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DURATION

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22 SPEAKERS

Del Bigtree

Jefferey Jaxen

Laura Ingraham, Fox News

President Donald Trump

Dr. Anthony Fauci

COVID-19 patient

Various speakers

Sean Hannity, Fox News

Dr. Oz

Stephen Sisolak, Governor of Nevada

Various news reporters

Justin Trudeau, Prime Minister of Canada

Dr. William Grace

Lawrence O'Donnell, MSNBC

Chris Cuomo

Sen Cory Booker

Don Lemon, CNN

Rachel Maddow

Toby Rogers, Political Economist

CNN announcer

Anderson Cooper

Dr. Sanjay Gupta

START OF TRANSCRIPT

[00:01:12] Del Bigtree

Good morning. Good afternoon. Good evening. Wherever you are out there in the world, welcome to The HighWire. I want to thank many of you. We have brand new eyes, I know, watching today. You've heard the word that The HighWire gets down to the facts and the truth you're not finding anywhere else in those news agencies we're watching on a daily basis. This is one of the most incredible times that any of us has lived in, and the stakes are massive. I want to let you know that preparing for this show this week, we took extra caution, because I realized so many of you are now watching that you're coming to us to see the truth, and I personally want to make sure that we aren't putting anyone in harm's way. I would hate to find out that we gave stats that showed that the virus was not actually deadly when we talk about coronavirus or not as deadly as you thought and people charged out and got killed. Equally, because I also spoke about quarantine last week, I would hate to find out that we quarantined and lost tens of thousands, if not more people to the deaths and things that come from a quarantine. But that's what The HighWire is all about. We're all about investigating everything that we can find. So I want you to know we took extremely great care this week. I called everybody from every side of this conversation and demanded that they show me where our blind spot is. Today we're going to present the information that we have found throughout this week, things I know you have seen nowhere else.

[00:02:45] Del Bigtree

Last week we got into China. We talked about the numbers that came out of Wuhan, the very center of this epidemic and now pandemic. And I showed you that the numbers just don't add up. If we look at the numbers from Wuhan, we do not see this deadly coronavirus, it's not as deadly as we've been told. But many of you, rightfully so, said we cannot trust China. We can't look into China. We don't know if we're getting the real numbers. Where we should be looking is Italy. So a lot of this show today will be focused on Italy and the numbers that no one has actually shown you. What is the actual truth? What is happening in Italy? That will come later on in the show. But first, let's just begin with a breakdown of what all took place in the last seven days here in the United States of America and around the world in the pandemic known as COVID-19. To help me with that, I'm bringing in our own Jefferey Jaxen. Hi Jefferey.

[00:03:45] Jefferey Jaxen

How are you doing, Del?

[00:03:46] Del Bigtree

I'm doing very good. It's good to have you here. Well, as always, you've been watching all the news. This thing is one of the fastest moving news stories, I think, in the history of my lifetime, anyway. But why don't you just sort of run us through what took place in the last seven days since we were last reporting on The HighWire?

[00:04:06] Jefferey Jaxen

Yeah, absolutely, and I agree with that. And some of these numbers I'm going to be referencing, I'll also say that those were taken this morning, and so they may have changed as someone might watch this a day later or two days later. This is an absolutely crazy, fast-moving story, so. Well, some of the big news, the UK announced the countrywide lockdown by Prime Minister Boris Johnson. So that was this week. So it's interesting because last week on the show you covered that the UK was stepping back and saying, you know what, we're going to let herd immunity take over the population. Everyone's probably going to get this and we're just going to roll the dice, see what happens.

[00:04:43] Del Bigtree

To make the important point, and I was showing how these are different approaches, that the UK, when we talk about herd immunity, so often we hear that based on vaccination. But the true point, the true term herd immunity comes from natural immunity, because once you get a virus or a bacteria, you know, a live virus or a live bacteria and you have the illness, you have lifelong immunity, something that is just never been achieved by a vaccine. It's an inferior immunity that vaccines provide, which is why we see second, third, fourth, fifth doses of vaccines, why everyone has to get a flu shot every single year because they've never been able to achieve a lifelong or universal flu shot, as they describe it. So it was a really big point. I was pointing to the UK, that had a really amazing approach to this, but obviously, something's happened, right? Apparently they are now really worried about the death rate and things going on in the UK, so they have shifted now and they're moving much in the same direction then as the US?

