del Bigtree

When Didier Raoult said game over on February twenty fifth, Anthony Fauci waited till April 9th to start a trial on this product. If you take this scale and you bring it all the way back and back and back and back, continuing back. What we find all the way back here in 2005, the NIH, where Anthony Fauci has worked since the 1980s, funded a hydroxylchloroquine study that looked at its use on SARS coronavirus. It says "chloroquine is effective in preventing the spread of sars-co-v2 in cell culture. Favorable inhibition of virus spread was observed with the cells were either treated with chloroquine prior to or after sars-co-v2 infection." You see, this was known without the report, he said.

[00:17:38] Del Bigtree

We were wondering about the harms of mitigation, like locking people down would if you didn't have to lock down anyone, had you done studies over the last several years or right at that moment. Let's look back at chloroquine. And to this day, right now, there is no treatment, no chloroquine, no Remdesivir nothing being used as the protocol in the United States of America. And I think that is egregious, I think it's dangerous and we look at timing as perhaps one of the most shocking stories that we will continue to cover. How long will it take to get to a treatment? That is the question. Well, just like good poker hand or a good blackjack hand, we have continued to double down, triple down, quadruple down on our assurance with Hydroxychloroquine, the next step will we really hit it was in July. This was July 2nd when Dr. Vladimir Zelenko, a doctor from New York who had had now over a thousand patients that he was treating in his private practice with hydroxychloroquine, azithromycin and zinc, he pointed out that he was using 400 milligrams of hydroxychloroquine compared to Didier Raoult's 600 milligrams of hydroxychloroquine. We talked about the Lancet study that had said hydroxychloroquine was dangerous and the fact that they were using a lethal dose of 2400 milligrams of hydroxychloroquine in order to disprove the work he'd done. This is Vladimir Zelenko in July 2nd talking about his incredible success with over a thousand patients,

[00:19:24] Vladimir Zelenko, MD. "Zelenko Protocol" 99% effective in Covid Patients

All hydroxychloroquine does in this context. It opens up a transport channel. It opens up a canal that lets the zinc go into the cell. And that's important because that's what the viruses and that's where the enzyme is that the virus is using to grow. And the antibiotic was there for protecting the patient from pulmonary complications. Think of it this way. This is the analogy I started using the zinc as the bullet. I dropped the chloroquine is the gun that shoots the bullet and the Azithromycin the vest that protects the patient, so very elegant, very simple, very cheap because twenty dollars the whole treatment by risk stratifying patients and using a three drug regimen, a reduction in hospitalization by 84 percent. My survival rate with my patients was ninety nine point seven. So I personally consulted by several governments. So for example, the entire country of Honduras would say following the clinical protocol, a large subsection of Brazil, the a drastic drop drop off in mortality. Turkey is on board. Iran is on board. I dealt with the Ministry of Health in Israel and they started using it in at least in the hospital setting. I gave an interview to an Italian media outlet, probably the biggest one in the country. And three days later, there was an announcement that they started using hydroxychloroquine. And if you look at the graph three days after that, their death rate started dropping

[00:20:52] Del Bigtree

In that same show where I was presenting doctors Zelenko's interview at that exact moment. During the show, breaking news came out of Ford Medical Center showing that they had done a study across six hospitals looking at HCQ and its use in their patients over, I think it was over two thousand patients. Here's what that breaking story look like. Well, second. This rarely happens, Bob, is this important? We'll give you one second. Alright. Apparently, while we were just having this interview with Dr. Zelenko, a new article has come out. This is Detroit News. This is breaking right now. "HydroxyChloroquine Lowers covid-19 death rate Henry Ford Health Study finds" wow, this is huge, you guys. Henry Ford, gigantic scientific body for America. "Officials with the Michigan health system said the study found the drug significantly decreased the death rate of patients involved in the analysis. The study analyzed two thousand five hundred forty one patients hospitalized. Among the system, six hospitals between March 10th and May 2nd and found 13 percent of those treated with hydroxychloroquine died, while twenty six percent of those who did not receive the drug died." So twice as many people died that didn't receive it. "As doctors and scientists, we look to the data for insight, said Stephen Calcanes, CEO of the Henry Ford Medical Group. And the data here is clear that there was a benefit to using the drug as a treatment for sick, hospitalized patients." I don't usually get this excited about a trial or a study, but people are dying over a hundred. I think one hundred and twenty thousand now have died in the United States of America, most of whom were denied hydroxychloroquine

[00:22:45] Del Bigtree

We are on the verge of understanding that we have a treatment. We could save people around the world and it doesn't cost us three thousand dollars per person so that we have to say, screw you, Africa and India and those places that can't afford it. We have a drug that I think he said. Twenty dollars for the entire package of hydroxychloroquine, azithromycin and zinc. Clearly now another hospital body stepping up. Now, of course, as things would go. The media didn't like the story coming out of Ford Medical Center, one of our top research hospitals in the country, and more oppression of the use of hydroxychloroquine, which inspired a bunch of doctors, about a dozen doctors to show up in front of the Supreme Court in Washington, D.C., called the front line doctors America's Front Line Doctors Summit. And in that they described hydroxychloroquine. They said that we have a treatment. The pandemic is over. Our children could go back to school. It led to one of the greatest acts of censorship in American history. They had nearly 17 million views within six hours before Twitter, Facebook and YouTube took down the video and their own website was taken down off of the Internet. If you missed that moment, here's what that looked like in real time. This is a war for truth that's now taking place in America. It's full on. It's in our face. It's huge. And nothing exemplified it more than what took place on Monday. These heroes need to be celebrated, not censored. Here is a recap.

[00:24:25] Simon Gold, MD, Emergency Medicine Specialist

We're here because we feel that the American people have not heard from all the expertise that's out there all across our country. We do have some experts speaking, but there's lots and lots of experts across the country. So some of us decided to get together. We're America's frontline doctors. We're here only to help American patients and the American nation heal.

[00:24:50] Stella Immanuel, MD Emergency Medicine Specialist

I came here to Washington DC to see America. Nobody needs to die. There is a cure for covid it's called Hydroxychloroquine. It's called zinc. It's called Zithromax, and it is time for the grassroots to wake up. I said, no, we're not going to take this any longer. We're not going to die.

[00:25:07] James Todard, MD, Author, "An Effective Treatment for Coronavirus"

If it seems like there is an orchestrated attack that's going on against Hydroxychloroquine, it's because there is. When have you ever heard of a medication generating this degree of controversy, a sixty five year old medication that has been the World Health Organization's safe essentialist medications for years? OK, it's over the counter. In many countries,

[00:25:27] Joseph Lapado, MD, PHD, Physician Health Policy Researcher, Associate Professor, David Galien School of Medicine, UCLA, Surgeon General of Florida

The covid-19 is not a moral issue. covid-19 is a challenging, complex issue that we benefit from having multiple perspectives on. So it's not good for the American people when everyone is hearing one perspective.

[00:25:41] Dr. Robin Armstrong, SNF Director

And so we use Hydroxychloroquine, Azithromycin and zinc. We saw great success in our nursing facility.

[00:25:49] Richard Urso, MD, Ophthalmology Specialist

This drug is super safe. So what the problem is that a lot of those studies, they did very, very high doses, massive doses. They used twenty four hundred milligrams in the first day. All you need is two hundred twice a week.

[00:26:03] Jeffery Barke, MD, Family Physician, Newport Beach, CA.

So children are relatively immune to this illness. Not one child has died in all of California due to covid-19. There is no evidence that children are passing this virus onto adults, despite what our governor here in California has put forward. We have a mechanism to safely open the schools with almost no risk to children and certainly very little risk to their adult teachers.

