THE HIGHWIRE

NAME
EP159PGMOUT4/16/2020

DATE
October 9, 2023

DURATION
2h 12m 25s

21 SPEAKERS
Del Bigtree
Wendy Darling, Founder, Michigan United for Liberty
Male News Correspondence
Mike Pence, Vice President of the United States of America
Tucker Carlson, Fox News Correspondent
Female News Correspondent
Male Speaker
Dr. Anders Tegnell, Chief Epidemiologist, Public Health Agency of Sweden
Jefferey Jaxen, Investigative Journalist
Dr. Anthony Fauci, Director, NIAID
Dr. William Grace, Lenox Hill Oncologist
Dr. Dimitri Yanez, Bay St. Louis Physician
Donald Trump, 45th President of the United States of America
Female Speaker
Nina Kristine, Living in Sweden since 1990
Victor Gullin, Born & Raised in Sweden
Maurice Parry, Swedish Resident
Dr. Deborah Birx, Coronavirus Response Coordinator
Dr. David Brownstein, MD, The Center for Holistic Medicine
Dr. Richard NG, MD, The Center for Holistic Medicine
Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment

START OF TRANSCRIPT

[00:00:06] Del Bigtree
Did you notice that this show doesn't have any commercials, I'm not selling you diapers or vitamins or smoothies or gasoline. That's because I don't want corporate sponsors telling us what to investigate and what to say. Instead, you're our sponsors. This is a production by our non-profit, the Informed Consent Action Network. If you want more investigations, more Hard-Hitting news, if you want the truth, go to ICANDecide.org And donate now. Good morning, good afternoon, good evening, wherever you are out there in this locked down world. Welcome to the Highwire. Well, it's been an incredible week, just like all these other crazy weeks. We're all in this together. We keep hearing that. And now as we look around the world, things are starting to change. I think a lot of people are starting to get tired of being locked down. I think one of the great mistakes that perhaps was made was when you think about the fact that much of the world and many of the crazy things that go on political officials in the behind the scenes, no one can really pay attention because we're all so busy. Usually we're running around with our hair on fire, working two or three jobs, trying to feed our families and get through the day instead. Now, all of a sudden, everybody that used to be running around, working so hard, unable to watch what was taking place, they're locked in their homes. They're on the Internet. They're watching every news station. Facebook is exploding, YouTube exploding. Our show is exploding, everyone looking for answers. And now we have the time to actually start doing the math ourselves. And perhaps it's that reason because we are looking at this ourselves, that we're starting to see people get really pissed off and they're starting to march.

[00:02:04] Del Bigtree
As of this week, we started seeing the first protests against the lockdown of the United States of America first starting on Monday in Ohio. We had hundreds and hundreds of people showing up and saying they did not believe this was constitutional. All sorts of statements being made. I should be allowed to go back to work. Others saying that just because you want to force a vaccine on us, you shouldn't be holding us here. All different perspectives. People from all walks of life stand together. And then on Tuesday in North Carolina, another protest where people came out again saying, we do not want to be locked down, reopen in America, reopen North Carolina as the discussions in the White House were all about, should we reopen? Are we going to? Different governors saying no matter what the president says, we're going to stay down, lock down even longer. And then perhaps the most impressive of all of the rallies so far this week was yesterday. On Wednesday, cars packed, lined for miles and miles and miles in Michigan. Some estimates saying between 50 and a hundred thousand people showing up in tens and thousands of cars protesting the lockdown in Michigan. I want to speak to one of the people that was there. Wendy Darling is joining us right now live. Wendy, you were at that protest in Michigan yesterday. First of all, what were the parameters of that? A lot of people and cars were used to seeing people standing around the capital. Was there a mandate that or was what were the organizers saying to stay in your cars? How was this set up?

[00:03:43] Wendy Darling, Founder, Michigan United for Liberty
So the group that spearheaded the event called for the gridlock, so they were in cars and then it kind of grew into lots of groups are rising up all at once. And some of us wanted to be on foot at the Capitol. So lots of us were there. I was personally on foot myself, so we had everything covered.

[00:04:03] Del Bigtree
That's amazing. And and what was the energy there? Was it anger or was it rage? Was there joy? What would you say was the feeling as you were standing there around the Capitol, the people standing outside?

[00:04:17] Wendy Darling, Founder, Michigan United for Liberty
It was electric and I just felt an abundance of hope to see that many people finally rise up and make it stand for our constitutional rights. It was incredible.

[00:04:30] Del Bigtree
Now, what type of estimates you were there? I've heard know all over the map. We hear thousands of people have there anybody have we have any police weigh in or sheriff's on how many cars actually were a part of this protest?

[00:04:44] Wendy Darling, Founder, Michigan United for Liberty
Police scanners yesterday were saying at least thirty five thousand cars, I don't know if that includes the three miles of cars that were still on the highway that couldn't even get into the city. And local news today is reporting that there is at least hundred thousand people there.

[00:05:01] Del Bigtree
Wow. One hundred thousand people makes me think back. My parents growing up, they marched in the 60s. They were part of that hippie 60s revolution against the Vietnam War. And I don't know what the stats or numbers were when they talked about marching in Chicago. But I would have to say, I think one hundred thousand must be somewhere near a record of the United States of America showing up in one place in Michigan. Is there something particular about Michiganians that they rise up like this, or is this sort of unprecedented?

[00:05:34] Wendy Darling, Founder, Michigan United for Liberty
I'm actually newer to Michigan. I left California and moved here, so all I can say is since I've been here, this is definitely a unprecedent thing. We have that kind of attendance for football games and really love football. But Michigan, where the Great Lakes State and our governor is kind of trampling on our our rights and overstepping some boundaries and voting is illegal if it's got a motor. So everyone has cottagers they can't go to. We've just been on a different lockdown with bad weather for the winter. And now people can't even do things that enjoy things they've been looking forward to that are safe for public health and everyone's ready to get back to work. And there's a lot happening.

[00:06:21] Del Bigtree
Is there a discussion amongst the people, I mean, that are there? I'm imagining all walks of life, but clearly people that are marching against this to the can we assume then that there's a hundred thousand people, at least in Michigan that are not afraid of dying from the coronavirus? What was the discussion about how deadly this is amongst these masses that you were walking amongst?

[00:06:44] Wendy Darling, Founder, Michigan United for Liberty
In our group in particular, we've got thousands of people in Michigan tonight for liberty and the consensus, there is no we are not we're more afraid of a government than we are of the virus at this point. And that is the consensus of the group yesterday as well. So it was a massive group

[00:07:03] Del Bigtree
I saw a lot of reporting saying that this was like these were Trump rallies, essentially. These were just Republicans that were marching at these things. Was that the sense you got?

[00:07:12] Wendy Darling, Founder, Michigan United for Liberty
No. And now there is Democrats, Republicans, libertarians, anarchists, people that don't care either way, but just wanted to get back to where it was everybody. So they're painting it totally wrong. Of course, you know, the media does so.

[00:07:26] Del Bigtree
That's what they do. Wendy thank you for your report. Thanks for bringing some insight on what took place there. Well, there you have it, folks. Easily one hundred thousand people in Michigan, at least those are some of the estimated thirty five thousand cars gridlocked for miles going into the city right now in Austin, Texas. The people are gathering outside the Capitol. And I'm assuming we're going to start seeing protests like this. A few people were arrested this week in different locations. We've also heard of states where sheriffs are saying, I don't care what the governor says. We are not going to arrest you if you walk down the street, as I told you in for those of you that watch our promo for this week, we are actually in the county I live in now, required to wear masks. We're supposed to be in house lockdown. Luckily for us, actually, here at our studio, which, by the way, is essential to be reporting the news, but we don't report the news like every other network does, has about one hundred people that achieve the show that we do. We have about six or maybe seven people tops that put this show together every week here. Of course, we have our affiliates and people working for us all over the world.

[00:08:39] Del Bigtree
But in this building, we're under 10 and we are keeping our distance as best as we can so that we can bring you this show. And this is a huge show we've got coming for you today. I really wanted to start discussing how much fear there is around coronavirus. Is it warranted? Lots of questions on when did this actually all begin? How dangerous is it? Do we have the start date right? Where was the peak? Then of course, when are we going to open this and won't be talking to doctors that are treating people outside of hospitals, ways that maybe we could avoid getting too sick. And the question ultimately be what's happening in Sweden and what does herd immunity have to all of this? It's going to be a huge show. So buckle up and get ready. Let's start with the fact that in the news, if you were watching this week and you've been watching the Highwire for the last several weeks, you know that we are now leading the news. We've been ahead of the news the whole way. And if you watch the news this week, you were watching last week's news on the Highwire. Take a look at what they were saying.

[00:09:38] Male News Correspondence
We have massively overestimated the fatality of covid-19 fatality rate that is actually similar to the seasonal flu.

[00:09:46] Mike Pence, Vice President of the United States of America
There's been a lot of what they call modeling in the science of infectious diseases that's been done that is now being understood to have been really wrong.

[00:09:56] Tucker Carlson, Fox News Correspondent
Nor do we know exactly why the model predicted so many more hospitalizations than we have actually had. Now you will hear people say you're hearing them say now this is evidence that the shutdowns and social distancing must be working, but not so fast. Those measures were built into the model in the first place. They've already been taken into account and we are still doing far better than what epidemiologists believe was the best case scenario.

[00:10:20] Female News Correspondent
We were told that social distancing was factored into that number, that ninety thousand number, because we were told that if we didn't social distance and do all of the staying at home, the number was going to be in the one point two million range. So it was already factored in, wasn't it?

[00:10:38] Male News Correspondence
No, it was factored in. But for state that came later, it was clear that people even in those state where there was no order to stay at home, they were practicing social distancing. So Florida, for example, came later. But it seems that parts of Florida, such as Miami, they had an order in place. So the data is coming up and showing that people were adhering to these messages even before they were implemented in other states.

[00:11:04] Female News Correspondent
Creating vaccines for emergency pandemics becomes tricky.

[00:11:08] Male Speaker
Vaccines for coronaviruses are not easy. In fact, up to now, we've never had a successful vaccine against a coronavirus.

[00:11:16] Male News Correspondence
In the last twenty four hours, one of the most searched items on our website. It's about a phenomenon called herd immunity. Dr. Rheingold is betting that herd immunity is how this will end.

[00:11:27] Male Speaker
If we're starting with a population where no one is immune to this virus, which is what we assume we can get to high levels of immunity, which will drive down transmission and prevent infection,

[00:11:40] Dr. Anders Tegnell, Chief Epidemiologist, Public Health Agency of Sweden
I think all countries, all epidemiologists should talk to will agree that herd immunity is the one thing that will eventually slow down the spread of this virus. Nothing else will slow it down in the long term.

[00:11:53] Del Bigtree
Well, there you have it, a lot of discussions about how the models made no sense and now we're finally backing away from them, I even believe that the surgeon general said this week we are going to get to the data now. We're letting go of all of those models that brought us to this point. And now we're starting to build models based on actual data. Of course, the Highwire did that for you over five weeks ago when we predicted that all of the models were wrong, especially the imperial model. We started discussing the numbers coming out of Wuhan, China, and we have stuck to that story. And now, as you can see, all of news is finally getting around to where we have been from the beginning. But to get to the bottom of what actually happened in the big headlines this week. Let me bring in Jefferey Jaxen to give us some of the details. Jefferey, what are the big high points of this? Another really outrageous week. What took place this week in the world?

[00:12:40] Jefferey Jaxen, Investigative Journalist
Yeah, Hi Del. I won't go right into the surgeon general there. You're right. Jerome Adams said we're going to not rely on models anymore. We're basically going to take real time data, give that to the cities and the states, and allow them to make data driven decisions on when to reopen, how to reopen, how fast they want to do that. So that's a breath of fresh air for people like you and me and other people looking at these overexaggerated models. Be reporting on that for the last month or so.

[00:13:06] Del Bigtree
Yeah, that it's about time. OK, good.

[00:13:10] Jefferey Jaxen, Investigative Journalist
We saw Fauci backtrack. So he went on CNN this past weekend and he said more lives would have been saved if the Trump administration had put the isolation measures and the restrictions in place earlier. Now, he was, from what it looked like from the press conference, he was made to come out early into that press conference as the week early in the week, I believe it was Tuesday and backtracked those comments and basically saying that's not what I was saying and and smooth that piece out. There are a lot of

[00:13:42] Del Bigtree
Trying to find some spaces there. Okay what else?