[00:05:39] Jefferey Jaxen

Yeah, you know, minus Trump's federal, you know, Trump hasn't really said a countrywide federal lockdown or shut down, so to speak, but the UK backed off kind of that herd immunity approach and fell in line with what we talked about last week, the Imperial College of London's report. That was based on some assumptions and projections and it was a suppression plan, and so they were talking about basically keeping restrictions in place until about 18 months, until a vaccine was ready and some other countermeasures. So it was written up in the paper. There, it said, the COVID-19 response team, based at Imperial College in London, revealed that the government's experts realized only over the last few days that its policy would, quote, likely result in hundreds of thousands of deaths, potentially 250,000, and that the burden on the health system, so this is the key thing for the UK to make this decision that they made, the burden on the health systems would exceed their capabilities, capacities and resources by as much as eight times. So currently, as we speak, the latest in the UK of over 67 million people, there's a little over 9600 cases, 467 deaths. Now moving on to Israel. It's interesting, you know, because each country is, even state by state in the US, there, everyone's kind of doing a different approach. Israel, their defense minister came out and said, essentially, we're going to try herd immunity. They're making some other adjustments as well. But the defense minister came out and basically said, the most important thing is to separate old people from younger people, to isolate the most vulnerable. So Israel is shutting down non-essential stores, eateries, places like that to stop the virus spread, but in Israel right now, there's only 2500 cases, roughly and about eight deaths. So that's their approach, which was kind of interesting. As one country decides not to do the herd immunity, the other one pops up and tries it.

[00:07:39] Del Bigtree

Right? What else do we have out there? Yeah.

[00:07:43] Jefferey Jaxen

Yeah, worldwide numbers. Right now, the epicenter's now are Italy, about 74,000 cases, a little over that. The US is up to about 70,000 cases now, that includes some of the New York numbers. It was reported this morning that New York is reporting over 37,000 cases and the Spain is 56,000 cases. And now, as far as the testing is concerned, I pulled some numbers from the US testing and the tracking, and across the entire US, now, this was only yesterday this was updated, so these are not new numbers as of today because the update had not happened yet, but there's been a total of 484,000 people, a little over that tested, 65,000 positive, just a little over 65,000 positive. 367,078 have been negative and a little over 6,000 people have been hospitalized. So that's a first kind of look at the real numbers here. A lot of people are hearing numbers thrown around, but just throwing it right on that screenshot like that, I found that very interesting. And one of the side conversations is California. So last week Governor Newsom came out and said, California is expecting over 25 million cases, people were getting infected. And at the time there was less than a thousand cases, in California, there was about 250...

[00:09:08] Del Bigtree

Quite a projection. Right, that's quite a projection. Yeah, okay.

[00:09:11] Jefferey Jaxen

Yeah. And at the time, there was 256,000 people worldwide that were infected. So, I mean, that's an interesting projection there by Newsom. So right now, California testing, there's been a little over 2,500 positive cases, a total of 18,000 tested. There's 48,000 pending, so I'm not sure where that's going to fall into place. But that just gives people a kind of a real snapshot of what's going on there. And now across the country in the US, about half, a little over half the country is on a shutdown. I don't know how we want to call this a lockdown, stay at home....

[00:09:47] Del Bigtree

Lockdown, right?

[00:09:48] Jefferey Jaxen

Yeah. That's about 17 states, and what's interesting here, just going back to California for a second, California has reported that there are over 1 million unemployment claims, that's the latest numbers. And that adds to this week, the unemployment claims have soared to 3.28 million, that's a headline as of today. That's a quadrupling of the one-week record that was made in 1982, and so that's some of the data coming out of California. And then also another thing that just was announced that the LA mayor announced that he or the city will be shutting off water and electric to non-essential services that are not abiding by the, essentially the lockdown, so that's an interesting data point because it seems like California has been really the heaviest handed with its shutdown.