[00:26:30] Dr. Robin Armstrong, SNF Director

It frustrates me because I believe thousands of Americans, tens of thousands of Americans have died unnecessarily. I believe that there is a treatment that is available. I believe that there is lots that we can do as a medical community to push this forward. I think that a lot of ways the medical community has not been forceful enough.

[00:26:51] Jeffery Barke, MD, Family Physician, Newport Beach, CA.

So I'm here really to tell you to advocate on behalf of parents, on behalf of children,

[00:26:56] Daniel Erikson, MD, Emergency Medicine Specialist

We need to take an approach that's sustainable. A sustainable approach is slowing things down, opening up schools, opening up businesses. And then we can allow the people to have their independence and their personal responsibility to choose to wear masks and socially distance as opposed to putting edicts on them, you know, kind of controlling them. Let's empower them with data and let them study what other countries have done and make their own decision.

[00:27:28] Del Bigtree

Well, as fate would have it, the same week that the Frontline doctors were taken off the Internet, we lost our YouTube channel two days later on a Wednesday right before our Thursday show. But that doesn't matter because the story continues. And on August 20th, we broke the news through another source. Sky News in Australia was talking about a brilliant discovery in Switzerland. This maybe is some of the best evidence yet at the success of Hydroxychloroquine. Take a look at this. Watch this amazing report coming out of Australia just this last week.

[00:28:05] Male News Correspondent

The consequences of suddenly stopping Hydroxychloroquine can be seen by examining the case fatality ratio index for Switzerland. It can be seen that during the weeks preceding the ban on hydroxychloroquine, the index fluctuated between three and five percent. But after stopping outpatient hydroxychloroquine use the country's covid-19 deaths increased four times to the highest level it had been since the pandemic began oscillating at over 10 15 percent. Then, when early outpatient hydroxychloroquine was reinstated on June the 11th, the fourfold wave of excess lethality rapidly returned back to where it was.

[00:28:47] Del Bigtree

That's an incredible discovery. Now, I want to point out we continue to stand behind our reporting on hydroxychloroquine. There is over seventy eight studies worldwide now showing its effectiveness and also its safety rating. Now, of course, this is a drug that has been safe for sixty five years, used for malaria, but also other off label users like lupus. Let's be clear. When the president of the United States, Donald Trump, declared he liked Hydroxychloroquine, that was mid-March in mid-March when he said that there was one hundred and eighty two deaths from covid-19. We are now approaching two hundred thousand deaths. If we took board medical center's word for it, let's cut those deaths in half. That puts us somewhere around one hundred thousand deaths, perhaps just a bad flu season. If we go with what Vladimir Zelenko discovered that he had a ninety nine percent success rate. What does that leave us? As Switzerland described it, when we used Hydroxychloroquine, we had normal rates of death across Switzerland. Well, it would be nice to have normal rates of death, wouldn't it? But that's not what took place, certainly not in New York. We were one of the first ones to really dig in to Andrew Cuomo, his work and the lockdown in New York that was having devastating consequences.

[00:30:11] Del Bigtree

If you remember, Andrew Cuomo was yelling from the mountaintops, ventilators, ventilators. I need more ventilators. I need more ventilators. Why am I not getting enough ventilators, there was a panic about ventilators. Well, as it turned out, ventilators did not prove to be the best idea. Maybe that wasn't his fault. But the only reason we knew that ventilators was a problem was because of who I now consider to be the Paul Revere of this entire pandemic. I'm talking about Dr. Kyle Sidell, who left his E.R. exhausted, stepped in front of a camera and went out to his YouTube channel to declare, I think we are killing people with ventilators. Here's what that moment looked like earlier this week. There was an M.D. from New York that came out, put out a video that has gone viral around the world, pleading with all the other MDs, nurses and doctors and scientists around the world, saying it looks like we may be doing more damage, we may be killing people with covid-19. He said he didn't have the answers, but he was looking for the international community to step outside of the box, outside of the paradigm and try and find a better way forward. This is what that video sounded like.

[00:31:28] Dr. Cameron Kyle-Sidell, MD, Specialist in Emergency Medicine

As New York City appears to be about ten days ahead of the country, I feel compelled to get this information out. covid-19 lung disease, as far as I can see, is not a pneumonia and should not be treated as one. Rather, it appears as if some kind of viral is appears as some kind of viral induced disease most resembling high altitude sickness. It is as if tens of thousands of my fellow New Yorkers are on a plane at thirty thousand feet and the cabin pressure is slowly being let out. These patients are slowly being starved of oxygen. I have seen patients dependent on oxygen take off their oxygen and quickly progressed to a state of anxiety and emotional distress and eventually get blue in the face. And while they look like patients absolutely on the brink of death, they do not look like patients dying of pneumonia. I have never been a mountain climber and I do not know the conditions at base camp below the highest peaks in the world. But I suspect that the patients I'm seeing in front of me look most like as if a. Person was dropped off on the top of Mount Everest without time to acclimate. I don't know the final answer of this disease, but I'm quite sure that a ventilator is not it.

[00:32:37] Del Bigtree

That was an incredible moment. And of course, we beat the drum very heavily when it came to the declaration being made by Dr. Kyle Sidell. We started looking at studies that showed that there was some history to looking at SARS, coronaviruses and coronaviruses and their attack on blood cells, that maybe this wasn't a respiratory illness as much as it was a blood condition and the ability to move oxygen throughout the body. Well, nobody on mainstream news carried that story, but we stayed on it. And within three weeks, the National Institute of Health changed its protocol. We recognize and more and more articles started to show that nine out of 10 people were dying that were being put on ventilators. I believe we'll look back in history and hear Andrew Cuomo screaming, ventilators, ventilators. They need more ventilators. And we will hear something more like guillotines guillotines. I need more guillotines to take care of this epidemic, because that's what it was. It was a deadly approach that killed countless people. And three weeks after we reported, Dr. Carl Sidell, the National Institute of Health put out a protocol shift saying we need to stop using ventilators as much as possible, start introducing oxygen earlier. Here's that report.

[00:33:58] Jefferey Jaxen

Stat News had an article about ventilators. So we talked about Dr. Cameron, Kyle Sidell last week and really broke down his he's kind of a whistle blower and other doctors to other E.R. doctors and respiratory therapist. Right. And now here we are. Stat news comes out and reports on an analysis by the American Journal of Tropical Medical, Tropical Medicine and Hygiene, basically confirming what Dr. Kyle Sidell said. In the article. It says, quote, "The authors argue that physicians need a new playbook for when to use ventilators for covid-19 patients, a message consistent with new treatment guidelines issued Tuesday by the National Institutes of Health, which advocates a phased approach to breathing support that would defer the use of ventilators if possible." So calling for this phased approach to to basically hold off on those ventilators until you really need them because they're not working. Now, in this article also, it says that a lot of covid-19 patients are being put on ventilators that don't need to be. And the features of the disease can make mechanical ventilation harmful to the lungs. I mean, this is exactly what we're hearing with the E.R. doctors on the ground.