[00:13:44] Jefferey Jaxen, Investigative Journalist
Yeah. Jobless claims, these are reported at 830 every morning this morning, Thursday morning. So we reported 5.2 for filed for unemployment claims this past week. That makes twenty two million nearly wiping out all of the job gains since the Great Recession. So that's that that's, you know, like you've mentioned continuously, it's not surprising. But, you know, it just it just adds to the fact that Trump needs to really think about reopening the economy, which is what he's what he's signaled to do. He has a reopening council. The name is kind of shaky. I've seen a couple of different names in the media about what it's called, but it's basically a bipartisan task force. It's bringing together members of the House, senators and leaders from the Fortune 500 companies. This is still really new in the making. So we're looking

[00:14:39] Del Bigtree
Do you know if he's going to bring in any other scientists. Perhaps, Ioannidis or, Kanut, Witkowsky people that actually can do modeling and have been predicting for so long that those models are off. Do we know is he bringing in any different perspective into this this council to open up the country?

[00:14:59] Jefferey Jaxen, Investigative Journalist
Yeah, definitely not. Those names I've seen no reports of those names, but he claims that the Trump administration claims that they're going to bring in doctors. I didn't read anything much about scientists. Rand Paul, right before I went on tweeted that he's part of this this opening counsel. He is a doctor. So that would be interesting. But from my point of view, just looking at the headlines, it looks like it's very economic based economy, corporate leaders and members of the government right now. So I can update that as I find more.

[00:15:31] Del Bigtree
Alright great.

[00:15:32] Jefferey Jaxen, Investigative Journalist
the CDC, FEMA came out with a model that the U.S. is saying we're not going to follow models. But this came across the headlines, too. And it's basically saying that, we're going to need one hundred and eighty days of lifting mitigation results before that we can see a large rebound in the in the or we'll see a large rebound in the curve, but basically just relaxing these things slowly until a vaccine is ready. So that was from FEMA and CDC. I just wanted to add in there. I saw that right before I went on air.

[00:16:00] Del Bigtree
That makes absolutely no sense. I mean, how do you relax, mitigation, approaches for 18 months or two years or five years? Well, whenever this thing comes on, whenever we finally catch and find that vaccine unicorn, as I referred to it last week. But alright. So I guess you're continuing to model a way down the road to that, I think is the road to nowhere, but continue on.

[00:16:25] Jefferey Jaxen, Investigative Journalist
Yeah, it seems it seems like there's kind of two factions with a turf war going on here. Well, OK, switching gears now, this kind of piggybacks off what you interviewed Mike Cernovich about last week. Last week, you reported on the fake news about Trump owning stock in companies that were making hydrochlorquine Sanofi. So this week we bring to New York's mass New York City's mass graves. So there's a bunch of reports that was mainline corporate media. Saying that in New York is running out of room to bury people, they're burying them in mass graves on Hart Island. So it did some research and Reason.com reported also that it was fake news. Now, this has been a burial site for one hundred and fifty one years in New York City, and it was made to bury unclaimed or unidentified bodies. So still not a happy story, but the fact that

[00:17:16] Del Bigtree
it has been it's always what do they call those like a pauper's cemetery or something? People that don't have family and end up dying and no one claims them, so they go out. So every year we're filling those graves, correct?

[00:17:29] Jefferey Jaxen, Investigative Journalist
Absolutely. Absolutely. Yes. This has been a regular thing in New York City for for a very long time. And, you know, it ignores the issues of isolation, homelessness, economic despair. That could have been the headline as opposed to saying this fake news that they put across. But just to add that in there. Another thing we're seeing is hospital closings. So New York City, I'm sorry, North Carolina, we have a hospital closing. This is Atrium Health and Novant Health shelved plans for a field hospital in Mecklenburg because they claim, quote, the curve was flattening. So they're closing their field hospitals. Same with Michigan Beaumont Hospital. They're going to put their Wayne County location of Beaumont, the biggest health system in Michigan. They're putting there Wayne County Hospital on as far as that's concerned, for an emergency hospital. Same reason no one's using them.

[00:18:20] Del Bigtree
So really, this is the physical proof that the models were absolutely just dead wrong. I mean, I, I think we're all happy, right, that we prepared for the worst. I mean, that's that's how you run your life. You prepare for the worst. But this really was the worst. Right. And as hospitals screen, we're going to be overrun. We're going to be overrun, many of these field hospitals. My understanding is not a single person ever set foot in them and now they're starting to take them down around the country, which is proof that clearly this thing flattened before we thought it was going to and never hit the peak that was predicted. So all of the numbers that are really, changing and dropping dramatically every single week and really every day now.

[00:19:01] Jefferey Jaxen, Investigative Journalist
Yeah, absolutely. I mean, you've you've reported on the numbers for, going on a month now, even over that. And now, like you said, physical proof is here and I think it's going to continue to happen. Another interesting headline, FOX News reported that there's a vaccine, there's a mutation in the coronavirus strain that may affect vaccine development. So this for people that kind of understand how flu vaccines work, this might be a big time issue. So this is a report from researchers in Australia and Taiwan. And they said this is the first report of a significant mutation. There's been reports of mutations in the past with this. Iceland had, I believe, forty. That was a headline. But this one, it's part of the mutation rendered on the current make the make the current vaccine development useless. So it's on as part of the spike protein that allows it to bind with human cells. So I'm not a scientist, but that seems like a pretty big deal from what's reported in the scientific literature.

[00:19:56] Del Bigtree
It's a huge deal and it makes the vaccine unicorn even more elusive when we think of the hunt that's going on. And now my understanding is I've heard around 70 different companies or 70 attempts that this vaccine are now being made. And to think all the billions of dollars being poured in and if this thing really adjust for mutates in a way that they all come up with, like, let's say they finally get to that unicorn, but then it does it's totally ineffective because it's mutated once again. This is really what we're reporting, right? What is that? I don't think there's anything wrong with trying. Let me make this perfectly. I think there's anything wrong with attempting to protect us or protect people in the future who really are in harm's way. And I want to be clear about that. I think the drug companies should be making products for those people who really are in harm's way. You know that less than one percent of people that are having very acute responses, whether it's a vaccine or a drug those people have, should have something available to them for the rest of us that are perfectly healthy. If you want to take it, that's up to you. I don't think you know me as a healthy person. I don't need any of these things. As I can tell, this is a cold. I may be even asymptomatic. Should I get it? So to think about all of the emphasis on it and all of the funding to think that it may just miss the target altogether, again, just shows, I think, how childlike really the science approach and the government response has been to think that our hope is in something that does not exist on this planet and is now becoming even a greater moving target. That's why I'm calling it the vaccine unicorn. What about privacy really quickly? I mean, obviously, people are marching where when when you start marching, you're marching against usually some impingement on your constitutional rights. What are your thoughts, anything changing on that around the country that we should be watching?

[00:21:47] Jefferey Jaxen, Investigative Journalist
Yeah, this idea kind of in the background for the past month or so is now bubbled to the surface. So this is one of the main considerations that are out there. And you can see it across the headlines. They're really starting to throw some talking points out there. The Wall Street Journal had had a headline saying Eroding Privacy "How the Coronavirus is Eroding Privacy." And they put that in there as most people want this. Most people want this tracking. Most people says governments are imposing new digital surveillance tools to track and monitor individuals. Some privacy advocates are very concerned that governments might not be inclined to unwind such practices after the health emergency has passed. So they painted as just a small section of people, just this group of crazy people or maybe just some some hard fought libertarians or something like that. But this is a lot of people I've talked to. This is one of the issues going forward is how are we going to get back to work? How is this going to happen? So there's another headline I saw. It said, "Would you give up health or location data to return to work?" So this is really the question that that's going to be out there. It says in that article says, "The challenge, achieving the tricky balance between limiting the spread of disease and allowing people freedom to move outside their homes." Now, we're talking you know, there's been ideas of community passports, cell phone based tracking all the way down to visual tattoos. Yeah,

[00:23:10] Del Bigtree
Right. Wow. Alright Jefferey,

[00:23:14] Jefferey Jaxen, Investigative Journalist
Yeah, yeah

[00:23:15] Del Bigtree
go ahead, go ahead, finish up.

[00:23:19] Jefferey Jaxen, Investigative Journalist
I'm sorry. I was going to say as a country, we've had this conversation before and, you know, I was alive during two thousand one for 9/11 and this conversation was security versus privacy. So this to me, this rings kind of like a similar conversation as health and privacy or back to work and privacy. We've seen this as a country before.

[00:23:38] Del Bigtree
Absolutely. And it's going to be a growing discussion, as it should be in a free country. This is the conversation we should be having today. I want to bring a lot of details that you can share at your dinner tables as we discuss this Jefferey thank you for that great report. I really appreciate it. I even think when we think about, our constitutional rights, we all watched Easter Pass just last Sunday. And it really made me think, not to just wax for one religion. I was raised in a in a Christian household. But I believe all religions have their place. And I believe that we live in a nation that celebrates their freedom of religion. But for those of us that do did grow up with a New Testament, I wonder if you were asking yourself the same thing, the famous story when Jesus said to Peter, you will deny me three times. I wonder if you were asking yourself, is my not going to church? Is my allowing my government to not allow me to go and celebrate my religion this week? Is that denying Jesus? Is that denying what I was told? We're told a gathering where two or more gathered in my name there I will be. But does that mean limited to two? Do we really think when you think about our Constitution, right? The First Amendment is the freedom of religion, which we clearly saw discussions about, taking license plates if anybody showed up at churches in certain states, the government actually really making Easter illegal.

[00:25:03] Del Bigtree
And for those celebrating Passover over the last week, many of you limiting your family size, maybe grandparents and grandparents, aunts and uncles that extended you passed the the number of people at the dinner and at the functions to ten people or less, all of us having our religions, which is really when you think about our Constitution, whether or not you practice religion or not, that's the big one. Right. And when you start thinking about when someone said to me, well, it's not martial law yet. Really? It seems like it for wiping out the First Amendment, then we're getting pretty darn close, all of it really fascinating. And this is what a free country is supposed to do, right? Our founding fathers told us you better start asking questions. When you start seeing this constitution we've left for you, being erased and pages removed and white out being brought out, we really hope as American citizens, no matter how old we were or how far back we were, that you remembered what we said to you. Be diligent. Never be afraid to speak your mind. And on top of freedom of religion, the freedom to gather. Some people were arrested this week for protesting, which is our right in America. All of this is going to be challenged more and more.

[00:26:14] Del Bigtree
But the biggest challenge, really, and one of the biggest discussions I think we have to look at is the partisanship right of this discussion. So much divide between Republicans and Democrats. We're watching governors, especially Democratic governors like Gavin Newsom in California, essentially saying, here's what my state and I'm meeting with other states and we're basically creating a group that are going to come up with our own exit strategy, despite whatever that Republican president says. And, of course, one of the big discussions, in when, by the way, reminding everybody I am currently politically marooned. I grew up as a progressive liberal from Boulder, Colorado, my entire life. And so I find myself really shocked that some of the conversations going on here. But the really big one has been statements by many of my friends and family saying Donald Trump is the problem. He didn't react soon enough. He didn't get into this soon enough. And that's why this curve got out of control. That's why we're all at risk if Donald Trump had just acted soon enough. Well, Donald Trump, played made his own little video. I'm not going to play that for you today. We make plenty of those ourselves. But he did ask, it appears, Anthony Fauci, to get out and clarify a few things. This is what Dr. Anthony Fauci had to say about when we actually let Donald Trump know this was serious. Take a look.

[00:27:31] Dr. Anthony Fauci, Director, NIAID
I had an interview yesterday that I was asked a hypothetical question and hypothetical questions sometimes can get you into some difficulty because it's what would have or could have the nature of the hypothetical question was if, in fact, we had mitigated earlier, could lives have been saved? And the answer to my question was, as I always do and I'm doing right now perfectly honestly say yes. I mean, obviously, if you mitigation helps, I've been up here many times telling you that mitigation works. So if mitigation works and you instigate it and you initiated earlier. You will probably have saved more lives if you initiated it later, you probably would have lost more lives you initiated at a certain time that was taken as a way that maybe somehow something was at fault here. So let me tell you, from my experience and I can only speak from my own experience, is that we have been talking before any meetings that we had about the pros and the cons, the effectiveness or not, of strong mitigations. So discussions were going on mostly among the medical people about what that would mean.

[00:28:48] Dr. Anthony Fauci, Director, NIAID
The first and only time that Dr. Birx and I went in and formally made a recommendation to the president to actually have a quote, shut down in the sense of not really shut down, but to really have strong mitigation. We discussed it. Obviously, there would be concern by some that, in fact, that might have some negative consequences. Nonetheless, the president listened to the recommendation and went to the mitigation. The next second time that I went with Dr. Birx's into the president and said 15 days are not enough, we need to go 30 days. Obviously, there were people who had a problem with that because of the potential secondary effects. Nonetheless, at that time, the president went with the health recommendations and we extended it another 30 days. So I could only tell you what I know and what my recommendations were. But clearly, as happens all the time, there were interpretations of that response to a hypothetical question that I just thought it would be very nice for me to clarify because they didn't have the chance to clarify. Thank you.