[00:10:45] Del Bigtree

That's an incredible moment. I mean, I don't, I can't think of any other time in my life where we have seen government officials moving in really on civil liberties. I mean, it may be necessary, obviously, that's what we're trying to get to the bottom of, right. I mean, in the middle of all of this, this is, there appears to be a crisis going on. You know, does the reaction fit the actual crisis? We're going to get to, we're going to try and get to the bottom of that. You know, it's really been amazing, it's been amazing to watch this entire reaction, to see the numbers coming in. UK, obviously, moving Israel, replacing them, saying we're going to attempt herd immunity, all of these things are really spectacular. Where is the, where do you feel like the nation is at right now? Is there a real divide taking place or are people aligning on this? You know, what's the sense out there?

[00:11:40] Jefferey Jaxen

I think it's both. I do see a lot of people aligning as far as just coming together to get past this thing, coming together to overcome what's happening here in the communities, selfless acts of help to older community, older members of the community. A lot of communication from people, it's really been great, at least where I'm at. But I did see a headline of an article that said The Two Americas, and there is a split going on right now, and it seems like this is going to be the conversation from what I can see moving forward into next week, and now into next week and beyond, is do we start the economy or do we not start the economy and keep the shutdowns in place? And one is an economic conversation, and also the jobs and, you know, loss of life if this thing spirals into a depression, the other one's a health-based conversation for the health professionals. But looking at China, China, as you reported last week, is already reporting that its economy is coming back online. And a lot of people, yes, a lot of people don't trust the numbers coming out of China, but this was a multi, these were multi indexes, I did a lot of research on this. And so they looked at coal consumption, they looked at passenger travel flows, they looked at electricity use, a handful of other indexes. And these are all showing returns to, not normal, of course, but they are coming back online. Chinese plants and people are starting to trickle back into work. Now, the impact is going to last a very long time, probably to get everything back to normal, if there is ever a normal to get back to. But this should be hopeful for the people in the United States.

[00:13:21] Del Bigtree

You know, it makes me think about, you know, when you think about sort of a car race and people, the racers taking a pit stop. China took its pit stop. It's now moving back out on the track. I mean, when we think about global power and we think about business, you know, you have to wonder what type of advantage China might be at that they're getting back into the race and ramping back up into production when the other nations are shutting down. And, I'll have to be honest, I wasn't even really planning on talking about this today, but really, if they are going back, putting people back on the streets and removing whatever lockdown they had, it really sort of defies to me any idea that this was an infectious disease or that the lockdown. Because, first of all, it's not like they're over their lockdown and all of a sudden the, you know, they said, visa's up, the virus has now got to leave the country. You know, it still hanging around, it still has to be there, it still has to be, someone without symptoms is around if we're to believe what we're told, that nobody got it, that it was actually the shutdown, right. This is the point.

[00:14:27] Del Bigtree

If the shutdown is what stopped the virus, they would have to stay locked up. Because if they come back out, you have all of these people who have not gotten it, supposedly, which really makes one wonder, I think, if China perhaps lied to us about their lockdown or maybe the lockdown was not actually successful, and they recognize that they have herd immunity now. Because is there any other way you could this quickly put people back in the streets unless you said, you know what, so many people got this virus and it really was not that dangerous, that we're just going to go ahead and get out there because we're going to be fine now. I mean, I think this is the question, part of what we're going to grapple with today, but it's quite shocking to think that they would be able to, from a crisis just a few weeks ago it seems, to now right back out on the streets as though the virus packed up its bags and left. It just defies reason, doesn't it?

[00:15:18] Jefferey Jaxen

Yeah, absolutely it does, and one of the future conversations that everyone should be looking for in the United States is, we saw the World Health Organization praise the Chinese response, and so if we start looking, if the numbers are racing in the US as reported and, you know, let's say we can't get it, quote, under control like China did, the question is going to be, do we really start to take some cues from the Chinese? Do we use, you know, everyone can go look at these articles, these titles. Do we use tracking location? Do we do we monitor people? Do we enforce social distancing via the cell phones? All of these things. So this is a conversation to move forward, just keep an eye out for it.

[00:15:58] Del Bigtree

Alright, great. Jefferey, thank you for that report, that was very helpful. Appreciate it.

[00:16:01] Jefferey Jaxen

Alright. Thank you.