[00:35:11] Del Bigtree

And now you have the NIH, the National Institute of Health, the most powerful, well-funded body of medicine and science in the United States of America. Arguably, the world has put out new guidelines last week. I find this shocking since the video we put out discussing Kyle Sidell and talking about the lack of oxygen in the blood, which NIH is now admitting they're now looking and seeing, we definitely see a different trait. They're admitting in this article, right, that that acute respiratory distress syndrome isn't necessarily, being portrayed the way we know it, that the use of ventilators and we have a video where we covered this a couple of weeks ago that has false information run across it. Well, I'll tell you what, Facebook, it's not false information now that the National Institute of Health is putting out new guidelines. Now, ironically, in that story, we found out that Dr. Kyle Sidell lost his position inside of the ICU for having the perspective he did. My understanding is he got demoted back into the E.R. And when we talk about being demoted or losing your job, perhaps we should be looking at the leader of New York that didn't just make the mistake on ventilators that maybe you could understand because we really hadn't heard from someone like Dr. Kyle Sidell, at least not publicly. But what we did know from the very beginning in China and then when we watched this thing sweep in Italy, that there was one group, one group on the planet Earth that really needed to be protected from coronavirus or covid-19. And that was the over the age of 65 with other comorbidities like heart disease, COPD, diabetes, those people needed to be protected. And the one thing that did not happen in New York, the one group that really needed to be locked down and protected instead of locking them down, Andrew Cuomo passed a law forcing nursing homes to take sick covid positive patients into the nursing home, essentially lighting a match and throwing it into one dry grass field that could not be protected. This is us reporting on that insane. And misguided decision,

[00:37:29] Jefferey Jaxen

We've been covering this for a couple of weeks now, as has other news outlets, what's described as a bipartisan chorus of lawmakers now calling for an independent federal investigation into his May 25th written policy that prevents nursing homes from rejecting patients that were testing positive for covid-19 from going back into the nursing homes. So Cuomo tried to get ahead of this and announced an in-house investigation with the state attorney general. But lawmakers are saying, no, no, we want this federal we want to blow this thing wide open.

[00:37:57] Del Bigtree

Wow, I think we have him actually defending himself when he's asked a question about this by a news reporter. Take a look at this

[00:38:06] Female News Correspondent

What do you say to families who suffered losses inside nursing homes and they're looking for accountability and they'd like to see justice.

[00:38:13] Andrew Cuomo, Governor of New York

I have those conversations all day long with people who have lost people. Right. We lost one hundred and thirty nine people yesterday. In hospitals. Who is accountable for those one hundred and thirty nine deaths? How do we get justice for those families who had one hundred and thirty nine deaths, what is justice? Who can we prosecute for those deaths? Nobody. Nobody. Mother Nature, God, where did this virus come from? People are going to die by this virus, that is the truth.

[00:38:53] Del Bigtree

You know, he doesn't really sound like he's answering the question or she's asking a really good question. Not only do we know that Governor Cuomo, we've been reporting on the that made a tragic error, essentially said you can't deny people in nursing homes. You can't deny letting them into the nursing home if they're sick with covid-19, thereby putting the exact generation, the exact risk group that we saw all around the world was most at risk, those over 65 years old with comorbidities.

[00:39:22] Jefferey Jaxen

But you don't need to be a Ph.D. epidemiologist to understand that this policy he made on March 25th was going to cause widespread death. And, you know, according to an analysis by New York Times, this was about a week ago. So these numbers have changed now. But they counted at least twenty thousand residents and workers in long term care facilities already died from the virus. That's one in three covid deaths recorded in the U.S. were coming from the workers in the nursing homes.

[00:39:47] Del Bigtree

And as I sit here speaking right now, more and more people and newspapers and government agencies and even Rand Paul calling for an investigation into what took place in New York and some going as far as Rand Paul is calling for the impeachment of Andrew Cuomo. It is a disaster in New York. Some people, even Tony Fauci, said it was an example of how things should be done. I think New York will go down as one of the greatest tragic mistakes in world history and certainly one of the worst handled states in the entire covid pandemic. Now, let's move on to the next story that we broke before everybody else did. The moment we found out that they were altering the death certificates that doctors and coroners use to decide the cause of death. We were the first ones to tell you that the CDC had gone out of its way to rewrite the language around the death certificate, saying if they die with covid-19, then you list that they died from covid-19. They even went a step further to say, even if you assumed there was a death from covid-19 and they weren't tested, you make that the cause of death. All of this on the back of Italy who discovered in their pandemic, really, if we looked at all the deaths we were calling covid-19, 12 percent of those could be attributed to covid 19.

[00:41:15] Del Bigtree

The others, the other 88 percent, you would have to say they died of their comorbidities. We didn't learn from Italy. In fact, we went the other direction. We attempted to bloat the death numbers as high as we could get them. Here is us proving that point on the alteration of the death certificate. I'm going to show you something shocking when it comes to this. You would think you would hope that the United States of America is really good at this, right. That they really make sure we get it accurate because accuracy is everything. But look what we found. We found this is the certificate that goes out to all of the the medical professionals and coroners around the country on how to code for covid-19. Is it possible they're going to have the same problem with their numbers that Italy had? Look, what we are advising those people to do. This is literally from the Centers for Disease Control and Prevention, the National Vital Statistics System NHS is receiving requests about how deaths involving the new coronavirus Strange should be reported on death certificates we are working on for formal guidance to certifiers to be published as soon as possible. In the meantime, to address the immediate need, here is some basic information that can be shared in advance of the more formal and detailed guidance. It is important to emphasize that coronavirus disease two 19 or covid-19 should be reported on the death certificate for all dissidents where the disease caused or is assumed to have caused or contributed to the death.

[00:42:52] Del Bigtree

We are going to assume and go ahead and say, even if you assume if even there was no test available, if they had a fever, if they had some symptoms, just go ahead and call it a covid-19 death. That's what we want you to do. Even if they had comorbidities or they were just coming off of a horrible reaction to chemo, if they had covid-19 put on the death certificate, covid-19. You can't make this stuff up. I'm not making it up. I'm doing the only thing I know how to do, which is to try and bring you the truth as we find it. This is what they are telling everyone in the country. Call it all covid-19, whether they died with it or died because of it. We do not care. Here we look at the death certificate in part one. You will see that's the top section here and they tell you how to fill it out. So this patient I'm imagining is an imaginary patient had an acute respiratory distress syndrome for the last two days. So obviously they were going into a major problem. They also had pneumonia for 10 days and they were diagnosed with having had covid-19 or assumed to have had covid-19, which is what they tell you right.

[00:44:13] Del Bigtree

So put that in the top group and what you're going to list this as is a covid-19 death. Now, if they were suffering from something else, like a heart disease or COPD, which they told you with an acute respiratory illness, put that in part two. Part two, the less significant part of this document, meaning it very well will read not COPD killed you or some other lower respiratory illness who were suffering from, but we will listed as coronavirus. And the letter goes on to say to everybody, make sure you get this new code to everybody that was collecting is what happens. Alright. Here's what it goes on to say for those questioning. How do you use this new code? Right. What happens if the terms reported on death certificate indicate uncertainty? If we have a question, look what it says. If the death certificate reports terms such as probable covid-19 or likely covid-19, these terms would be assigned the new ICD nine code, meaning it doesn't matter if you were guessing at it. Doesn't matter if you just thought maybe it was covid-19 put in the ICD nine code, then in case you're worried about backlash, look at this sentence. It is not likely that NCHS will follow up on these cases. What? It's almost like they're saying, go ahead and call it covid-19, we're trying to pump these numbers up a little bit and don't worry, it is coming from us.