[00:30:03] Del Bigtree
We're all very glad that Dr. Anthony Fauci clarified that for us, so apparently as soon as he said it was serious, Donald Trump took him seriously. Obviously, I don't think this is going to put to bed this divide on who did what and when they did it. That's the nature of anything like this, especially when you have armchair quarterbacks, all of us being a part of that. Right. Judging how things were done. But I find some of the statements he made really quite ironic in many ways. He said I was asked a hypothetical question, which is, had we mitigated earlier, would we have saved lives? He basically gives the sense that I don't like hypotheticals. That's not how we do this. But I answer just based on, well, let's play this little game. But if you remember last week I was talking about the vaccine unicorn and the fact that it does not exist. It's been attempted for decades now and that an RNA vaccine has been attempted for decades. These two things coming together in the idea of a vaccine. And the truth is it's hypothetical to believe that one will exist. You can dream about it. You can get as mythological and fairy tale about as you want. But I agree with Tony Fauci that hypotheticals are not how you make decisions, and they certainly shouldn't be how you make policy in this country. Yet that's what we've heard. What we keep hearing is we are not going to truly get out of this quarantine until we have this hypothetical or as I call the vaccine unicorn.

[00:31:34] Del Bigtree
And so it's amazing. And so then he talks about, well, had we mitigated earlier and when did we know? And this is becoming the huge discussion. I'm going to bring you a lot of details today about that. But I want to point out what I think will ultimately be as we reflect upon this story. I think what will ultimately be the biggest story there is, will not be when did we start our mitigation and did we start too soon? I think it's going to be something that will be far more damaging and really quite shocking. And so I want to address it today because I believe this will be the future news we will all be looking at. And it really revolved around, as Anthony Fauci is dreaming of this hypothetical vaccine unicorn. By the way. I just want to somebody sent me this vaccine unicorn, really sweet little guy. I mean, this is what you hope this vaccine is going to do for everybody, right? But look out. You never know. Right. Thank you to Paul, who said that to me, all of you, by the way, that were said to be birthday gifts. It was my birthday yesterday. I'm half a century year old. Yes. But luckily, I'm still in that healthy group. Anyway, back to the news. Here's the point. While we are speaking hypothetically and we're watching Bill Gates make this amazing media tour where he's being assaulted on virtually every Facebook page that he appears on, but he's making a media tour to push ideas like micro chipping us.

[00:33:01] Del Bigtree
And this vaccine is our only way out. It's amazing to have people saying our only way out is this hypothetical idea. Truly, there must have been other things we could do, right? Is that all we're thinking our money into billions and billions of dollars sinking into the idea of this vaccine. When this headline came out, it really shocked me. And this is it. This is a study that was just started on April 9th. This last week, the "National Institutes of Health clinical trial of hydroxychloroquine, a potential therapy for covid-19 begins." It begins on April 9th, I think that the peak of when we announce the peak two weeks ago, the peak we were supposed to hit was somewhere around April 11th or April 12th. So you're telling me that a man who works at the National Institute of Health that has been running all of our ideas and plans for mitigation and and funding, what is our funding go? Eight and a half billion dollars, I think it was towards a vaccine is only now at the very end of this peak deciding it's time to do a chloroquine study. I find that shocking, especially if you remember all around the world. This is the report we're getting from doctors who are using it off label.

[00:34:26] Female News Correspondent
So how beneficial is hydroxychloroquine?

[00:34:29] Dr. William Grace, Lenox Hill Oncologist
Well, it's everybody is using it now off label and the trenches. We're all using it especially for desperately ill people.

[00:34:37] Male Speaker
Every patient I've prescribed it who has been very, very ill and within eight to 12 hours, they were basically symptom free. And so clinically, I am seeing a resolution that mirrors what we saw in the French study and some of the other studies worldwide.

[00:34:51] Male News Correspondence
He is evaluating testing and treating patients, including gamble with hydroxychloroquine in conjunction with the antibiotic Zithromax.

[00:35:00] Dr. Dimitri Yanez, Bay St. Louis Physician
I've seen a turnaround and their symptoms sometimes as soon as, you know, four or five days. And for double pneumonia, as I've seen it, you know, turn around in five to seven days.

[00:35:13] Male News Correspondence
And you took the hydroxy?

[00:35:16] Male Speaker
I did. And that made a big difference,

[00:35:19] Male Speaker
I would say, within 12 hours. I already saw improvement.

[00:35:22] Donald Trump, 45th President of the United States of America
Could you get rid of quickly

[00:35:24] Male Speaker
after the medication

[00:35:26] Donald Trump, 45th President of the United States of America
After the medication? It was somebody else other than President Trump to put it forward. If some other person put it forward and say, oh, let's go with it.

[00:35:34] Female Speaker
Had you not brought this to the forefront of the HQ of being able to put this out here, I wouldn't be here today to even have this conversation with you. I felt if I didn't get that medication, it was either the medication or death.

[00:35:52] Del Bigtree
So many stories like that around the world right now. My understanding is there's 20 trials going on of hydroxychloroquine in one form or another. And remember, there's a lot of ways to test this. We are hearing that hydroxychloroquine and zinc work really well together or hydroxychloroquine and azithromycin or zpac. And then there's just hydroxychloroquine by itself. The NIH study, as I understand it, that started just a couple of days ago on April 9th, is really just of hydroxychloroquine all by itself. Even if you were going to attempt to be thorough about this, shouldn't there have been a study on just hydroxychloroquine and then another group of hydroxychloroquine and zinc and then another group hydroxychloroquine and azithromycin then maybe some studies on just zinc and just azithromycin so we can make sure that those aren't the reason these things are working. You see, that's how science is supposed to be done when you're focused on actually looking for a cure. And what I would like to say today and what I believe is happening, and it's the only conclusion I can come to when the top scientific mind driving the decisions in America. Well, two of them really. Right? You've got Anthony Fauci and got Deborah Birx. What is that? Why are they not moving forward with a potential cure? I mean, if we have a treatment, folks, then this entire lockdown is over. Right. And yet what has been the delay? So while everyone in the country and around the world want to be looking at when did we really say this was serious in the United States of America and when do we start our mitigation efforts? I'd actually like to pose a different view of this incredible death rate in America now, which my understanding is, as of today, we're saying it's thirty three thousand four hundred and sixty.

[00:37:41] Del Bigtree
We've reported on many ways and we'll have more reports later on the show about why that number is probably really quite bloated. But let's go with that number for now, thirty three thousand four hundred sixteen. I want to take you to the graphs on the board. Take a look at this. OK, this is daily new cases, right, in the United States of America on a daily basis. Now, what I want to discuss is the timeline of these cases, as you can see. Remember, this is not an accumulation. These are the daily everyday. They got more and more per day were being announced. OK, so let's be perfectly clear on the discussion that's happened in America and when decisions were made, OK? And I did this at the last second, this really just occurred to us. This is how we do it on the Highwire we're putting together. So this could be a little bit prettier, but I think you're going to get the idea. I may have to insert a couple of ideas, but let's get started, shall we? Alright. Starting on February 15th. Now, this is what Anthony Fauci was really having to address on February 15th.

[00:38:42] Del Bigtree
Fauci had mentioned that this is minuscule, that the problem of coronavirus really is not that big and therefore it's a minuscule problem. Alright. He ended up being wrong. It's OK. Everybody gets it wrong sometimes. But that's February 15th. Well, the biggest story I think there was was the top virologist in in France, Didier Raoult said this was on February 25th. He had a study going on in China and he said it is game over for the coronavirus. We have done studies with hydroxychloroquine and we have had such an incredible success that I'm going to paraphrase here. But he basically said not only is this a respiratory virus that we can treat, this is a respiratory this is one of the easiest respiratory viruses we've ever had to treat. That happened on February 25th. Now. Right about right here on March 6th, Andrew Cuomo in New York prohibits the use of hydroxychloroquine in New York, a very odd choice after really the counterpart to Fauci and Francis saying game over. Cuomo saying I'm going to make it very difficult for you to use this as doctors. That's happening right here around March 5th. And then all of a sudden, right around March 7th and 8th, Fauci now changes his tune. No longer is this a miniscule event. Now we can say that it's looking quite serious. OK, so it's quite serious as of March 7th. Alright. And then here, Donald Trump, let's remember that right around March 16th, right.

[00:40:20] Del Bigtree
March 16th is right where we started, bringing in social distancing and by, what was it, March twenty eight over here is when we would finally have the lockdown. But that's not my point. This is what they want to talk about. I want to talk about this. On March 20th, I believe it was 19th and 20th, we have Donald Trump fighting the FDA and demanding that they give compassionate use for chloroquine, saying, I don't care that it's off label. There's so much success around the world as president of the United States, I want this made available. So he fights and achieves this. He gets the FDA to loosen up on hydroxychloroquine. We should be allowing this to be used on patients. So that's all the way here. And then right around March twenty second, we have Dr. Zelenko in New York that is saying, I've treated hundreds. It ended up over the next few days. He said, I treated six hundred and ninety nine patients with this with an over 90 percent success rate. Alright. All of this happening. But look what's happening to our death rate. While all these conversations Trump sees it coming, he opens up chloroquine. We have a guy in multiple doctors in here saying huge success. Some of the clips we showed you, huge success. What? This is new cases, alright, these are new cases, right? These are new cases going up like this the entire time.

[00:41:40] Del Bigtree
While all of this is happening, we are marching towards the death rate of thirty three thousand. Right. We are now in the throes of it. Back here two weeks ago, we're announcing that we know the final peak is coming. And then all of a sudden here all the way over here, this is when Fauci's NIH decides to start. The first chloroquine study is now at the peak. Once this thing is almost over and we're now discussing going back to work and The New York Times is saying tens of thousands of people have died, this thing was horrible, this horrible death rate. What responsibility will be laid at the feet of Anthony Fauci for not listening all the way back here? Back here, when Didier Raoult said game over on February twenty fifth, Anthony Fauci waited till April 9th to start a trial on this product. I think that sounds outrageous. I believe this will go down in history as perhaps one of the most dangerous decisions ever made. And by the way, we're not just talking about hydroxychloroquine here. There are studies of, Remdesivir. There are also studies where there are oxygenated blood because we're now seeing this as an oxygen issue, as we discussed last week. We also know that there are some trials on using blood products that have already got the antibodies of people that were infected. But none of this is seeing a billion dollars. We don't see twenty thousand one hundred studies going on here, putting a billion dollars here.

[00:43:21] Del Bigtree
So these people won't be at risk so that thirty three thousand people don't die. That didn't happen. And I think that's the biggest story of all of it. Is it possible that we were so blinded that our health officials were so blinded by the beautiful dream of the vaccine unicorn that they didn't fund anything to stop this and treat it now? And I have one last thing to show you. Perhaps my most dramatic attempt to give you, really that Inconvenient Truth, which goes something like this. 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, but let's be reasonable, if I really had the right lighting, I'd be out of this building and across the street compared to that graph right there where Fauci waited over eight weeks or roughly eight weeks from the moment Didier Raoult says game over chloroquine works. Back in 2005, the NIH, where Anthony Fauci has worked since the 1980s, funded a hydroxychloroquine study that looked at its use on SARS coronavirus. This study right here. And if I read you the conclusion, 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." That's huge, meaning all the way back in 2005, studies had been done showing that this may be an effective treatment, and the study even refers to the fact that the SARS-CO-V2 was attaching to ACE 2 the same thing we're seeing with this covid-19.

[00:45:29] Del Bigtree
How much information about chloroquine did Anthony Fauci have and why didn't we beat China? Why didn't we beat Didier Raoult to this discussion? Why didn't America show the world? Hey, we looked at this all the way back in 2005, and now we're ramping up hundreds or thousands of studies to see if we had it right to make sure we have a treatment, because if we have a treatment, then people don't have to die. And if that less than one percent that do die, don't die, everyone can go back to work. You see, this was known when Anthony Fauci said he said, we were wondering about the harms of mitigation, like locking people down, what 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 reminders of your 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 and why aren't we working harder for a treatment? I hope that makes sense because a vaccine is only one type of treatment.

[00:47:06] Del Bigtree
We hear stories about the fact that scarlet fever, way back when there was polio and they were working on a vaccine, scarlet fever, killed more people and they were trying to work on a vaccine for scarlet fever, but they never figured it out. But as it turned out, cleanliness and hygiene and also the use of antibiotics ended up basically eradicating scarlet fever, didn't need a vaccine. Is it possible that we could be dealing with this without a vaccine? I mean, what are we talking about? How is it that all of these leaders around the world are saying we cannot get back to our lives until we have a vaccine? I mean, certainly they must recognize the potential of the scientific body of the world, the genius of the sciences of the world. There are multiple ways to handle an illness. Right? I get it. You want a vaccine? I get it. You're pouring billions of dollars into it for any future, use of that vaccine. But why weren't you putting billions of dollars to care for those that were in the middle of this crisis, especially when you knew you had the jump, you had the advantage. You'd done a study in two thousand five. We could have celebrated American exceptionalism or some other drug, whatever it is. But the idea that no other drug, Anthony Fauci, is so sure no drug is going to work until we get to a vaccine, I think that shows you there's an agenda at hand, an agenda we're going to cover more and more in the future weeks to come.