[00:16:02] Del Bigtree

Talk to you soon. Okay. So obviously, China brings up a huge question, part of which we were, you know, we're planning on looking at this a different way. I mean, preparing for this show, there are so many data points coming from so many different places that it's hard to imagine how we're going to lay this out to you so that it makes sense, but we're going to attempt to do that today. But in order to do that the right way, I really need to ask everyone in the audience right now to try and take away the sensationalism, try and take away the fear and the angst and the anxiety that watching the news has created. Mainstream media has got us at a fever pitch. I want to move away from that. I really want to try and get back to a stable, rational place. Because the truth is, is that we have world leaders right now, we have leaders in this country that are going to have to make very difficult decisions. Now, you might be someone that just says, I'm going to sign off and let those decisions be made. I don't want to know what the numbers, I'm not wired that way. And people that watch The HighWire, I believe you're here because you're not wired that way. I think, for many of us, in this community, we like to run through the numbers and think to ourselves, what choice would I make? What would I do if I was President of the United States right now, and I was seeing the data that everyone else is seeing? You see, no other news agency is delivering that for you.

[00:17:33] Del Bigtree

You don't know what data they're seeing. You only hear the talking points that they're coming out to you with, so today we are going to go through the data that the world is looking at so that perhaps, by the end of this, if you stick out through this entire show, you will have enough information to at least start making an informed decision about how you might approach this. So for the next hour or so, it might be a little bit more because we have a lot of information, I don't want to leave anything out of your equation. But for this next bit of time, can we put aside party differences, can we put aside sexism and racism and all of those things that can get in the way of logical, rational discussion, and just look at this together as human beings? Because in the end, we are all one family on one planet and the decisions we make will affect our children and the generations to come. So let's get started. I think at the heart of this conversation, the thing that really sort of stuck out to us as to where to start this conversation is there seems to be a divide now happening, and it's very apparent, more than it's ever been before, between really two heads of state in a way, here in America, Donald Trump and Dr. Tony Fauci. Donald Trump, the President of the United States, and Tony Fauci, the head, really of this entire discussion about infectious disease from NIAID. These two gentlemen locked it up in the news in multiple places, and it all revolved around a drug, a malaria drug called chloroquine. This is what that looked like. Take a look.

[00:19:19] Laura Ingraham, Fox News

The media seems to enjoy looking for the tension between you and the President.

[00:19:27] President Donald Trump

A drug called chloroquine, and some people would add to it hydroxy, hydroxychloroquine.

[00:19:35] Dr. Anthony Fauci

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

[00:19:41] President Donald Trump

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

[00:19:51] Dr. Anthony Fauci

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

[00:19:56] President Donald Trump

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

[00:20:03] Dr. Anthony Fauci

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

[00:20:19] President Donald Trump

It may work or may not work. I feel good about it.

[00:20:23] Dr. Anthony Fauci

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

[00:20:31] Dr. Anthony Fauci

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

[00:20:36] Dr. Anthony Fauci

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

[00:20:42] President Donald Trump

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

[00:20:46] Dr. Anthony Fauci

There's no magic drug out there right now.

[00:20:48] President Donald Trump

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

[00:20:50] Dr. Anthony Fauci

You really can't make any definitive statement about it.

[00:20:52] President Donald Trump

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

[00:20:58] Del Bigtree

Alright, well, we obviously had some fun with that intercut. And in some ways it's very comical, except that these two gentlemen seem to be butting heads on life and death decisions for the future of our nation, and really the world. Tony Fauci is a very important person when it comes to health in the world. Now, I want to be honest. You know, part of what I do, when I look at a situation, is I try to imagine what's driving people, what is their motivation. And so let's be honest about that, because there is a real divide now taking place in this nation. There are a lot of people making fun of Donald Trump thinking that chloroquine can make a difference, and are standing with Fauci. Others think, why would you deny a potential lifesaving drug? But what would be behind both of their motivations? And is it truth that gets in the way? I think that what we have to really do is what lens are they looking through, what are they trying to achieve? So let's just talk about Donald Trump for a second. I mean, I think most people or a lot of people, and obviously there is a huge divide over what people think about Donald Trump. I personally now consider myself politically marooned for multiple reasons, so I don't have skin in the game.