[00:45:50] Del Bigtree

Obviously, we can't say that. But what we're saying to you is, even if you think it's likely, even if you don't have a background, you don't have a test to prove it and there's uncertainty, just put the code in there and don't worry about it. When you look at this entire letter, there are literally only two sentences that have been bolded in the entire letter. The top new ICD nine code introduced for covid-19 deaths go all the way down and they're at the bottom. We want you to know, assumed to have caused or contributed to death. Use the code even if you're just assuming it's a covid-19 death. Well, we broke the story about the death certificate, but a new player came out, another great warrior and hero, a doctor and a senator from Minnesota named Dr. Scott Jensen. This is Dr. Scott Jensen making his appeal on April twenty third. Scott, I've seen you on Fox News. I've seen you all over. You're a doctor. You're also involved in politics. We reported several weeks ago that it looks very much like the CDC is asking doctors and coroners or whoever fills out these forms to bloat the numbers. Go ahead and take it, make it all covid-19.

[00:47:08] Dr. Scott Jensen, Minnesota State Senator, 47th District

I had never seen something like that before. All of a sudden, I read this document from the Department of Health. And so then I went to the CDC document, and that's flies completely in the face of the manual that CDC puts out as to how death certificates should be filled up. In the manual talks about specificity and precision. And all of a sudden we're being told, well, if it's reasonable, if it's likely, if it's probable or presumptive, go ahead, put that down. That was what caused me to raise this up the flagpole and say I've never been coached or told before that this is what I need to do. And so I checked with 50 to 75 physicians in Minnesota and none of them could remember it either. We didn't have that happen in two thousand eighteen when we had 60 to 80 thousand deaths from influenza. If I diagnose pneumonia and I put that on the death certificate, nobody was telling me to put influenza on it as well. If I happened to be in the middle of a flu epidemic, if I didn't test for it, if I didn't have an interest in testing for it, then I certainly shouldn't be putting it on the death certificate.

[00:48:01] Dr. Scott Jensen, Minnesota State Senator, 47th District

Typically, death certificates are filled on based on causation. And now we're simply saying, well, you can just correlated to what happens to be going around. And then if you start looking at the actual numbers of how dollars come into this, a typical garden variety pneumonia without complications for a Medicare patient, it'll be about five thousand dollars. If you have covid-19 pneumonia, it's about thirteen thousand dollars. And if you use a ventilator, it's thirty nine thousand dollars. And these numbers come straight from CNS. One of the things I'm really concerned about is wherever we end up on the fatality rate here, it's going to be somewhere between point one and point four. It's not going to be anywhere near the 30 percent that year was in 2013. It's not going to be the 10 percent that SARS might have been in 2003. It's not going to be the five to 10 percent in 1980. This is going to be somewhere one out of two hundred people, one out of a thousand somewhere in there. So we've got to revitalize America because when it comes to mind, body and spirit, the mind and the spirit are being crushed.

[00:48:59] Del Bigtree

Now, you would think that a doctor like Dr. Scott Jensen, who was awarded just a couple of years ago with the best family doctor in Minnesota and also a sitting senator would be safe to tell the world the truth. But that didn't end up being the case. He came under medical review. He came on our show to discuss the fact that he was speaking out against the board. That was putting him under review. He was defending himself in public. Well, he ended up being exonerated by the medical board. Here is me talking to Scott Jensen after he was finally exonerated, thus leading a charge and paving the way for future doctors and maybe senators to tell the truth themselves. Take a look at this. What's the update? What's happened since we last spoke with you?

[00:49:51] Dr. Scott Jensen, Minnesota State Senator, 47th District

Thank you, Del. On Monday, a couple of weeks ago, I received an email from Reporter Medical Practice in getting the completed their investigation and they had dismissed both allegations. And in that e-mail, he indicated I would be receiving an official letter, which I received a couple of days ago. Basically, they didn't hear the situation in my response and they dismissed the charges outright and they never asked me to come down for an in-person meeting. I was gratified. Obviously, it was a burden on my shoulders. It feels like a weight being lifted.

[00:50:27] Del Bigtree

What do you see as the future for doctors that want to speak the truth under these outrageous circumstances?

[00:50:35] Dr. Scott Jensen, Minnesota State Senator, 47th District

I think the decision I made on July 5th to release a video telling the world that I was being investigated was the right one. I think some 20 million people watched my video and reached out. And honestly, the responses were so robust I couldn't keep up with them. And I'm hoping that through that and through the release of the documents that I utilized to respond, that other physicians like Dr. Cimolino will be able to tap into those and say, OK, this is a logical template that we should be able to utilize. We don't want the bureaucrats and politicians and even the academic physician types to be able to divide and conquer. We need to stay together with folks like you that are committed to getting to know to lots of other media sources that are willing to do this.

[00:51:28] Del Bigtree

I want to thank Scott Jensen for his bravery has paved the way, as I've said, for so many doctors and senators and people to come out and and speak the truth. Now, I stand with Scott Jensen with a serious concern of whether we will ever be able to get a clear understanding of what of what happened here in the United States of America when our numbers are so totally skewed. What happens when you manufacture your death certificates to have incorrect information on them? What we don't know if the person had heart disease. We don't know they had COPD. I mean, these are the types of things when we're collecting data, I'm assuming the United States of America is supposed to be the absolute best, most efficient machine at collecting accurate data so that we can avoid making the mistakes were falling on the pitfalls that we have during this crisis. You can't blame everybody for everything, but you can certainly blame science that doesn't collect the data correctly so that historically we can look back and see what happened here. It's extremely, extremely disturbing and it's led to, I think, overly bloated numbers. One day, hopefully, we'll find out who actually died of covid-19. If it's six percent of the numbers, we're being told, what are we going to be 30, 40 thousand actual deaths from covid-19? Will they ever admit that, that they locked us down, destroyed our economy for what clearly was something that maybe wasn't even as deadly as the flu? I doubt it.

[00:53:02] Del Bigtree

We may never know. Instead, we have the narrative that will be carried forward, some for people all the way to their graves and for others. Maybe if I have my way, maybe Tony Fauci will carry it all the way into prison when he's tried for crimes against humanity. We'll see how it all turns out. So far we've been getting a lot of this right. Now I want to move into what I think has been the biggest example and one of the biggest stories that we have covered all the way through this while the entire world was locking down, while we were told this was a deadly virus in Wuhan and saw images of people falling over dead, the panics of hospitals being overrun in Italy. And I was saying this all appears to be an agenda to push a vaccine on every single adult in the world, something I've predicted for many, many years. It didn't make sense. It seemed to me we were taking a common cold and treating it totally differently, panicking, letting our hair on fire. Now, I might have been all alone in describing this as a cold or a flu. That would have been no way to prove that we were right since everybody started locking everything down and wearing masks and denying people oxygen masks when they went into hospitals, instead putting them in a coma, using Propofol, the drug that killed Michael Jackson, sticking them on a ventilator, all of these things and then bloating the death certificates, we would have no I mean, in the end, it looked like a lot of people died.

[00:54:30] Del Bigtree

Did they really die from covid-19 or a mistake? There would be no way to ever, ever have a reference point or to know what the truth could have been had it not been for Sweden. You see, all along, the Highwire has had our eye on Sweden. Sweden decided we do things differently than the rest of the world. Every headline says they used a novel approach to the covid-19 pandemic, meaning they decided not to lock down. They did not mandate masks. They said that they put out that people should probably social distance, keep your distance if you're old, stay at home, stay out of the way. But we're going to leave business as usual. We're going to keep our businesses up and running, our restaurants open. They call that a novel approach to the covid-19 epidemic. The truth is, is they were using the same approach that the entire world used since the dawn of man until this year. Let the cold run its course, try to protect those that are actually at risk, and then let's see if we can get the herd immunity. This was our report from Sweden. One of the things that I think is frustrating a lot of people is Sweden. We decided to send out a couple of people that we met into the population to bring a video camera and give us a sense of what's going on in Sweden. Take a look at this.