[00:48:44] Del Bigtree
But as people march now that watch shows like this and start calculating their own numbers and asking questions why, if, why are people dying and how many of those, thirty three thousand, by the way, we're giving hydroxychloroquine upon the moment that they were diagnosed, not in the death throes when they already are going into a ventilator, but right up front. We may never see those numbers, but those numbers will never be forgotten. And any scientist that had a cure in their cabinet that didn't show the world and didn't test it soon enough, I think they should be held accountable. While we're all marching about these issues, one of the things that I think is frustrating a lot of people is Sweden. What is it with Sweden? Why is Sweden seem to have the same approximate death rate, yet they're not locked down? There are stories, right? Some people saying Sweden's partying there in bars. It's outrageous. They're having a great time. This is just like a cold. Others say, no, there's tons of people dying in Sweden. You're just not being told. Well, we decided to send out a couple of people that we met into the population to bring a van, a camera and give us a sense of what's going on in Sweden. Take a look at this.

[00:50:06] Nina Kristine, Living in Sweden since 1990
Here we are

[00:50:10] Victor Gullin, Born & Raised in Sweden
Yeah, probably the most notorious street of Stockholm

[00:50:14] Nina Kristine, Living in Sweden since 1990
Is very few facemasks. This is where all the shops are. All the cafes are. And it's usually so packed, you have to kind of, like, weave your way through. This is not normal, but this is also not quarantined either. This is no lock down for sure. I'm an American living here in Stockholm. I live outside of the city and picture you're on the other side of the city. I mean, we are the only country we're 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,

[00:50:51] Victor Gullin, Born & Raised in Sweden
Just stay at home.

[00:50:51] Nina Kristine, Living in Sweden since 1990
But grade schools are still open. Restaurants are trying to survive. People are out doing errands. The people

[00:50:59] Victor Gullin, Born & Raised in Sweden
That can work from home, they do work from home the most and most people that I know. But I think the nature of Swedes, you know, we're kind of good distance because we're not really, you know, hugging, hugging people without kissing.

[00:51:18] Nina Kristine, Living in Sweden since 1990
I'm the crazy American here who is embracing and hugging me and talking to everybody and saying hi. So this is my first time out. Hence my mask in a month as we are so isolated from my mother. But my daughter's school is open, so for my daughter, it's really tough that we are in our own kind of self isolation. A teenager missing her friends prom is canceled. You know, her birthday's in three weeks and she's turned 16. And that is going to have to be on Zoom.

[00:51:52] Victor Gullin, Born & Raised in Sweden
Typically, this will be fully packed during lunch,

[00:51:57] Nina Kristine, Living in Sweden since 1990
Usually fully packed. I mean, there's a queue waiting for a table here at the staff . It's also really quiet. I think for most part, people here just feel like, OK, listen, we're all going to get this and then we will immune

[00:52:13] Victor Gullin, Born & Raised in Sweden
that was the message. And yeah, that was the message that was going out like in the beginning of this year. The experts said like this, everybody is going to have this for teenagers or people under 40. It's just going to be like a fever or any typical flu. You get over it.

[00:52:33] Nina Kristine, Living in Sweden since 1990
There has been a lot of criticism of Sweden, but it's more on social media. Nobody's coming out in public and criticizing anything here. I think the Swedes really did get into a bit of a hissy fit because Trump mentioned Sweden.

[00:52:52] Donald Trump, 45th President of the United States of America
They talk about Sweden, but Sweden is suffering very gravely. You know that, right? Sweden did that the heard

[00:52:59] Nina Kristine, Living in Sweden since 1990
And it actually was addressed.

[00:53:01] Dr. Anders Tegnell, Chief Epidemiologist, Public Health Agency of Sweden
No, we don't share this opinion, of course, with suffering. Everybody in the world is suffering right now in different ways. But Swedish health care, which I guess alludes to, it's very difficult to understand. It's taking care of this in a very, very good manner. The Swedish health care is one of the best in the world.

[00:53:21] Nina Kristine, Living in Sweden since 1990
I think people are also just doing their best here, I think to keep cool, not to get into fear. And the media here is not doing that. You know, you're not panicking. People are asking everyone not to board. So even with friends, I have, you know, given advice to just say, hey, stock up just in case one of my best friends said, no, no, but that's hoarding. And I think one thing about Swedes, though, is that they really listen to their government. And when they are told, OK, just social distance, if you have any symptoms at all, just stay home. And people are respecting that. If it blows up in our in our faces here, you know, we're going to find out soon enough. This approach may not work anywhere else, you know, besides Scandinavia. You know, we're trying to make the best of it. And in that time, we're finding a lot of, you know, about ourselves and our families and also taking a look at our culture and be hopeful for the future.

[00:54:25] Del Bigtree
Seems very sensible, does it? I want to thank Nina and Victor for going out and shooting that beautiful video for us and giving us a sense, at least from their perspective, of what's taking place in Sweden. You know, when we were first talking to needed Nina, she said, Swedes are actually very natural at social distancing is how we live. She even mentioned that in Sweden, they have more one person homes or occupancies than any other country in the world. So maybe those things lean towards why this is very effective. But I want to point out that, Nina said this is her first time coming out of the 30 days you see where the mask. But it is important to note that, you know, she has a mother at home that's over the age of 90 years old. So she has been probably, you know, taking more concern and more care because of that. So I want to thank both of them for going out. I also want to get a perspective, though, of, you know, 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. So hopefully we can pull this off. I want to bring in this is Maurice Perry. Maurice, can you hear me?

[00:55:37] Maurice Parry, Swedish Resident
Yeah, I hear you loud and clear. Yep.

[00:55:39] Del Bigtree
Ok, Maurice, first of all, just how old are you? If you don't mind telling me,

[00:55:43] Maurice Parry, Swedish Resident
I'll be turning 72 in September.

[00:55:46] Del Bigtree
Seventy two. And so obviously you've seen the news, right? There is a you know, if there is a risk, it's in that age group over sixty five years old. What is your perspective then? 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?

[00:56:11] Maurice Parry, Swedish Resident
Well, first of all, I've been following world news quite a lot. And I have family, as you may or may not know, all over the world in the US and Europe and Israel everywhere. So and I've been looking at the way each country has been handling it. Now, I know there are a lot of people who are saying, well, 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 recommendations. And, of course, people at my age, they say anyone over 70 stay home. Social systems don't meet people, but they also realize that people have to be able to move around. And I think you just pointed out, yes, Sweden is one of these countries where people don't hug each other all the time, that it's not like Italy where people are face to face. I work with communication. I know that the distance between people in Sweden is definitely greater than you take the U.S. or Italy. So this is a very natural thing, OK? But my personal experiences give people freedom of movement and, you know, and just they have the intelligence and common sense to understand something is going to happen if you don't listen. And there's enough examples around the world right now showing that countries or towns or cities, New York, Rome, wherever it may be, and Stockholm, where you have people very close together, that's what you're going to get the infections.

[00:57:49] Maurice Parry, Swedish Resident
But the rest of the country, we live in the suburbs just north of Stockholm, and it's it's open. So you don't need to be locked in. 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. But I do not go out and hug people now and everybody takes seriously. They wash their hands. But I can give you a couple of examples as well, because my daughter, she's in a university town a couple hundred miles away. She thought she had the virus and she'd gone and isolated herself for five weeks now. And then she kept saying, well, I still have the headaches. I still have the sore throat. So she contacts the doctor. So she finally gets through to and they say you have a palynology. So she's been isolating herself for five weeks for really nothing like my wife. My son came back from the Alps and in the end of January and Tina, my wife, felt that she had the virus.

[00:58:50] Maurice Parry, Swedish Resident
But we don't know. And exactly as you're saying is, you know, 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. I can give you a couple of figures today because, I mean, please, at the very moment today, twelve thousand people registered infected in Sweden. We know there's a big black number out there because how many of us have actually had it and don't know about it? I haven't been to twelve thousand yet. Of the twelve thousand thirteen hundred and thirty three people have died. Seems a lot, but half of those are actually in homes where there has been neglect, there's no discussion about that in Sweden. They're really looking at this closely. So and with the other half, well, cities and, you know, and who's going to get infected? I was looking at the curves today, and it's from babies to people in their 90s who are all the ones infected people my age. There are 1900 people from the age of 50 to 59, 2000. So you know why people like that? Right. Right. It's and and again and then suddenly yesterday, a young guy who was a young guy, 51 years old, a very well-known TV and radio personality, passed away. He went three weeks ago. He went to hospital with a coffin, a sore throat, and he just he just died.

[01:00:11] Maurice Parry, Swedish Resident
So there's no telling who. But you can't put a country on lockdown. The economies are suffering all over the world. And we can we're getting subsidies and the US has two trillion dollars. And in Europe, it's trillions of dollars. Where that's coming from, I don't even know. But but and it's all just a rescue. Rescue and jobs are going and businesses are going. My consulting business just died instantly because, you know, people just can't employ because all the companies are international companies. And this you know, the problem is not going to be how many deaths, have registered , from the virus. At the end of the day, we're going to have how many people have 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 the balance or there's nobody has the formula. As you're saying, we can carry on and on and on and wait till one day we have the actual figures and say who was right, who was wrong? Point the fingers in this direction, this direction. But in the meantime, we've got to get out of living. I think that's not it, really. So I can carry on talking about this is, you know. Absolutely.

[01:01:21] Del Bigtree
Well, as perfectly stated, I appreciate your time. It's getting very late there Maurice. That was a really, I think, great breakdown of sensibility, something that we've been attempting to be a part of here in the Highwire through all of this. I think that, we can understand how scientists may get it right. They may get it wrong and certainly seem very dangerous up front. But it is interesting that Sweden just decided to really, hang in there. And really there's a lot of scientists breaking ranks now all over the world and supporting what Sweden has decided to do. My last question to you. You said potentially your wife may have it. You don't know. Are you concerned that if you get it at 70 years old that it could be fatal for you? What is your personal feeling?

[01:02:05] Maurice Parry, Swedish Resident
No, I mean, I keep myself pretty healthy and I feel, you know, I believe in and I'm a fatalist. What happens happens, you know, but I'm not going to sort of go around and put my head in the sack and say, because break and fall on my head anyway. So, no, I feel that stay healthy, just be normal and just ride this one out. So tomorrow I'm going to go and play some golf.

[01:02:29] Del Bigtree
Great advice. Enjoy the golf. I'll be dreaming about it. I'll vicariously live through that in you because we can't get on a golf course here in America right now. Maurice, thank you for your time. That's beautiful.

[01:02:40] Maurice Parry, Swedish Resident
All the best. Thank you. All the best. Take care.

[01:02:43] Del Bigtree
And really great words, right? Stay healthy, stay fit, try and stay in shape, get out, get fresh air. Amazing that that's those are some of the things that are being made legal around this country. But, when we think about the death rate, right, that is really what this comes down to. It's what we've been reporting on now for several weeks. What is the actual death rate? Again, even at thirty three thousand deaths, we know those are bloated, but let's take them where they're at. We're still only halfway into what would be an average flu season in America. I've showed you time and time again we accept between twelve thousand and sixty one thousand deaths. There's been times we've hit eighty and one hundred thousand deaths. You never we never shut down the country before. We certainly have never shut down the world. But, I want to point out that there are several studies really quick that have been done looking at these numbers. At first we had a study that really came out looking at the Wuhan numbers that was published in The Lancet and that determined that it was about a point six percent death rate there. It was "estimates of the severity of coronavirus disease, two thousand nineteen, a model based." "Data from the epicenter of the outbreak in Wuhan had primarily been obtained through hospital surveillance and thus are likely to represent patients with moderate or severe illness with a typical pneumonia."