[00:22:12] Del Bigtree

But when I look at Donald Trump and I hear what the world says and what we say a lot in this country, and if you listen to a lot of the headline news, most people would describe Donald Trump as having a massive ego. Many will say that the reason he wanted to be President was to try and get richer, that he was going to use the presidency just to make more money for himself. Others think, no, he's a megalomaniac. He actually is a crazy person that believes that he's going to be the greatest President that ever lived. Somewhere in there may be the truth, but you have to imagine that there is a lens for him, which is, if, you know, if I put the entire country in lockdown and we go into what is an obvious depression, odds are this next election is not going to look very good for the President that put them into depression. On the other hand, if I take a risk and I end up being right and I put people back to work and not as many people die as the flu or somewhere around there, then I potentially go down as the greatest President that ever lived for making a decision that most of the world had said was a crazy decision to make. So through that lens, you can see why Donald Trump might be looking forward to another plan.

[00:23:19] Del Bigtree

On the other hand, we have Dr. Tony Fauci. Now, Tony Fauci, we know that NIAID is working with Moderna to create a vaccine, and that vaccine may be online, somewhere in the future, and that may be a passion of his. We also know that he has been working for a very long time for NIAID, since the mid 1980s. This is a gentleman who has been at the top of his field for decades, for most of my lifetime. So on one hand, you got to hand it to him. He has made it through multiple presidencies, he has been there, and he seems to have a lot of knowledge. But I also, I think when we've been watching the news play out over the last several weeks, you can see that Tony Fauci really enjoys the importance that this issue has brought to him, and the limelight that is coming down on him. So I think a lot of people would say he, too, is coming across like a bit of an egomaniac that really seems to like this attention. Does he have an agenda because a vaccine could go on to make billions of dollars or is he working on some other agenda? What I want you to know is I believe all human beings have agendas, and all of that affects their decision-making. Are they clear thinking, are they really coming from a place that looks out for us, or is there something clouding their vision? So I always believe, and this is why I am a skeptic, I think it's my job as a journalist, is to just sort of have skepticism at everyone I look and realize that everyone has an agenda.

[00:24:52] Del Bigtree

Which is why today we're going to discuss the battle of two agendas. Now, at the front of this chloroquine discussion, which, we saw that, you know, Donald Trump really believes this is a great approach. We have, we broke this story for you weeks ago when we said that Dr. Raoult, one of the top virologists in France, was pointing to studies in China that had been done, and he was saying, look, this is a really great alternative, we're having virtually 100% success rate. He said, "Actually from all respiratory infections it's probably the easiest to treat. So there's really no reason to get excited anymore. There is really no reason to get excited and rush to..." a vaccine. That was weeks ago. Donald Trump then, somebody got that information through. Maybe he met with Dr. Raoult, we're not sure how that happened. But here's the part of it that bothers me. I keep telling you that mainstream media is funded by pharma. You know, oftentimes 50 to 70% of the advertising is by pharma. So our news reporters and our news anchors essentially are working for the pharmaceutical industry, which is why it's so hard to get good information.

[00:26:05] Del Bigtree

Now, a lot of people think I'm exaggerating that. But remember, I worked for the CBS talk show The Doctors. I won an Emmy Award working on television as a producer for that system, and I'm telling you, there are things you can't cover if it goes against pharma because that's who's funding your show. If you want proof of that, watch television right now. Watch the news and see how many television ads are pharmaceutical products. So there seems to be some manipulation of the media, and I've talked about it for a long time, but I have never in my life, as far as I can remember, seeing anything as egregious as what appeared to be a blatant attack on Donald Trump and his desire to bring a drug called chloroquine, that many doctors around the world think is a great approach to this, when nothing else exists. Take a look at these headlines, you probably saw them. "Don't trust Trump's" --this is MSN-- "Don't trust Trump's coronavirus 'cure,' says widow of a man poisoned by chloroquine." Again, Forbes, "Man dead from taking chloroquine product after Trump touts drug for coronavirus." Ariz-- --this is CBS News-- "Arizona man dies, wife ill after taking drug touted as virus treatment: 'Trump kept saying it was basically pretty much a cure.'"