[00:56:05] Male News Correspondent

I think that the probably the most notorious street of Stockholm.

[00:56:13] Female News Correspondent

Very few facemasks in the only country right now that is not in lockdown, not even a partial lockdown. You know, people are really told just to if you have any symptoms, stay home or just stay at home. But grade schools are still open. Restaurants are trying to survive, people are out and about running errands about it.

[00:56:31] Victor Gullin, Born and Raised in Sweden

And the people that can work from home, they do work from home the most. And most people that I know, the experts said like this, everybody is going to have this for teenagers or people under like 40. It's just going to be like a fever or a typical flu. You get over it.

[00:56:49] Female News Correspondent

I think people are also just doing their best here, I think to keep cool, not to get into fear. And the media is not doing that. Know you're not panicking.

[00:57:01] Del Bigtree

But I also want to get a perspective, though, from another person in Sweden that really sits in that demographic that older than 65 years old that we're hearing is at risk around the country. Maurice first of all, just how old are you? If you don't mind telling me,

[00:57:17] Maurice Parry, Swedish Resident

I'll be turning 72 in September.

[00:57:20] Del Bigtree

Are you concerned that if you get it at 70 years old, that it could be fatal for you? What is your personal feeling?

[00:57:27] Maurice Parry, Swedish Resident

No, I mean, I keep myself pretty healthy.

[00:57:30] Del Bigtree

There's been a lot of criticism of how Sweden's been handling this. Do you feel that this approach, by your leadership is putting people like you at risk?

[00:57:41] Maurice Parry, Swedish Resident

I know there are a lot of people who are saying, well, yes, Sweden too lenient and well, I won't say here, but in Europe and in the U.S. that you guys are not having any lockdown at all. In fact, there is no lockdown. It's just a lot of recommendation. I go out, I get my car, I go and play golf, I go down the road. My wife is younger than me, goes shopping. So I avoid the supermarkets and that sort of thing. But but apart from that, I don't feel restricted at all. You can't put a country on lockdown and, you know, destroy economies and hope that, you know, you have it or you don't have it when one percent are getting infected. The problem is not going to be how many deaths, from from the virus. At the end of the day, we're going to have how many people died because of starvation? How many people died because of loneliness, suicide, depressions. That's where the numbers are going to hit. And that's where I feel Sweden have found a balance.

[00:58:40] Del Bigtree

Well, Sweden did find a balance. And I want to play one of my favorite news clips. Again, this is Sky News in Australia, where they really locked down all of Australia, all of Australia and got the death rate to almost disappear, the virus to disappear. Here's a very interesting interview with one of the top scientists that was weighing in in Sweden, helping with Sweden's decision to not lock down. I think that this interview covers the entire perspective. If you're brand new to this, this is the perspective to understand how natural immunity works. And when you try to hide from a virus, how long can you maintain it? That is the question that is being asked in this really brilliant interview. Take a look.

[00:59:24] Male News Correspondent

You've been a strong critic of the idea of Lockdown's Sweden has avoided the sort of lockdown's that we're seeing here in Australia. Tell us your thoughts are lockdown's the correct way to go.

[00:59:37] Male News Correspondent

You introduced him by saying that I would say that you got it all wrong. I don't think you got it all wrong, but you painted yourself into a corner. And I'm watching with interest how you and 100 other countries will climb out of the lockdown, because I don't think any government that I know gave a minute's thought about how they would get out of the different towns that I have to take your school closure, for example, to close the schools when they are going to open them? What's the criteria? I don't think anyone thought about that when the closure was decided on.

[01:00:07] Female News Correspondent

Now, your highness said that you think the results are going to be similar across most countries, regardless of just how much they've taken. Can you take us through that?

[01:00:19] Male News Correspondent

It is a tsunami or a rather mild infection spreading around the globe. And I think there's very little chance to stop it by any measure, we think most people will become infected by this and most people won't even notice. We have data now from Sweden that shows that between 98 and 99 percent of the cases have had a very mild infection or didn't even realize they were infected. So we have this spread of this mild disease around the globe. And most of it is happening where we don't see it. It's among people that don't get very sick, spread it to someone else. It doesn't get very sick. And what we're looking at is a thin layer at the top of people who do develop disease and even thinner layer of people that go into intensive care and even thinner a layer of people who die. But the real outbreak is happening where we don't see it

[01:01:13] Male News Correspondent

Now here in Australia, we've done an incredibly good job suppressing it. I'm wondering, do you think we have done too good a job? Is it possible to do too good a job suppressing it in the early stages such that then you don't ever wind up being able to take the foot off the brake, as it were, on your restrictions

[01:01:29] Male News Correspondent

but you may succeed and New Zealand may also succeed. But I've been asking myself when New Zealand or Australia has stamped out every case in the country, what do you do for the next 30 years? Will you close your borders completely, quarantine everyone who's going to Australia or New Zealand because the disease will be out there? I don't know how you're going to handle that, but that's your problem.

[01:01:54] Male News Correspondent

But you think that at the end of the day, they're all pretty much going to end up with the same fatalities, the same results, the same deaths, regardless of what measures they took? Explain that.

[01:02:06] Male News Correspondent

Basic basically. I think that's a shame because like I said, the real epidemic is invisible and it's going on all the time around us. The other thing with a lockdown is when you open it, you will have more cases. So the countries who pride themselves in having fewer deaths now will get these deaths when they start lifting longer.

[01:02:24] Female News Correspondent

Now, you mentioned that the overwhelming majority of people who get this disease have no symptoms or very minimal symptoms. Do we even know the real fatality rate of coronavirus and what?

[01:02:36] Male News Correspondent

No. Well, it's around zero point one percent,

[01:02:42] Female News Correspondent

We were told it was three percent, initially two percent. Are you saying now if it's zero point one, that's pretty much the same fatality rate as the regular flu, isn't it?

[01:02:52] Male News Correspondent

No, I think it's a bit higher, actually. I had said before in Sweden that this is like a severe influenza. I don't think that's completely true. It will be a bit more severe than influenza, but not like maybe double, but not tenfold. Sorry, sorry.

[01:03:06] Male News Correspondent

You've said the best policy, the correct policy would simply be to protect the old and the frail. Is that correct?

[01:03:12] Male News Correspondent

Yes, and that's the Swedish Swedish the Swedish model has sort of two pillars, one is only use measures that are evidence based and there are two that are evidence based and one is washing hands is good. We've known that for 150 years since Semmelweis in Austria a long time ago. The other is social distancing. If you don't get too close to the people that want to fish. And the third may be trust. People are not stupid. If you tell them what's good for them, they will do what you say. You don't need these soldiers in the street and police and it's unnecessary.

[01:03:48] Del Bigtree

There's one video I could put into a time capsule to describe what happened here in the covid-19 pandemic. That would be it. I hope you share that video with all of your friends because it covers the entire conversation and what our philosophy has been leading us to here at the Highwire. You see what Johan just described? He said, I'm not saying it's wrong that you have stamped out the virus in Australia. I just believe you've painted yourself into a corner and I don't know how you're going to get yourself out. He said, what are you going to do, stay locked down for 30 years? Eventually you've got to come out. Now, that was recorded all the way back in the middle of April, four months ago. That was stated. This is what I love about video. You can't take that video away. And Sweden can stand in the truth that they represented to the world. That video will live throughout time. They proved to be correct, as we've seen in the United States of America, in Texas and other states that were locked down when they finally opened up the virus was waiting for them. It hadn't gone anywhere. A virus doesn't just naturally disappear. It has to run its course. So everywhere there was lockdown. If they ever want to get back to work, when they open back up, they're going to have to catch this cold, as described by Johan, maybe a little bit more severe than your average flu or your your average cold. But they handled it. And now all of the reports, all the headlines are showing that Sweden is one of the few places on Earth not going through a second wave of infection.