[01:03:59] Del Bigtree
Let me drop on down our estimate. "Estimated overall infection fatality ratio for China was zero point six six percent." And I think that that's important, zero point six six percent in China in the epicenter, we also know that other studies have been done. I think we're looking at is it Penn State next? What's the next study I want to show? I want to skip ahead, I messed up my team, I want to skip ahead to this whole group of discussion. Hold on one second, everybody. This is what happens when only six people produce television. You guys are doing an amazing job there. Here it comes. Alright, Penn State, let's see if we're ready. Here we go. Alright. This was Penn State, Medarex Ivy "using influenza surveillance networks to estimate state specific case detection rates and forecast sars-co-v2 spread in the United States." In this article here, "we quantified background levels of non influenza ILI over the past 10 years and identify a recent surge of non influenza. This surge of excess ili correlates with known patterns of sars-co-v2 spread across states within the US, suggesting the surge is unlikely to be due to other endemic respiratory pathogens, yet its order of magnitude larger than the number of confirmed covid cases reported. Together this suggests that the true prevalence of sars-co-v2 within the US is much larger than currently appreciating that the syndrome case detection rate is approximately one percent of correspond to at least twenty eight million new ILI cases due to Sars-co-v2."

[01:05:34] Del Bigtree
So they're predicting that twenty eight million people have already gotten which remember, the higher the infection rate, the lower the death rate and their death rate, I believe was just about to pop up right there "since March twenty, twenty, twenty covid patients has increased by a factor of up to one hundred. Still this syndromic case, the detection rate remains low." That wasn't give me what I want. What was the other study when another death study coming out of Germany. Right. Sorry, folks. I want to talk about the death rates "first results of the Heisenberg study given gives us hope." In this study, "they determined covid-19 case, this cluster studies study in the Heinsberg District of North Rhine Westphalia. The study is the first to examine the sample the population represented of Germany." That is why politicians have high hopes for the study and its results. "In this the probability of dying from the disease based on the total number of people infected with zero point three seven percent." Now, here's the numbers I want to get to. "Based on the total population, that would be zero point zero six percent of the entire population would die from covid-19," far less than one percent. Now we're looking at a third of one percent in those that are infected. So the Wuhan trial is obviously looking at that.

[01:06:49] Del Bigtree
What we came away with zero point six. Now Germany is looking at this thing, zero point three seven and all of this, because we're starting to recognize that there's a greater number of people that have been infected. The point I want to make is there really is this very tiny group of people have an incredibly acute reaction to this. Right. That is below, but it's below one percent, point six percent, point three seven percent. And let me remind you that even in the New England Journal of Medicine, our own Dr. Anthony Fauci and Dr. Redfield from the CDC determined that this may be just another flu, which means it could be as low as point one, three percent or in that range. So all of this leads us to recognizing that, OK, we have a tiny group of people. Right, that are suffering and we must recognize that. But for the rest of us. I want to remind you, we've been told we're going to be fine. I don't have to say this, everyone has said this when I see people terrified, when I talk to friends, they're terrified of covid-19. They're like thirty five years old or my age, 50 years old, a year more than 70 years old saying, I'm not worried about it. Why are you terrified when this is obviously what they've been saying in the news the whole time?

[01:08:10] Female News Correspondent
Who's most at risk?

[01:08:12] Male Speaker
Older adults and people who have severe chronic medical conditions

[01:08:15] Female Speaker
And the elderly are at such a greater risk.

[01:08:17] Female Speaker
The risk for elderly people having this disease is very concerning.

[01:08:22] Male Speaker
Most people who die from coronavirus have been older and had severe underlying medical problems.

[01:08:28] Male News Correspondence
And people who really have four underlying health conditions, which are.

[01:08:31] Dr. Anthony Fauci, Director, NIAID
Chronic congestive heart failure, chronic pulmonary disease, diabetes.

[01:08:37] Male Speaker
Like heart lung or kidney disease or diabetes may be at higher risk for severe illness. From covid-19,

[01:08:45] Male Speaker
80 Percent of patients had symptoms that were.

[01:08:47] Dr. Deborah Birx, Coronavirus Response Coordinator
Millennials, generation C, Generation X that are out and about. These are the individuals that we know have the least symptoms.

[01:08:55] Male Speaker
The vast majority of patients did not have severe symptoms

[01:09:00] Male News Correspondence
And kids have immune systems that can rapidly adapt and change. So they get to coronavirus. It can fight it.

[01:09:04] Male Speaker
Most people, they get coronavirus don't actually get that sick.

[01:09:10] Del Bigtree
You got it now? Do you have it, you don't need to be terrified. The only reason you're wearing that mask right now is because these people are saying that's the only way we can protect that tiny group of people that are older than 65 and have other life threatening conditions. So please, at least no matter how we move forward in this conversation, if you are healthy and you have any sort of moderately healthy diet and even walk to work or walk inside of your job and have some light exercise, will you please recognize that you have no risk whatsoever? Statistically, there may be an anecdotal story out of hundreds of millions of people of a star, as pointed out in Sweden, at 30 something years old, that dies. But honestly, you can't live your life by that anomaly that happens to point zero zero zero zero one percent of us. Because of that, though, and because I know there's fear, there really is concern. I hear my friends I want to talk to some doctors that have actually been dealing that have been working through this crisis that might have some ideas on those of us that are healthy. How do we stay healthier and maybe what do we do if we are one of those that end up getting this infection? Because, by the way, isn't this where we all recognize this is going? I mean, nobody can really believe that this road to nowhere that is being driven by Anthony Fauci, that has no end to it. There is no getting out of quarantine.

[01:10:38] Del Bigtree
Folks, let me make that clear. We may open up for a few days, but this fall, if we have not got herd immunity, odds are this thing is going to come back, whatever it is, and then we're going to lock down again will be at, what, 20, 30 percent unemployment. Then we'll go to 50 or 70 percent unemployment. Do you see that this is no way to deal with this, that at some point, as I pointed out last week, we're going to have to figure out how to really take care and lock down those who are immunosuppressed, that sit in that tiny group. But for the rest of us, we're going to have to get this thing herd immunity really is the only way you can wait for your unicorn in your bedroom or lock yourself in your basement, you know, and hope that it doesn't look like this. You can hope for that for the next couple of years if you want. But me and those of us that I see starting to march on capitals, we're saying I'm going to get this WHO if I'm going to get this, what should I know about it? I want to bring on Dr. Brownstein and Dr. NG that are currently dealing with patients right now. You've been dealing with patients today. Thank you for taking time. This is from the Center for Holistic Medicine. So to begin with, Dr. David Brownstein, have you seen people with coronavirus up close? Am I somehow mischaracterizing it? Are there people of all demographics having serious issues? What do you see?

[01:11:57] Dr. David Brownstein, MD, The Center for Holistic Medicine
Well, we've been seeing it for about a month now, and Dr. NG and I just treated two patients from the car outside because we're trying to keep them away from our office and keep our staff healthy. So what we're seeing is that our therapies aren't working. We use a combination of oral vitamins, vitamin A, C, D and iodine, and then using nebulized hydrogen peroxide and iodine if they're a little bit worse. And then we're using IV Vitamin C and IV peroxide. And we are so far treating over 100 patients. All of our patients are better, dramatically better. No one's hospitalized, no one's been ventilated and no one's died. And so we're seeing positive results with this therapy. You know, I told my staff that we've been practicing holistic medicine for twenty five years. The first twenty four years we're practiced for something like this. And we were ready for this when we knew it was coming and we knew the therapies were going to work because we've treated influenza like illnesses for the last 20 years and we treated them successfully. So there are therapies out there that work. We don't have to have this fear level at ten out of ten. You are right on the money Del and we need herd immunity and we need to get over this. And our therapies are working for our patients. It's a it's just it's almost miraculous what we're seeing.

[01:13:13] Del Bigtree
Dr. NG, there are by simply airing this, by talking to you guys right now and having this conversation, there's a good chance somebody is going to stamp false information across, the front of the screen. They're going to say there's no proof that vitamin C or peroxide or iodine or any of these therapies work. What would you have to say to those people that are questioning what you're seeing is a success rate with now one hundred patients? We don't have audio. I didn't get on mute there, really quick doctoring, let's see if we get them. The muted. Alright, Dr. Brownstein, I'll get back and I'll let Dr. NG answer that question in just a moment. So for people that are out there that are healthy, right? you're treating people that actually. Let me ask you this. How serious are some of these cases? I think that there could be an argument saying, well, you're not seeing really serious cases. You're probably seeing healthy people, in their mid thirties or something and saying that you're having success rate. And it happens to be one of the criticisms, right, of Didier Raoult in these other people that are using hydroxychloroquine and their therapies that, well, those were already healthy people. What are your clients like?

[01:14:35] Dr. David Brownstein, MD, The Center for Holistic Medicine
We're seeing clients of all ages. We're seeing old people. We're seeing middle aged people. Our practice has kind of grown with us. Our average age is probably about 60 years old in our practice. And so we've seen very sick patients who thought they were dying. I've been putting the videos on my website and these patients are getting better with these therapies. Basically, conventional medicine has nothing to offer them. They're telling them to stay home. One of our patients couldn't breathe. He was lying in bed, couldn't grab a glass of water because it was too weak. As soon as he started nebulizer and hydrogen peroxide and iodine know, he made a dramatic recovery. We see there their fevers symptoms go away within hours of doing an I.V. in them. We see them orally. If they catch it early enough, they just get better with a mild case. So we're seeing the gamut of people with symptoms from severe to not so severe. And now these therapies do work. And, you know, Dr. NG and I have been going out to the car and our staff has been going out to cars and treating people. And, you know, this therapy works. Let me turn it over to Dr NG

[01:15:35] Del Bigtree
Thank you. Thank you. Alright, Dr. NG, to ask the question again, there's going to be some, comments that, there's no proof that these things work. I could get a false flag across the screen. Obviously, this is just your experience. But what do you have to say to people that are saying that this treatment is ridiculous, peroxide, vitamin C, these things don't work.

[01:16:00] Dr. Richard NG, MD, The Center for Holistic Medicine
Per patient.

[01:16:02] Del Bigtree
Go ahead.

[01:16:03] Dr. Richard NG, MD, The Center for Holistic Medicine
They should quiz our patients and see what they have to say, the first two people that I took care of were incredibly ill and these were people I am convinced that if they would have ended up in the hospital, they had a good chance of dying. We're able to treat them as outpatients and they will give testimony that these are people that were covid positive and they responded. We've had a 100 percent success rate with this. And none of the thousands of patients we take care of out of this office has ended up in the hospital at all. So I disagree.

[01:16:39] Del Bigtree
Alright, that's a great statement and of course, there are also you're doing intravenous vitamin C I've seen actually in hospitals all around America, whether they're using chloroquine, but they're also adding vitamin C. We know there's studies in China with vitamin C. How important is vitamin C to your protocol that you're using for covid-19?

[01:17:03] Dr. Richard NG, MD, The Center for Holistic Medicine
The need for vitamin C is absolutely huge. Linus Pauling was right about this in the mid 60s. That vitamin C is just absolutely critical. If you want to take a look at the lecture given by Doris Lowe in regards to the part of this of what happens with the drop of vitamin C, it is quite astounding. The first gentleman that we took care of was ill for over three weeks. Temperatures of one or three couldn't breathe and he got better with the protocol, but none of it was IV. He ended up using oral vitamin C to bile tolerance and it pulled him out of it and he was pretty doggone sick. So it's a I.B. Vitamin C is absolute great, but you can go ahead, just dose appropriately with oral vitamin C and nobody's dosing appropriately. I think Dorst Low will go ahead and give you some more information about proper dosing that we have seen.

[01:17:57] Del Bigtree
Alright, great. Tell me a little bit about proper dosing, what would you say is proper dosing for people that believe that they might have contracted covid-19?

[01:18:06] Dr. Richard NG, MD, The Center for Holistic Medicine
It's easy. vitamin C every 30 to 60 minutes to bowel tolerance, incredibly safe. We've been doing this for twenty four years without any problems whatsoever. Take it. Take vitamin C to bowel tolerance. What does that mean? Take it until you get diaerrha.

[01:18:23] Del Bigtree
I get like a pill that has a thousand milligrams or something or in our family we're using like a powdered absorbent sodium sorbate. But what do you recommend and what does that mean to bowel tolerance and how does that work?

[01:18:38] Dr. Richard NG, MD, The Center for Holistic Medicine
I would say that it would be anywhere between a thousand to 5000 milligrams every 30 to 60 minutes until you get diarrhea.

[01:18:50] Del Bigtree
Ok. And then that means you're like you're ramped up and then you're done for the day.

[01:18:54] Dr. Richard NG, MD, The Center for Holistic Medicine
No, I would go ahead and you're not done for the day. I would say that if you start feeling lousy, this is a sign that your vitamin C levels are dropping. Step it up again and just multi dose that throughout the course of the day. You can go

[01:19:08] Del Bigtree
This is one of the questions, right. As I have this and I see the newspapers reporting, you know, well, that's not true. I mean, really, if it's not, how dangerous is vitamin C? Is it possible? Has anyone ever overdosed and died from taking vitamin C?