[00:27:32] Del Bigtree

And The Guardian, "Arizona man dies after attempting to take Trump coronavirus 'cure.'" Look it, I want you to really wrap your head around. Look at that, look at that title again. I just because we're going to get to something that for many of you that didn't move past this headline is going to be mind-blowing. "Arizona man dies after attempting to take Trump coronavirus 'cure.'"The cure that Trump recommended. Next headline. "Phoenix man dies after self-medicating coronavirus with Trump-endorsed drug." So apparently this guy took the drug that Trump was endorsing and he died, right? But let's look at how these articles were written. We've seen the headlines. Trump is at fault for getting a guy killed because he did what Trump said and he died. Is that true? Take a look at how this article, this is just one, they were all done the same way. "Last week, President Trump told reporters" --this is Daily News-- "that a 'very powerful' drug was approved to treat coronavirus. But health officials are warning that it could be deadly. The drug in question, chloroquine, is typically used to treat malaria, and contrary to Trump's proclamation, it has not been approved by the FDA to treat COVID-19. However, a Phoenix man and his wife self-medicated with chloroquine as a precaution against coronavirus, according to CBS affiliate azfamily.com." Bring it back to me before we go on, I don't want to give away the punchline here.

[00:28:52] Del Bigtree

Okay, so you're under the impression, first of all, okay, Trump didn't say, go out and buy yourself a prescription of chloroquine and give it to yourself. What he was saying is, this looks like a good approach, right? In fact, do we have that? Do we have him saying, I really like this idea? No. If you remember, he said, I have a warm feeling about this, I have a good feeling about this, and that's what was, it was in the middle of the montage. I mean, that was what he said. He's a warm feeling about it, that's what he said. And he was looking forward to trials being done on it and opening up so that hospitals could use it. So already, you know, it's a little bit extreme to say, if these people went out and bought their own prescription and gave it to themselves, they're not doctors, and Donald Trump, I mean, I'm not favoring him, I'm just saying he did not say go out and buy a prescription and give it to yourself. But that's actually not what happened. You see, you have to read further. You would have had to really be glued into this article and get yourself about six paragraphs in to read this. "They did not take the pharmaceutical version of the drug, but rather 'an additive commonly used at aquariums to clean fish tanks,' Banner Health said in a statement, according to CNN."

[00:30:14] Del Bigtree

These people did not take chloroquine, the drug, that should have been recommended and administered by a doctor. They didn't go out and buy a prescription. They went and grabbed a powdered aquarium cleaner, that looks something like this, and ingested it themselves. Yet all of mainstream media that we could find told you in your headline, which we know most of America is only going to read the headline, they died taking the drug. This is an all-out assault on a possible drug that could bring about a cure for people that are in dire straits with, you know, and having a serious reaction to COVID-19. I've never seen anything like this. I've never seen anyone come out against a drug that had the potential to help the way mainstream media has. Meanwhile, luckily, some people have shown the other side. This is an interview that I think was really important with Dr. Oz. Now, Dr. Oz is someone that was actually a competitor of the show I worked on, The Doctors, but I've always had a lot of respect how Dr. Oz does his work. He was interviewed because he went and talked to many doctors and scientists and people that are trying this new trial approach using chloroquine. This is what he had to say on Sean Hannity on Fox. Take a look.

[00:31:41] COVID-19 patient

Got in touch with an infectious disease doctor who, at that point, after hearing my story, agreed to issue the drug. About 30 minutes later, they gave it to me. That was 6:30 on Friday night, and by 4:45 in the morning, I woke up with no fever, no symptoms, and I felt great since.

[00:32:03] Various speakers

She just finished three days in the hospital, she's actually being discharged home as we speak.

[00:32:06] COVID-19 patient

My condition was improved by the next day, that my cough was improved, my shortness of breath was better and my fever went away.

[00:32:16] Sean Hannity, Fox News

We've known about this drug for, what, since 1945. Tell us why you're looking at this as a possible treatment that could save lives.

[00:32:25] Dr. Oz

This French doctor, Dr. Raoult, a very famous infectious disease specialist, had done some interesting work at a pilot study showing that he could get rid of the virus in six days in 100% of the patients he treated, as opposed to maybe 20 days in most patients who have COVID-19, that's a big deal, that dramatically shortens the infectivity. I had the opportunity to interview Dr. Raoult, I was very impressed by him, and I told the Vice President today that what he told me at the end of the interview stunned me. He said that he thought it was unethical to withhold this treatment based on what he knew. And again, this is not a fly-by-night fellow, he's very well respected. He told me about the Chinese who had done a study, so I got that study. And sure enough, they had actually used the medication, this anti-malarial medication, in this case without the azithromycin, and they found that in 20 out of 20 patients there was improvement in the clinical condition within two days. I was thrilled when Vice President Pence today told me that he was pleased that the FDA was okay with off-label use. Basically what I'm hearing, I hope I'm getting it right, is that although we don't want people using off-label products, if physicians need to take care of their patients, the US government respects that reality. You go to war with the army you have. So we do not want people using this stuff willy nilly, you must talk to your physician. But a lot of doctors here in New York and around the country are getting comfortable with the idea of using this earlier in the course of the treatment of their patients. If we have ideas of compounds, this being an example, but there are others being developed, that could either shorten the duration of the illness, make you less contagious, or prevent you from getting it, that changes the entire equation.