[01:05:20] Del Bigtree

How could they why would they? Everybody made themselves vulnerable and open to it. That was healthy enough. They reached that herd immunity, it appears, and have now shown the world maybe we should have dealt with this cold the same way we have with every other coronavirus since the dawn of man. Sweden is the example. And no matter how bad Andrew Cuomo or Tony Fauci or Deborah Birx want to wipe that story off of the board, it will always be there proving that much of what we've been saying on the Highwire has been correct. And luckily, they still stand as a reference point to say, see, that's how herd immunity works. Now let's move on. Talking about herd immunity, the discussion really has to be how many people need to be infected to get the herd immunity. Now, we were told the very beginning of this entire fiasco that this was a novel coronavirus, perhaps the most incorrect scientific statement ever made that drove one of the biggest mistakes and diabolical disasters in human and science history. Novel, meaning our bodies had never come in contact with a virus like this. It wouldn't be recognized. There would be no previous immunity, like every other flu or cold or coronavirus before it, where those who had last year's coronavirus might actually still have immunity to this one. No this was going to get us all, which meant that in order to get the herd immunity, nearly 75 percent of the entire world would have to catch this illness. Now, that's not impossible. And we were told that there was some vaccine that would be out there in the future to save us from this.

[01:07:00] Del Bigtree

And don't worry that we're destroying our economies and our jobs and everything else. Wait for that vaccine unicorn will find it one day and it'll save us all. But what about herd immunity? Was it really going to take 75 percent or 80 percent of us catching this illness? Well, that's what the discussion of cross reactive T cells began. We were one of the first ones to discuss this all the way back in May. This is me talking to Dr. Neuschwanger, about a new discovery, perhaps an old discovery, really. But the first time we were admitting it was happening now cross reactive T cell immunity. Take a look at this. What if it has nothing to do with the antibodies? What about that? You would almost think that that's a crazy thought. Like, is there something in our immune system outside of antibodies? There actually is. There's been articles coming out over the last week or so talking about T cells, the presence of Sars-co-v2 reactive T cells and covid-19 patients and healthy donors. Multiple articles "t cells may help covid-19 patients and people never exposed to the virus." We're seeing that people are able to fight off the virus that never even we saw before. Now, this may play into asymptomatic carriers, but what we know is essentially what they've always known, that t cells are a massive part of your immunity. And it's something that we never, ever hear about. I want to bring out a very good friend of ours, Dr. James Neuschwanger, to discuss t cells.

[01:08:35] Dr. James Neuschwanger, Board Certified Emergency Integrative Medicine

There are different types of T cells. There are T cells called T helper cells. The function of these is to help the B cells make antibodies. They're involved in the immune response. They can also call in the other types of T cells which are cytotoxic T cells. These are more like commando's that will go after viruses all by themselves. You know, the trouble with antibodies is antibodies will work outside of the cell. So if you're dealing with a bacteria, then that's great bacteria outside of cells. But these viruses are inside of cells. So when a virus enters a cell, that viral particle is going to be picked up, usually by macrophages. These are another type of white blood cell, the macrophage process that put it on the surface. And I think that's what your video showing here. It'll put it on the surface with a marker that says, hey, t cell, come on over here and it'll bring in either a T helper cell or a cytotoxic T cell or either even something called a killer cell. And it will bind with that receptor and he'll say, hey, t cell kill herself, this is your target. Go get them, Tiger. The T cell is then going to go start duplicating itself, start going after the target on its own. It's cytotoxic T cell or if it's a helper T cell, it'll induce those B cells to make more antibodies so B cells can work on their own. But they do much, much better by getting support from the T t helper cells and then T helpers. I mean, you know, you start subdividing these things. The basic subdivision with T helpers is you have one and two cells. So T one cells are the ones that call in the cellular immunity, those cytotoxic T cells. And then the two cells are the ones that tell the B cells to make antibodies and they're going to be involved in that antibody response. So the balance between those two make a difference. And that's part of what I was talking about in that paper.

[01:10:37] Del Bigtree

So while all the mainstream media was talking about antibodies and whether antibodies lasted, if you had had the illness or would antibodies work in the vaccine, since that's all we were looking for in the vaccine trials as they were taking place, we were discussing t cells, the immunity that happens in the innate immune system, and we were the first ones to do it. And more and more science is beginning to look deeper and deeper into T cells, recognizing it's the most important part of your immune system when it comes to beating covid-19. But the question was how many of us had cross reactive T cells? Where were they coming from? Do we know what percentage of people maybe were already immune? That's when we had a fascinating interview with one of the world's leading brain scientists in the world, Dr. Karl Friston, who took his brain mapping technology that had been used to answer questions about the brain that had never been discussed before. Looking into the dark matter of the brain, he switched out that computer system and put in all of the data points from covid-19. A brain cell would be a person and those communicating Synaptics would be the virus. You see how this goes. And he came to a fascinating conclusion about the dark matter or those that cannot catch covid-19 on this planet. Take a look at this. There's a lot of reporting now about how you've looked at the data of the covid-19 pandemic and how you're coming to certain conclusions. Using my understanding, the modeling you would normally use to map data points coming from the brain.

[01:12:17] Prof. Karl Friston, Neuroscientist

Our skills in this instance were particularly pertinent because the problem that we deal with in the brain mapping in the neurosciences is understanding how populations are connected here. We're talking about populations of nerve cells in the brain. The connections are literally white matter connections, lines in your brain. But the underlying dynamics is almost identical to the dynamics that underwrite the connectivity between populations of people that are exposed to a virus. So the way that the virus spreads is very, very similar to the way that the information spreads from one part of the brain to another. Well, using the analogy of the epidemiology, the way that, say, an infected population in New York might connect to commute or transmit to say. California.

[01:13:12] Del Bigtree

Can you explain what in terms of covid-19, what a non susceptible is

[01:13:19] Prof. Karl Friston, Neuroscientist

If you believe that everybody is susceptible to the virus and can then communicate it to somebody else, then if you relax or unlock or relax social distancing prematurely, you're inviting them the virus to spread throughout this hitherto unaffected, non susceptible population. If, on the other hand, do you think there is what has been referred to in the media as an immunological dark matter out there, if a substantial number of people just are not in the game, they can't play the game of viral transmission, then you might want to focus much more on enriching. The people are isolating, using a track and trace and isolate strategy in the hope of effectively eliminating the carriers and the virus viruses completely. So it's a big question. If it is the case that there are a sufficient number of people out there who are not capable of transmitting the virus, then it certainly makes sense that the outthere is going to be building up a sufficient degree of immunity in subpopulation that can actually transmit the virus. You might want to certainly encourage them to get out there because they are resistant. They are going to dilute the the number of people who are contagious. They will calm things down, focusing resources on those people who are vulnerable and those people who are potentially contagious and will keep the infection going is probably the right way to deploy resources

[01:14:56] Del Bigtree

For Karl Friston. Obviously, these were data points. He said he was going to continue to look into it, but more and more and more science is coming out talking about t cell immunity now that vaccines are going to have to start discussing are they getting t cell production? And all of these discussions are changing how we're talking about this. But the headlines are saying it appears that 60 to 80 percent of people around the world were already immune to covid-19, which means our journey to herd immunity is much smaller than we thought it needed to be. Perhaps only 20 percent of us need to come in contact with this covid-19 virus, which is what Sweden is describing. And when I look back putting this show together all the way back to my discussion about the deaths in China really in the beginning of April, I recognize that even then I predicted, what if we only need 20 percent of the population to catch this illness? Because that's what we think the flu is, that 20 percent of people in America get the flu.