[01:19:21] Dr. Richard NG, MD, The Center for Holistic Medicine
Not in our practice, and we use large amounts of vitamin C without any problems whatsoever. We have our patients taken orally, but we also will go ahead administer it IV, especially for our cancer patients. We're able to push large amounts of vitamin C, we've never seen any problems. They talk about kidney stones and these other issues. We never see any of that. Not a single one.

[01:19:43] Del Bigtree
Thank you very much, Doctor NG. I want to finish up with Dr. Brownstein. Let me get a couple of last thoughts with him. Thank you. Dr. Brownstein, for those of us we're talking about people that are getting, that are not feeling good, they think they might have had covid-19. But for your average person, that right now, let's say I want to go to one of these marches where there is going to be, tens of thousands, if not one hundred thousand people gathered like there were just in Michigan yesterday. What would be a smart thing to do for me to make sure that I maintain health? And, as you're answering that question, one of my thoughts is I want to get this thing right. Is it possible to be so healthy that I end up not getting it and not developing any sort of antibodies to it? Those would be, I think, questions that have come in to us about this is making myself healthy mean, I'm not going to get it or is it going to give me more maybe lesser symptoms?

[01:20:44] Dr. David Brownstein, MD, The Center for Holistic Medicine
Well, we want to be healthy at all times, so you want to be healthy, so if you get sick, you can tolerate it better and have less symptoms with it. So I've been blogging about this since the start of it. And, you know, the basic rule that we follow in our practice is, number one, you need to eat a healthy diet, keep refined sugar and other refined foods down in your diet since refined sugar paralyzes the white blood cells for up to five hours. Number two, you need to maintain adequate hydration if you don't have adequate hydration to set the stage for dehydration and problems. And number three, you need to exercise and we need to move around. This lockdown is the wrong thing that we need right now. I agree with you Del that we need herd immunity and then you need to take your supplements. And the supplements we found works over the last twenty five years is vitamin A at high dose for a few days, vitamin D at high dose for a few days, vitamin C all the time. And iodine. Most of our population is deficient in iodine. Iodine is antiviral, antibacterial, anti parasitic antifungal properties to it. You know, just doing these basic steps can make you healthier, make it better and you'll survive these illnesses when you get them as we should survive them.

[01:21:51] Del Bigtree
Great, you know, there's a lot of people that are terrified out there, do you have any words of wisdom for people that are really, really scared of covid-19?

[01:22:00] Dr. David Brownstein, MD, The Center for Holistic Medicine
My words of wisdom are to look at your statistics, look at what I've written, because I've written the same thing, it's a small percentage of people who get sick are going to die from this. Most of us are going to recover. And over ninety nine point nine percent of us are going to recover from this. And, you know, the fear level's at a ten out of ten. It should I mean, there needs to be concerning because you know that this is a new illness for us and there are a lot of sick people with it. But we can get by as the Swedes are getting by and be concerned with it and move about our lifestyle because we don't have herd immunity. What are we going to do in the fall? Are we going to lock down things again? And like you said, Del, you could sit in your basement for how long until there's a vaccine out there that actually works. The previous vaccines for coronavirus didn't work so well. The therapies we're using are working. We're pulling our patients out of problems. They're safe, they're effective. And, you know, the fear level needs to drop for all of us.

[01:22:51] Del Bigtree
Alright, those are really great important points. Thank you for giving us a sense on what we can do. Of course, if you any of the information that we're sharing with you here on the Highwire, you don't have to take it. I'm not telling you what to do. I'm simply trying to bring you different ideas and different thoughts. We're looking to theories, some investigations. But all you have to do to look at this information yourself, to come to your own conclusion, which is what I highly recommend you do. I'm not here to tell you what to think. I'm trying to show you how to think and where you find the information you're looking for. So all you have to do is type in. ICAN ICAN right now into your comments if you're watching on Facebook or if you're on YouTube or watching on our our own website, theHighwire.com simply text us at three, three, two, two, two. And we'll make sure that you get this information. And I want to point out that as we are doing, we are bringing you reports from Sweden. We have scientists working with us over, in Europe and all around the world. We are reaching out. That is only made possible because of your donations, the fact that you are helping make this happen. Trust me, I don't even want vitamin companies saying I don't agree with those guys said about maybe it's iodine or I don't do agree with what they said about blah, blah, blah.

[01:24:04] Del Bigtree
I don't want any of that. I don't care. You should go and do your own research. You shouldn't just take some doctor's word for it because you heard him on television. But if it's sparks or says something inside of, you know what, I want to investigate that, then go do your research. That's what we believe in here at the Highwire. But to bring you this information so you know where you might want to go look and go on a journey, I need your help. I really need you to support the Highwire. Right now, we're asking for twenty dollars for twenty twenty. So many of you have made this possible. So many of you have kept us up and running and able to also follow the law since we are. But if you're watching right now and you like this information and you think, the Highwire is giving me the arguments, I need to go talk to my politician, to talk to my governor, to say there is a safe way to open up. That is what the Highwire is fighting for. We are fighting for the real science to allow us all to go back to work before we destroy the world we live in, before we lose the economies that have supported us and made our lives so bountiful and beautiful.

[01:25:07] Del Bigtree
If you want to be a part of that journey and to be continued to be fed with the information that helps us win this argument, then please support us right now if you can. Twenty dollars for twenty twenty or look at no matter where you're at, if you can only afford fifty cents per month then I would recommend doing it so you can feel good about this program when you watch it and say wow, those were amazing graphs. That was an amazing perspective that I'm not seeing anywhere else. You can feel like you're a part of it because you are, you are part of the Informed Consent Action Network. You are the Highwire family. And all you need to do is go ahead and join and start a recurring donation wherever you can handle it. And by the way, if you're out there and you can do one hundred dollars a month or a thousand dollars a month, then please help us out, because we're all alone here. We don't have the pharmaceutical institutions funding us the way they're funding CNN and MSNBC and FOX and all of these places. They're feeding you with fear and not feeding you with truth. Now, we have a lot of discussions right today about, should we lock down? Did we mitigate soon enough? Where are the chloroquine trials? Did we know? Could we have had a treatment much earlier on? But all of these numbers, they get tossed on their head with a discussion that we're starting to hear all over the world right now.

[01:26:31] Del Bigtree
So many discussions. Doctors in Italy saying, we were treating patients all the way back in November, that had this illness we couldn't describe. And now I believe that might have been covid-19. We're starting to see articles about that. There was an article out of the Los Angeles Times that was referencing the fact that, looking back, "new signs suggest coronaviruses in California far earlier than anyone new" in this article. They end up saying it could go back. "The virus was freewheeling in our community and probably it has been here for quite some time. Dr. Jeff Smith, a physician who is the chief executive of Santa Clara County government, told a study out of Stanford suggests a dramatic viral surge in February. But Smith on Friday said data collected by the federal Centers for Disease Control and Prevention, local health departments and others suggest it was a lot longer than we first believed, most likely since back in December, describing flu like symptoms, something they couldn't explain all the way back in December." I've been seeing this discussion online, a lot of us having this conversation right.

[01:27:40] Del Bigtree
We had and we had this in our family over the holidays. There was this cough we just couldn't get rid of sometimes got really ugly. And we started asking ourselves, did we have covid-19? Now, many of you that signed up to our mailing list, you got to see that I went and got tested for covid-19 last week and you got to watch the video about that. If you missed that video, then we'll put it up now, probably this week, since you all got the advantage in the jump because you signed on to our email list, those on our email list will get the jump on many of these types of stories. But I tested negative. It was it was an antibody test that was a blood draw. And I tested negative, meaning I supposedly hadn't had it and do not have it right now. But then, I started seeing articles in the UK that say none of these tests are working, false positives, false negatives. So the truth is, is I'll have to tell you, I'm really not sure at all. I really don't know. I do remember getting ill and I am seeing these articles. But one of the most shocking articles that was out last week really looked at this idea. If we retrospectively look back, is it possible that we had covid-19 before it was even announced in China? Is it possible that this virus was all the way back in the last flu season that started in the fall? Now, remember, if it was if we were going to follow that hypothesis, then the hypothesis would have to be proved out by some sort of jump.

[01:29:09] Del Bigtree
Right. What we would do, I suppose, is look at the flu rates. We've seen every flu season over several years and then see, is there something even on top of that that went even higher that would have added to those flu numbers perhaps last fall? Well, that's exactly what this article that appeared in Media magazine for just a moment before it got polled. Do we have that headline "evidence suggests that covid-19 was here in November." That was by A.J. Kay, and she worked with co-author and contributor Dr Thomas E. Seager, Ph.D.. I got a chance yesterday. He did the modeling on this and looked into this and backed up this article. I sat down and got some time out of his busy schedule to talk to him about this really outrageous theory. And let me point out, it's a theory. I know Facebook's go on to say false information across this, but I think we should be allowed to investigate things. And for those of you that are new to the Highwire, the investigation happens before your eyes.

[01:30:14] Del Bigtree
I want you to know what scientists are looking at right now. And scientists all around the world are asking this question, is it possible this started earlier? And what does that mean to our modeling? This is my interview with Thomas Seager. Thank you. Thomas Seager, PhD professor at the Arizona State University. Remember, he was co-authored with AJ Kay, who wrote the article. This is that interview. I hope you enjoy it. Is my honor to bring on to the show, Associate Professor, School of Sustainable Engineering at Arizona State University, Professor Thomas Seager. Thank you for joining us.

[01:30:58] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
It's my pleasure.

[01:31:00] Del Bigtree
To begin with. Obviously, we're all living in the same world right now. We're in lockdown around the world. You just like I and everyone else here have been watching discussions on our television about the imperial model and seeing these predictions for, incredible rates of death around the world and those models shifting down. And then, of course, discussions about, whether or not Trump started on time with our reaction from your perspective, when did you start questioning, I guess, what you what we were hearing about is sort of the scientific modeling or the numbers that were coming out. What started raising flags for you and when do you think that was?

[01:31:45] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
It's when I got a call from A.J. Kay. She's a friend who was thinking about her liver tumor, the fact that it's inoperable, at least right now, and she needs continuous monitoring. It's time for her to go back and get a six month scan to see if her tumor is growing or shrinking because the liver is full of blood vessels and she has a history of a bleeding disorder. It makes a biopsy or a removal very dangerous. Rather than cutting her liver open, the doctors chose to right up to the tumor board and they said the best thing we can do is monitor this. She can no longer get that scan because all of the elective procedures are shut down in the state of Arizona and many other states. I didn't understand what an elective procedure was and why it would include something like getting a scan of a potentially lethal liver tumor. It turns out the opposite of elective is emergency. If you have an emergency, you still have access to health care in our state, in Arizona and in other states as well. Everything that isn't an emergency or covid as a first approximation is shut out of the health care system and this concerns her.

[01:32:57] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
So we began talking about the curve, the timeline, speculating about when would the case rates bend down in a way that might allow reopening the health care system. That's when she got on the Center for Disease Control data site and got really curious about when covid may have shown up in the United States. There's a lot of speculation about it and her speculation turned into research. When you do look at the CDC data, you find that there was an increase in influenza like illnesses. So these are people who are reporting symptoms of the flu that correspond with the symptoms of Kodet. And they started back in November of twenty nineteen. So they asked me to take a look at this data together and say, is it possible that covid came early? We started doing some science and I explained that the way hypotheses work is you start with an idea and then you do your best to disprove it. In this case, if covid came early, then we have to see that in the CDC data. If there is no indication of a surplus number of influenza like illness reports in November and December, then there's no invalidates the hypothesis.

[01:34:22] Del Bigtree
So we take a look at the idea being, of course, that covid would be sitting on top of the normal flu numbers that we see. We would have to see a larger or an increase in what would be the average flu season. Correct.

[01:34:37] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
You've got it right Del. The sitting on top is a good way to put it. When she pulled the data and she began to compile it by week, she saw that in every year there are unexplained flu like illnesses. It's customary for doctors to report a flu like illness, to take a swab, to send it to a clinic for testing. The CDC monitors at least six different strains of seasonal flu. And every year there are thousands of cases a week that can't be explained. But when she got to November and December of twenty nineteen, it was tens of thousands of cases a week. So compared to twenty seventeen, which was a terrible flu season. Twenty sixteen, we'd looked at more years, but we only printed up the last two tens of thousands more people a week coming to their doctors and saying, I don't feel well, I have a fever, I have a cough. These are the symptoms that are consistent with covid. But nobody knew in November and December to be looking for covid there was no test and nobody thought. Perhaps we should look at what's happening now. We're talking hundreds of thousands of people in between the time that a year a novel SARS virus was identified in China.

[01:35:56] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
I believe that's November 17th. And by that time, there were already tens of thousands of surplus cases, these cases that are sitting on top of seasonal flu. They tested negative for the seasonal flu. We know they're not the seasonal flu and they're running at twice the rate of the previous two flu season. So we have a mysterious flu like illness in the United States. And we have a novel SARS virus discovered in China for the next six weeks. People are transiting back and forth, are coming from China on flights, tens of thousands of people a week to think that the virus that had already been identified in China that we know is highly contagious somehow missed a half a million flights between China and the United States. Sounds implausible at best. Preposterous if we look a little bit closer at this data. And so began thinking that it was more likely that covid emerged in China, became epidemic in Wuhan, transmitted with those passengers to the United States in November and December, and began spreading throughout the United States, unidentified because people were either asymptomatic, mildly symptomatic, and we had no test to confirm their cases.

[01:37:18] Del Bigtree
Which really in many ways is the conversation taking place right now, right. With Donald Trump, with holding, financing of the WHO, saying there's real concern of whether we were warned on time. A lot of discussions by reporters all over the world. What how long was China holding on to what they knew about this virus, not only saying that there appears to be a novel virus, but also weren't they withholding the idea that it was it could be transferred human to human, which is a big deal? Right. It's one thing to have a virus that one person caught from an animal, but is it spreading human to human? There was a real delay right on us getting that information from China, which would lead to the fact that meanwhile, flights are going back and forth while over here we're living in some sort of lie.

[01:38:08] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
It sounds like a popular question and an important question to me, but it's not the question that I'm really interested in, because we will not bring the country back online and we won't reopen the health care system and restore the jobs for the nurses and the doctors that have been laid off by arguing about who lied back in November and December. So I'm still thinking forward looking. I'm still thinking what is it going to take to reopen the Arizona hospitals and get A.J. Kay the scan of her liver tumor that she needs? What is it going to take for patients to have access to biopsies or mammograms or MRIs? I have another friend with multiple sclerosis. She needs an annual scan to see what the progression of her disease is because multiple sclerosis does not get better. You can only try and treat the symptoms and slow the rate of progression. She cannot have that scan and she can't have that scan because we have shut her out of the health care system. That is not a question of jobs. It's not a question of the economy or the unemployment rate or the stock market or who lied or it's a question of lives of this type versus lives of that type. And right now, if we're going to reopen the economy, as I hope we do, a great place to start is to begin allowing those elective procedures, begin opening up the health care system to the people who need it.

[01:39:32] Del Bigtree
I think that's a great point. And I don't mean to say that it's really the finger pointing is that matters. But what we are discussing is whether or not who said what or who said it's really the question of when did this thing start? Right. Because as you pointed out, there's a great quote that that A.J. Kay, your co-author, wrote, I think, which is "it's important to remember the flat curve is not one in which no one gets infected. A flat curve is one which at its peak does not create enough critically ill patients to overwhelm the health care system." That dramatically changes. If we move back the point of incidence of where this all began, then we're in a totally different curve. It's not doing this. It's doing something more like this. And then we recognize that we really do have a better hold on the amount of cases that are coming in and a better understanding than we actually are letting ourselves believe. Because if this is not a brand new event, we're in an emergency situation, but simply a progression that started much earlier than we could recognize that our hospitals are going to be able to maintain and hold on and be able to bring services to all these other people that are now currently at risk. Am I laying that out correctly,

[01:40:47] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
Correct. That's the way Del you are getting the gist of it and your understanding why it's important to know when the curve started. If we take the position that the the appearance of covid in the United States was January and we watched the number of cases grow as fast as they were confirmed cases after we brought a test online, then it appears to us like the virus is growing much, much faster because we are not accounting for the hidden cases that we couldn't test. It wasn't until January 12th that the RNA sequencing data was released by China. The first confirmed case outside China was January 13th. So what does that tell you? It must have escaped long before the DNA sequencing data was released. Now, if we must calibrate our models, we will do a poor job of anticipating the height of the peak. The timing of the peak and the policies that we enact to flatten a curve will be misguided. So those are important. But a new question that we haven't published has occurred to me. And I want to I want to share it with you. There was this identification of a novel SARS virus in November by Chinese health authorities. Why didn't we pick it up? Why aren't we identifying novel viruses when they show up? Why is our CDC relying upon RNA sequencing data coming out of China in January 12th? Taiwan, evidently, if you believe their claim, they identified it in their country.

[01:42:24] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
They said we're seeing something different and we're going to sequence it and find out what it is. But our CDC sat on these tens of thousands a week influenza like mysterious, unexplained illnesses. And this is my field now. Health care is not my specialty. Resilient infrastructure is my specialty. And one of the essential aspects is you have to be able to sense and monitor what is going on in your environment. Our monitoring systems failed to bring the economy back online. We need better monitoring systems. We need to be able to watch for outbreaks for a second wave for and not just for covid, but for any emergent disease. The next one could be super bacteria that are resistant to all of our known antibiotics. The question is how will we assess what's going on in our environment and why do we rely upon China to figure it out, inform the WHL and then act on their data instead of developing our own as an engineer concerned with our capacity to adapt in health care and all other infrastructure systems to surprise, this is a serious failing that we need to discuss.

[01:43:37] Del Bigtree
Think that's a great point. I mean, we can sit here and say, China lied, China lied. But I think you assume all of our top government agencies and health care agencies know that we never get good intel out of China. So to think that we have a system that relies on waiting for this country, that has all sorts of reasons to not bring us the truth quick enough, I might take it a step further than you in that I have to imagine that there are, you know, controls and abilities in place to detect those. I mean, when you said that I told you earlier, I grew up in Boulder, Colorado, where we have ENCARNA National Atmospheric Research Center. We know where our earthquake happens in Thailand before Thailand does. In the United States of America, I believe as the best scientists in the world, we don't wait for information. We are set up with in your area of specialty, with infrastructure, are we not to understand every part of the things that affect our lives? I thought we were world leaders. It gets really disconcerting. I would hope you agree. When the world leaders start saying we're waiting on a nation that nobody trusts, correct for their information.

[01:44:54] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
I don't care whether they're trustworthy or whether they lied or whether they made a mistake or whether they're competent. I want that expertise inside the boundaries of our country. As you said, we have the best scientists in the world for us to fail to identify, early monitor and create our own data. And our own test seems like an abrogation of our responsibility to our citizens. That's not something that we can live with next year, next flu season, next pandemic, next emergent infectious disease. So one of the lessons that we have already learned from covid is that we need better systems to test, to monitor, to sense what is happening in our population's health. That includes emergent diseases and it includes any other kind of it doesn't have to be epidemic. As you pointed out, it's earthquakes. It's any other kind of hazard. It's hurricanes. It's tornadoes. We have the best sensing systems in the world when it comes to these environmental catastrophes. We have now been alerted that our sensing systems for health catastrophes are deficient. Let's fix it.

[01:46:04] Del Bigtree
Great. So let me ask you a couple of the harder questions. As you know, the article that you published that your co-author on was pulled down off of Medium. That's something we're experiencing a lot where, someone will say that I was promoting an idea that covid started back in November. I want to be clear that we're bringing you on that this is a theory that you've put forward. And to be very clear, you have not done testing of blood banks or anything like that all the way back in November of last year or two to to determine that you're correct. It is possible there was some other event, whether maybe a rhinovirus could have been anything else that could have been this uptick of of non of flu like I mean, flu like symptoms, but didn't turn out to be the flu, correct?

[01:46:49] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
Correct.

[01:46:50] Del Bigtree
OK, let me ask you, though, but I mean, I think that what you're looking at, it's a great place to start. And what we try to do on this show is to do the research actively and allow people to understand how scientists think so that we're at the beginning of these common. Stations, not just at the end hearing the story, I think it's really fascinating to see the things that people are looking at. Scientists like yourself. But let me ask you the hard question, because I think any anything that deals with this situation in America, I think the question would be, how do you explain the what appears to be a sudden rise and dramatic rise in cases in deaths in New York specifically? It just seems like over the last three weeks we've gone from it's coming to people are dying everywhere, body bags lining up. What would be your explanation for how that happened in a model that should have been a much smoother model and had, you know, maybe that was the peak. What is your explanation for what appears to be a real spike in New York?

[01:47:51] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
New York is unique in many ways. When we do infrastructure modeling and we gather data on highways and transit systems and electric systems, we typically exclude New York because it is an outlier in so many respects, population density, infrastructure. We can't calibrate our infrastructure models for the country based upon what's happening in New York. I'm not trying to explain New York. I will leave it to other people who live in New York. The rest of New York belongs to America, but America is not New York. So the lessons that we could extract from New York will be taken out of context that do not apply to L.A. or to Phoenix or to Atlanta or to Denver, Colorado. Each local area has its own context, and we can only reason by analogy from a city like New York to a city like Seattle. I'm not I'm not going to speculate about what makes New York special in this case, but I will say that immunity, building immunity, tracking it, understanding who has it and at what level is the population immune is incredibly important. One of the things that is important to immunity against infectious diseases is vitamin D, and I'm getting this out of the literature. I'm not a doctor. I'm just reading the papers about vitamin D and I'm following some of the medical doctors who are saying this New York and Seattle and Boston and other places that have been hit harder than my hometown of Phoenix are known for not getting a lot of sunshine. About 60 percent of the American population this time of year is vitamin D deficient? There could be a lot of reasons that relate to the immune system, why Seattle and New York would be the the places where the virus really takes hold and it would spare a state like Arizona. Comparatively speaking, we know that flu comes during the winter and there's some environmental reasons for that. People packed indoors the dryness of the air, the temperatures. One of the important reasons is in the northern hemisphere, we just don't get enough sunlight. We don't get enough vitamin D and our immunity is down.

[01:50:08] Del Bigtree
It's a great point. And obviously, there's so many different confounding issues that need to be looked at when we retrospectively take a look back at what took place here. But I think you would agree, as we've been reporting on this show, the numbers that were speculated, the five hundred thousand deaths in UK and two point two million people in America. Sure, those were speculated based on, nobody doing anything as though nobody does anything. It's using a fear tactic, I think. But we are so far below those numbers. In fact, every new model keeps dropping down. And now apparently our surgeon general has said, OK, we've thrown away all those original models then. Now we're thinking the actual data, which is it seems to me there was actual data present much earlier than where we're at. So, just to finish this up, because I think it's a really fascinating issue in looking at your graphs. There is definitely something that was happening last fall that we don't see. In your in your studies, you've gone back. I think it is three years. We went back and looked ten years. We haven't seen anything like this. So there's definitely an anomaly going on. When you look at obviously we have a president. I don't care where people are apolitically. That's not my question. The leader of this nation is listening to a lot of scientists right now and trying to understand how to move forward. What would be your message to Donald Trump right now? And as a scientist, sitting at a round table right now, what information do you think are these great scientific minds that we have? What should they be doing? Should they be testing? What's our way out of this and where do we get to the answers that you're looking for?

[01:51:49] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
Everyone agrees that we cannot live with the status quo. People disagree about what to do about it. And they want to argue about how we got here because I'm an engineer. It's a design discipline. I work in my imagination and I think. About the things that I want to change and here no one wants to live with the status quo, I'm ready to recommend for things that need to change. The first one is we need to test, track, isolate. We need better sensing systems to identify emergent diseases. We need to develop our own tests that work and continue to improve them both for covid and any other disease that might emerge. That's the first one. We need the capacity to ramp up our health care system. Right now, health care is administered at the level of individual hospitals, individual cities. There is no national plan that can reallocate ventilators, reallocate staff to respond to a national crisis. And what this pandemic has revealed is that we need a larger scale system of ramping up our health care capacity in individual areas to those cities that are most in need so that the resources can shift to the areas in which the needs are most acute. And we need to do that without shutting out people with non covid or non pandemic related needs. We need to improve our understanding of antibody testing and build immunity. There are only two ways to do it through vaccine or through exposure and recovery. Right now we don't have a vaccine despite the best efforts of some really bright people to develop one.

[01:53:29] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
I'm not against a vaccine. I just know that right now the antibody testing is going to be a lot closer to coming online and being real reliable. Then the vaccine will be and we need immunity to this disease in our population. We need to track it and we need to foster it. The third thing that we need to do is adapt, learn a lot faster when we get locked into a model like Niall Ferguson, that Imperial College, which came out in March, and we said, look, this is the best guess that we have and you can't fault people for giving their best guess, but refuse to update it, refuses to back off of it, refused to release the code to other scientists so that they could recreate it. We lose the capacity to adapt to surprise. That needs to be more open and more adaptive. There is no such thing as a right answer when you're building a model. There are an infinite number of answers and they're all wrong. But some of them are useful. As you learn more information, you must update your models. We know from hurricane season that every time we turn on those beautiful color graphics of the path, there are seven different models that show that it could learn from New Orleans up to Washington, D.C.. As the hurricane moves, the models reconcile and we get a better idea of what to anticipate. That habit failed us in this case.