[01:15:59] Del Bigtree

And every year that's when we reach our herd immunity. Ironically, months and months and months later, it appears that that 20 percent is about what we need for covid-19 too. And we're right about there. Now, why are they trying to stop us? Why have we been locking down, wearing masks, doing everything we can to slow our journey towards herd immunity? Perhaps because I believe the agenda has always been about a vaccine. Over the last couple of years, I've been saying the pharmaceutical industry wants a vaccine program mandated for every adult on this planet. Number one, it will turn a multibillion dollar industry into a multi trillion dollar industry overnight. It will also make the pharmaceutical industry the one of the greatest controlling powers over decisions in humanity forever. Bill Gates is in on this Silicon Valley and the pharmaceutical institutions coming together as one of the most dangerous kabals that's ever come together. But at the heart of this was the vaccine. And we have been discussing what I called the vaccine unicorn. This is me talking about the vaccine unicorn.

[01:17:15] Dr. Anthony Fauci, Director at the NIAID

I hope we don't have so many people infected that we actually have that herd immunity. But I think it would have to be different than it is right now.

[01:17:22] Del Bigtree

So are you saying you don't want herd immunity, Dr. Fauci? That you don't want to follow in his footsteps? We want to stay locked down now instead of hearing about getting out there, getting schools back online, doing what Sweden did, do what Austria is now showing that worked out in Denmark that are all getting back online in China. No, we have this other approach and you're trying to tell us it's the right way. But here's the problem. You're acting like there's a savior out there like that. There's something supposed to work that something instead of herd immunity. Why would we want to block herd immunity? Is it possible that we want a vaccine? Is that what this is all about?

[01:18:02] Dr. Anthony Fauci, Director at the NIAID

We should be and are and will be making a universal corona vaccine.

[01:18:07] Justin Trudeau, Prime Minister of Canada

Vaccines won't be ready overnight. They will take months,

[01:18:10] Donald Trump, 45th President of the United States of America

Probably 14, 15 16 months.

[01:18:12] Bill Gates, Co-Chair, Bill & Melinda Gates Foundation

It is fair to say things won't go back to truly normal until we have a vaccine that we've gotten out to basically the entire world.

[01:18:22] Del Bigtree

I don't care how dreamy it is or how special it is that you have an idea for a vaccine. Here's the point. There is no vaccine in existence, right? It does not exist. You can attack chloroquine and drugs that do exist, which makes no sense. But our salvation is in something that doesn't exist? I mean, think about that. The mythological beauty of this thing. This is this case. And hope in the future is really a vaccine unicorn that's what we're waiting for.

[01:18:57] Del Bigtree

Folks, this is not how science is done. Are we locked down for a mythological figure? We are. In fact, this is not only something that doesn't exist, it happens to be one of the most difficult vaccines ever attempted.

[01:19:12] Dr. Peter Hotez, Baylor College of medicine, Nutritional School of Tropical Medicine-Dean

When we started developing coronavirus vaccines and our colleagues, we noticed in laboratory animals that they started to show some of the same immune pathology that resembled what had happened 50 years earlier since it was said, oh, my God, this is going to be problematic.

[01:19:29] Del Bigtree

In the animal trials, the animals got more sick, many died. Cytokine storms, a horrible reaction to the actual virus after it looked like the vaccine was perfectly safe. This is a serious problem. There's also another problem. Not only have most of the scientists bailed out of making it coronavirus vaccine that we're now all waiting for the vaccine unicorn to show up. This is also the first ever mRNA vaccine using our RNA. This has been attempted now since the early 1990s. They've been trying to make a vaccine that uses a totally different approach, though it is perfectly normal, I guess, to sit at home and dream about unicorns and things that might save us in the future. I read a story just like that to my six year old daughter last night. But that is not how science is done. That is not how you run world economies. It is certainly not how you handle the United States of America. We cannot wait for a unicorn. And what happens if the unicorn finally arrives and it looks more like this? Oh, well, obviously, we were joking about that unicorn potentially turning into a Chihuahua with a cone on its head. And that appears to be what's happening. As we've reported, the FDA is now reduced when it expects an efficacy. It said it will approve a vaccine if it just reaches 50 percent efficacy. That is definitely a Chihuahua, especially considering that your own immune system has a ninety nine point seven four percent chance of defeating covid-19. That's your immune system. There's no vaccine on this planet.

[01:21:08] Del Bigtree

That is ninety nine point seven four percent effective. I'm saying that. Why? Because as the CDC has reported, point two six percent is the actual death rate of covid-19. It may even be lower when we look back at this, a quarter of one percent for those that are extremely ill already. That's who's in that group. That's who makes up that point to six percent is those over the age of sixty five with other comorbid issues. Here at the Highwire, we are continuing to put pressure on the FDA. We even put forward a petition to demand that in the third phase trials, phase three trials for any covid-19 vaccine that's going to be approved in the United States of America, we demand that a sailin placebo group be added to those studies in a one to one basis. One person gets the vaccine, another person gets the sailin placebo. They made adjustments to the third phase trials. In fact, even said Moderna said for a moment, we've got to stop. FDA is changing the requirements and they made the requirement change that the Informed Consent Action Network, our nonprofit, demanded. We will continue to keep a microscope on these vaccines. I even just spoke recently at an ACIP meeting, the Advisory Committee on Immunization Practices at the CDC, discussing my concern that a vaccine that is rushed on the market that doesn't overcome the problem, that Dr. Peter Hotez was talking about immune enhancement, that that vaccine could be one of the most deadly vaccines ever put on the market and do more damage than anything the ACIP community has ever, ever approved.

[01:22:50] Del Bigtree

So we should be very, very careful. If you want to continue to monitor that, you want to keep watching the Highwire. Well, throughout this entire pandemic, we've been bringing you the truth. We feel really good about the highlights that we were able to show you. Now we have proof. We said the things we said when we said them, though none of the mainstream news organizations like CNN or FOX or ABC, NBC, MSNBC, none of them have really covered any of the topics that we've been covering, certainly not breaking them. The moments we are maybe following our lead months later, you would think, oh, they're all alone. The Highwire is out there all alone. But the truth is, is that the majority of world renowned scientists around the world have been agreeing with our perspective on the Highwire. And I pointed that out all the way back in early May when I showed the over a hundred scientists from around the world that were speaking out against the lockdown's, against the draconian measures, saying we should be doing what Sweden is doing, we should be doing. What we've always done, we can't avoid or hide from this virus masking is stupid, lockdowns are stupid. We have a way forward. Let's protect the elderly and everybody else. Get out there and catch this cold. You've heard me say it, but it's also been a lot of scientists started out with one hundred. And then slowly, as I discussed it, more and more of these world renowned scientists started reaching out to us and saying, you know what? You seem to be getting it right on the Highwire.