[01:54:55] Del Bigtree
Great points, Thomas. Thank you so much for taking the time to spend with us. We're going to continue to watch your work. I understand that you are working on publishing a paper on this issue also, so we'll look forward to that. And look, I think these are voices of reason, right? I think that at this time, it's really scary to see what is clearly a theory right now being pulled off of any media source in a world where we should be able to interconnect and share ideas to see that ability, which has been so beautifully created by our computer systems, our email systems, our social media sources, to see them actually interfering in what could make us faster at catching issues and be able to work, and broaden the scientific community around the world to see social media and platforms getting in. The way of that, I think to me is one of the greatest tragedies and things that we're learning in this that should change. But thank you for your work. I hope Donald Trump gets to ponder the things that you're talking about. I think those would be great advancements not only for this country, but the world. And I look forward to, you know, hopefully you'll come back on and talk about other things you're working on. It's clear that you have a very reasonable perspective and we like that. You're on the Highwire. Thank you very much for your time.

[01:56:13] Thomas Seager, PhD, Lincoln Fellow of Ethics and Sustainability, School of Sustainable Engineering & the Built Environment
It's been my pleasure Del. Thank you for reaching out.

[01:56:17] Del Bigtree
As I watch that, I think to myself, many of you know that I was a producer on the daytime talk show, The Doctors for six years. I won an Emmy Award and I watched that piece and say I just broke every rule that I learned. So did my executive producer, Jennifer who came over from the Doctors and those that have worked in television that work on this show. We're doing something different. I'm not giving a headline. I'm not going to tell you that Thomas Seager said this. And paraphrase it, we're geeking out here on the Highwire. Frankly, I think a lot of us have the time, so we might as well do it. But again, we're right about to hit the two hour mark when we first started this three years ago was supposed to be a one hour show. But for those of you who are hanging in, I want you to know that you too are breaking the mold. You are breaking the model by staying with us and being interested with us in the actual details of these types of discussions. So I want to just sort of go over what Thomas Seager was saying, because I think it's very, very interesting right now. I know we've been having this conversation. I'm going to preface this. This is a theory, but it's a fascinating theory. And he went back in his paper and some of the models you showed over the last three years, we are seeing like this uptick of something is added on to the what they call influenza like illness.

[01:57:33] Del Bigtree
The ILI's are higher than they've been. I actually had my teammates to look at the last three years. OK, that's interesting. Can we go back and look at the last 10? So one of our modelers put this together for us. I want to show you the last 10 years in review so you can get a sense of what's being discussed here. There's a lot of lines and a lot of colors. But as you can see, for instance, blue, you know, two thousand three to four thousand forty five, all of these things as they go up. And then we have the light blue at the end of this, 2019- 20. So that's the last 10 years. And what you can see is out of all of the last 10 years, there were more medical visits for influenza like illness. Remember, that is what you're going to be most likely categorized as if you're coming in with covid-19, especially when we hadn't diagnosed it yet. So if this was true, I think what you have to look at is look at right around the thirty fourth week, remember, this is by week, so it starts on week twenty seven, ends on week twenty six. This is how we look at a usual flu season on week thirty for there.

[01:58:39] Del Bigtree
That's about August 19th. You see this model start to move in a direction that most have never gone before except for that that think that black or dark blue there that seem to get an early start. But right around the thirty fourth week, there's this uptick that begins and it's very even all the way up into week fifty one fifty two where we see that first peak. There's three peaks this week. Fifty two, which obviously that's like Christmas time. That's right. The time when we're all say man I got this illness, I couldn't explain it. And by the way, many, many people tested there and it was being called an influenza like illness. And this is on top of those that were diagnosed with the flu. So many were not. They were describing this as an illness they couldn't explain. And then, of course, by week seven, you have another peak. And, you know, I don't know why those gaps are there, but if you imagine this is around, you know, journey, it's quite smooth. It goes all the way up. It hits a peak there, week seven and now it's coming down. I think we're in week fifteen there. That's just as we're seeing this is crashing down. Look at the 3D model just so we can have a little bit of fun real quick and show our abilities. There's the 3D model. If you look at it, of course, all the way back there in the light blue, sort of towering over what appears to be around December is maybe eighty thousand more cases or so of influenza like illness in the United States of America.

[02:00:01] Del Bigtree
But, it is fascinating because it's smooth and it starts all the way back. It didn't go and suddenly go up. It's smooth from the thirty fourth week in August where we would normally expect that to happen. Why is it there? Right. That's what Thomas Seager is questioning. He hasn't done blood test yet. And there's lots of people, by the way, we know people inside the CDC and different scientists around the world are actually starting to test blood banks to try and figure out was this here before? Because you realize what that does. That absolutely changes this curve, which means this curve was flattening. It was it was already, as we pointed out last week, we were just going back two and three weeks last week. Now we're looking months back. Is it potentially where this all started and why would it be smooth? And think about this. There clearly is an added amount of influenza like illness on top of all the other ten years. We have a higher rate coming into hospitals all the way back in August, September, October, really starting to ramp up in November. Think about this. Some things there. Right. And we had testing for flu and many of these were on top of the testing, meaning there was something being called an influenza like illness.

[02:01:16] Del Bigtree
That was not being diagnosed and wasn't end up blood testing is the flu, what was it? It's obviously something else, could be a rhinovirus, could be a different coronavirus. But what are the odds that there would have been a different illness other than covid-19 that were stacked on top of flu and then that went away and what, December when Han was breaking loose and then all of a sudden in January, there's a brand new virus that adds on top of flu. So we had two irregular illnesses show up in the same season. I hope that makes sense. That would really defy reason. So I can see, while there's real focus in why Thomas Teeger feels like we should really be looking at this, because if it was high there, it is high here. Odds are there was the same illness being added to the top, which changes this entire discussion. We want it to be one of the first to show you that this theory is now being looked at by multiple sources from Stanford, Penn State and now Arizona State University, where Thomas Seager is really, really fascinating. If you are fascinated by these things, then we would love your support so we can continue to look into these issues. So please donate. If you haven't, let me go ahead and try and close out and try and encapsulate everything that's happening in the world and just happen on this show.

[02:02:41] Del Bigtree
There are a lot of questions about what's going on. There are a lot of questions whether China told us the truth. We have heard our president say I do not trust China. We have heard Tony Fauci and others say, well, we've got to really relook at these numbers. We have heard different organizations say we were lied to about the death rates in China. We were lied to about the point where they knew that is infectious. We were lied to when not only was an infectious from one in which to a human being, but from a human being to human being, obviously nobody really trust China. If we don't trust China, how far back does that distrust go? If we know they were looking at something in November starting to admit to in December, is there a chance that it was really around since August or even earlier and we didn't know about it? They knew about it, but we didn't. I think Thomas Sieger brings up some great questions in how our system works and why the heck are we dependent upon China and why are we dependent upon the World Health Organization? I think there are serious questions about the World Health Organization and how well this has handled this. And all of these questions are going to get even deeper and more serious if we find out that we were misdiagnosing an illness that was here all the way until last fall.

[02:03:55] Del Bigtree
That means the WHO was totally off. Were they doing it because they're siding with China where they just listen to Bill Gates, who is a major contributor. All of these things should be on the table. All of these things should be being discussed by mainstream media. But of all the things, I think the most important question is, did the United States of America have a treatment that could have saved tens of thousands of people in this country and perhaps hundreds of thousands around the world? Did we delay it on purpose? I think it's perfectly OK to say that, you know, scientists didn't know what was going on. And we know that everyone's trying to figure it out. And and just as Thomas Sieger said, you know, models are wrong. They're just wrong pretty much about everything. But there's things you learn as you sort of refine those models. But when you found out that there was a study back in 2005 showing that it could be very effective to use chloroquine against a coronavirus, do you find it shocking that no studies were done, especially as this was ramping up in China? Maybe if we were just working on it to help China, but certainly to help ourselves? Folks, we are behind the ball in America on almost every single platform there is, whether it was early detection, we were behind the ball, whether or not there was a treatment, we are still behind the ball.

[02:05:20] Del Bigtree
So many mistakes at what point I was thinking to myself, Donald Trump says he's going to run this country like a business and you can argue whether or not that's the right way to do it. But let's think about it. I thought to myself, if you're running a business and you have the person that is projecting your sales or whatever it is you do, but came in with a projection and said, here's where our sales are going to be. Here's where unemployment's going to need to be. This is what our projection is for this year. And then they come back in about a month and a half later, say, our boss, I made a slight mistake. The modeling I did was off by about two thousand four hundred percent. I'm sorry about that. It's not going to be five hundred thousand in sales is going to be more like twenty thousand in sales. You might hold on to that employee, right, you might say, OK, how did it happen? Well, I don't know. I might have put a decimal in the wrong place. I'm not sure what happened, you know, but I fixed it. I've got the new model. Business is going to be good, not even as good as I thought or not be as bad as I thought or whatever it is, however you want to look at it.

[02:06:22] Del Bigtree
But I've got it locked down. And then four days later, they walk into your office and say, Boss, you know what? You know that model fix I made where I went, I went down quite a bit that that 12, 14 percent thing. Well, it's now half of that. It's half of that again. When that person walks out of that office, are they walking out with the job because our scientific leaders in the United States of America have come into that office many, many, many times, only to keep changing the model, which they're now finally just throwing out altogether and saying we're going to go with some real hard data. I sure for one, as a citizen of the United States of America, I wish they had gone to the data a long time ago, the way the Highwire has been doing from the beginning. And we've shown you, different arguments. We've shown you everything we're looking at. We're fascinated by it all. There's no agenda here. What are the numbers we've been showing you? Death numbers. There has been some argument that this is like every other flu season. Perhaps if we look at Thomas Seager's information, there is a slight uptick and maybe we could have caught that slight uptick earlier. But all of this is on the table. And when I think about the fact that we are still in quarantine, whether what it looks like there's a treatment that's having an over 90 percent success rate, that is not the protocol in this country, we very may well be finding out that we have been treating this the wrong way, as we talked about last week, so many people pushing away the ventilators and moving the oxygen and other treatments first and foremost.

[02:07:59] Del Bigtree
And now we're starting to see lives being saved. Was our treatment killing people? Did we have that wrong? And now we are seeing these numbers coming down. At some point we still have people talking about a unicorn. Anthony Fauci still speaking eighteen months from now, which made me think of this idea as a metaphor. Imagine you're in a car and you're driving down the road for whatever reason and you fire. We've all seen the scenario, right? You go off a bridge and you land in the ocean and you start sinking. There's been television shows that how to get through a crisis, right? If you're sinking in a car, what do you do now? There's really only a couple of thoughts going on is that car starts sinking in, the water starts coming up around the windows. I remember watching one show, they said don't try to open the door until you're fully submerged so that you can that there's less pressure. That's the only time you can open the door. But you see, you have to open that door because for every minute or seconds that you're sinking, you're going deeper and deeper past the point that you will be able to get back to the surface and survive.

[02:09:06] Del Bigtree
You see I see your response to covid-19 exactly like this. We are sitting in the car. It is sinking. There are many of us saying we got to open the doors, we got to get back and save this economy or we will be dead. Everything we know to be our life will have disappeared. It will be obliterated. We will not survive. We must open this door now and accept the consequences. And sitting next to us in the car is Anthony Fauci saying to us, no, no, no, no, there's oxygen in this car right now. And at the bottom of the ocean, there's a vaccine unicorn that's going to save us all. It's going to be too late, Anthony. Yes, if we open the doors, as you're saying, water is going to rush in, maybe one person in the back seat might have a hard time, but they're going to have the only chance they have. If we open the doors now and we get out and we start swimming our way through natural infection. Let's get the elderly and those that are going to be in danger. Let's really lock them away. God, that has to be possible, doesn't it? We certainly have the ability to protect those that are immune suppressed. The ninety nine percent of us need to get out of this sinking ship and we need to do it now because it's going to run out of oxygen.

[02:10:26] Del Bigtree
And 18 months from now, if we try to surface, then there will be nothing of our lives as we knew it left. People are marching for good reason. You were watching the Highwire and everything that's going on around the world, the truth for good reason. We are the United States of America, but we're watching this around in Australia. Those of you in Germany and Poland that are joining us in India, welcome you to are on this spaceship Earth. We must not drown. Let's get to the data. Stop censoring the show because we're asking the questions every other decent scientist in the world is asking, like, is this a manmade virus? Were the ventilator's killing people? Did we have a treatment for covid-19 worth of treatment right now? If we discovered it and this right now, when can we get back to work? Did we diagnose this soon enough? Did we really know when it all started? Those are scientific questions that demand real answers that will bear the fruit of our future. And that is what we were fighting for on the Highwire. I'll see you next week. Thanks for watching and thank you for being a Highwire insider. Be sure to share the show with your friends on Facebook, YouTube, Periscope and Instagram, because knowledge is power. Power is freedom. And we need all we can.

END OF TRANSCRIPT