[01:24:23] Del Bigtree

I'd like to come and give my two cents. Here's how it started. And here is just a taste of some of the brilliant world renowned scientists that have been blasting us on the Highwire throughout the covid-19 pandemic. Take a look. There is not only not a consensus, there's a divide across the world on whether these draconian measures even worked. So let's just speed through these guys really quick and some of these brilliant quotes. Professor Dr. Karin Molling, internationally renowned virologist, I feel that what is going on right now is what we experienced more or less every winter. The contagion is high, but in my view, this disease is not as bad as influenza. Dr. Pablo Goldschmidt, virologist. Yes, like a cold. People die of it in old people's homes. So far, you haven't counted them, but now you do. Last year there are more than 500000 pneumonia cases worldwide. In Africa, a million could be infected with meningitis, which is transmitted by spit. And the planes come and go and nobody cares. Dr. John Oxford, Dr. Dr. Sucharit Bhakdi, Prof. Dr. Eran Bendavid, Yanis Roussel, Prof. Yoram Lass, Dr. Didier Raoult, Dr. John Ioannidis, and then, of course, our favorite Dr. Anthony S. Fauci. You could go on and on and on and on. At what point did you break away from believing in the imperial model? How early on did you start suspecting it was wrong?

[01:25:50] Knut M. Wittkowski, PHD, Former Senior Research Associate, Rockefeller University

From the very beginning I never believed in it.

[01:25:53] John Hay, PHD, Director, USC CEREP

If we can prove that it was in your town, in your hospital in September of twenty nineteen. Why are they locking us down in March? Right. No horse left the barn.

[01:26:12] Thomas Seager, PHD, Associate Professor, School of Sustainable Engineering & Built Environment, ASU

Why do we rely upon China to figure it out? Inform the WHO and then act on their data instead of developing our own. This is a serious failing that we need to discuss.

[01:26:25] Prof. Karl Friston, Neuroscientist

The outhere is going to be building up a sufficient degree of immunity in population that can actually transmit the virus.

[01:26:36] Knut M. Wittkowski, PHD, Former Senior Research Associate, Rockefeller University

If there is a second wave. It is because the shutdown was preventing herd immunity to build.

[01:26:45] Dr. David Brownstein, MD, The Center for Holistic Medicine

We are so far treating over 100 patients, all of our patients are better, dramatically better. No one is hospitalized. No one's been ventilated. And no one's died.

[01:26:54] Vladimir Zelenko, MD. "Zelenko Protocol" 99% effective in Covid Patients

To anyone who got in the way of access to care, who got in the way of access to patients having medication, committed crimes against humanity and are guilty of mass murder.

[01:27:04] Dr. Zach Bush, MD, Internist Endocrinologist & Hospice Care

Who in the media do you trust right now?

[01:27:07] Del Bigtree

Nobody

[01:27:07] Dr. Zach Bush, MD, Internist Endocrinologist & Hospice Care

Like who thinks not lying here?

[01:27:09] Dr. John Ioannidis, Professor of Medicine, Epidemiology and Population Health at Stanford University

Why lockdown's were justified initially their perpetuation a risk many lives. While treatment advances in vaccine efforts may be successful eventually, lockdown measures cannot be prolonged until we find treatments and vaccines.

[01:27:23] Avik Roy, President of The Foundation for Research on Equal Opportunity

One size fits all lockdown's are not based on actual evidence or science regarding covid-19, but are instead based on fear and off the shelf playbook's.

[01:27:34] Dr. Scott Atlas, "New Coronavirus Health Advisor"

The goal of the strict isolation has been accomplished. We need to stop under emphasizing the actual empirical data and establish medical science while instead somehow doubling down on hypothetical models. Science and logic must prevail over fear in worst case scenarios.

[01:27:53] David L. Katz, MD, MPH, FACP, FACUM, Founding Director, Yale University Medical Center

If we're ever going to get our lives back and not be on the indefinite timeline. Maybe there will be a highly effective vaccine mass produced actually eat the virus to circulate among people who can safely get it, get over it, make antibodies, which historically before the advent of highly effective vaccines without pandemics ended,

[01:28:12] Del Bigtree

Then no one else out there wish you could vote on on like who's going to run this country since clearly presidents aren't and prime ministers aren't around the world now it's doctors, then we should be allowed to vote. Right. I want to vote out Fauci and Birx's, maybe vote in Atlas, Katz's Ioannidis. And Mr Roy, all of these people, brilliant scientists that have established medical schools in this country, I'd like them making the decision this country, wouldn't you? I joked that, you know, people always comment from your lips to God's ears, Del. Well, when it came to that request that somebody better be elected as a doctor into the White House, I said, well, it must have been my lips to Trump's years, because Trump has brought Dr Scott Atlas, one of the doctors that I mentioned right there in my request into the White House. Hopefully things get on a better course. Now, there are so many other clips and so many other discussions we've been having on the Highwire. That's just a taste of a lot of the things that we've gotten right throughout this experience. But I want to take a moment to thank you, first of all, for making all of this possible. As you know, many of the producers, including me on the show, came from CBS.

[01:29:24] Del Bigtree

I'm an Emmy Award winning producer that wanted to do things differently. I didn't want to be controlled by our sponsors. I didn't want Pfizer or Sanofi Aventis or Pampers or Exxon telling me what I can and cannot say. The Highwire is a dream, a dream that continues to grow because of you, because of your support. We have been able to make the show what we dreamed it would be to hire international scientists from around the world that meet with us every week to discuss what's really going on, to bring forward data that nobody else is showing you. You are making all of that possible. If you're watching this show for the first time or you're one of those people that's sitting there and saying, I'd like to be involved in something I'd like to do, I feel like there's something I need to do to help change the world or make the world a better place. You have that opportunity. What we'd like you to do is start donating and contributing because of your contributions we're moving to a better studio right now as we speak, which is why this has been a retrospective show. We're going to have new facilities and new employees as we expand to bring more and more science and news your way.

[01:30:35] Del Bigtree

If you want to help us out, all you have to do is go to [ICANdecide.org](https://www.ICANdecide.org) We're asking you to donate twenty dollars for twenty twenty, be a reoccurring donor just like your Netflix. Why do you donate twenty dollars a month. It's about the cost of what four lattes? Either way for twenty dollars a month. Not only do you get to help us make this great show, you also support our legal efforts which have led to winning lawsuits against government health agencies, including the National Institutes of Health, the FDA, the CDC and Health and Human Services, along with all sorts of private lawsuits that are going on in New York and states all across this country to stop the removal of your rights when it comes to what's injected into your body. It's really nice. Looking back at this pandemic in the rearview mirror. I wish we were completely through this. I wish that scientists and doctors could really speak their piece. I wish that we had more intelligent reactions. To what? We now know about herd immunity, about Sweden, about the dangers of this vaccine and the fact that it probably won't be here in time. I wish we knew more were reacting. The fact that our suicides are off the charts are depression and issues around this lockdown, down the deaths caused from our sadness, our starvation, the destruction of our nation.

[01:32:01] Del Bigtree

I wish we were through it, but until we are, the Highwire is going to be here bringing you the truth as we find it. We don't always get it exactly right. We'll be the first ones to correct it when we get it wrong. But lucky for us, we have an amazing team that you have made possible and supported so that we can continue to look back like this and say, you know what, we are making a difference. We are affecting this discussion. We all together. And I mean, you are the informed consent action network that I dreamed of when I named this nonprofit. That name. Thank you for being a part of our network. Thank you for being a part of changing the world and will be here next week in our brand new studio, The Highwire. Thanks for watching and thanks to the Highwire insiders who make this show possible, if you'd like to become a Highwire insider and go to our website, [theHighwire.com](https://thehighwire.com), and sign up now and please share the show. We're on Facebook, Instagram, Twitter, Bitchute and now on Roku, because knowledge is power, censorship is real, and we need all the help we can get.

END OF TRANSCRIPT