[00:34:03] Del Bigtree

That's an incredible report by a doctor that is saying, look, I get it. You know, it is anecdotal, but we're talking about 100% success rate in those that tried it in China. And Dr., you know, the doctor from France that first really introduced this to us, he's saying Dr. Raoult is an amazing guy. He's a smart guy, and he's, quote, saying, I believe it's unethical to withhold this treatment. Remember, we are worried about how deadly coronavirus is. There is nothing else available right now, so everybody, we should be trying to ramp up production and get as many trials going on as possible. And Dr. Oz is telling you what a lot of doctors are saying. This is a very, very positive development. And yet, that is not exactly how it's being portrayed, clearly, by the media that has this one drug under attack. It went even further. Now, I want to believe, I work for television, I want to believe that everybody at CNN and MSNBC and all of these news agencies and the New York Times and CBS News, that they mean to do what's right. But again, are they doing what's right because they just simply are bringing you the truth, or are they working for somebody? Is that pharmaceutical impact have a way, you know, is it affecting how they're reporting? Look at this headline that came out of Nevada, this was shocking to me, this was just, I think, two days ago.

[00:35:25] Del Bigtree

"Nevada governor bans malaria drugs for coronavirus patients." I about lost my mind when I read this. I said, you've got to be kidding me. Here they're saying Donald Trump is putting people at risk and that people are dying because they're taking the drug he recommended, and you have to read deeper to find out that they're actually drinking aquarium cleaner or eating aquarium cleaner to get to the actual truth. I mean, these people shouldn't be touted as being that intelligent. In fact, I think they just won the Darwin Awards, if you know what that is. But now we see someone in Nevada, let's look at that headline again. You know, we imagine Nevada governor is banning this drug for coronavirus patients that may be dying in their beds as we speak. I was going to lose my mind over this, too, right? Here it is. "Sisolak's order came a day after a Phoenix-area man died and his wife was in critical condition after taking an additive used to clean fish tanks called chloroquine phosphate, similar to the drug used to treat malaria." See, it gives the same exact argument. Except that we found video of this governor, and here's what he actually was saying and did. Take a look at this.

[00:36:33] Stephen Sisolak, Governor of Nevada

I also signed an emergency regulation promulgated by the board of pharmacy to limit the hoarding of two certain drugs, chloroquine and hydroxychloroquine. While the two drugs serve necessary medical purposes, there is no conclusive evidence at this time among COVID-19 experts or Nevada's own medical health advisory team that the drugs provide treatment for COVID-19 patients. The emergency regulation is aimed at preventing the hoarding of the drugs so those who actually need them can have access to them.

[00:37:09] Del Bigtree

A lot different than the headline we saw. I mean, it seems somewhat sensible. I mean, not only do I not want people eating aquarium cleaner, I really don't want you hoarding a drug that you probably really don't know how to use anyway. Let's leave it in the hospitals where it's needed for people that are really, truly ill. Because, by the way, if we're testing a new drug, and we're using real live patients, let's go for those that are really in critical condition that don't have another choice. By the way, apparently the people that ate the aquarium cleaner did not have COVID-19 at all, they were just thinking it was going to make them healthier. But again, a manipulation of this story so that everyone panics and everybody says, on one hand, people like me who, if we only read the headline, would say, what are you doing, you're going to get people killed. Others saying, it must be really dangerous, I'm glad they're blocking it. But we're not getting the truth from mainstream media, why run headlines like this? You've all watched The HighWire, where we get false information on flags across our videos, and our statements is that we're misrepresenting something and they can never prove we've misrepresented anything. Meanwhile, leading news agencies are clearly manipulating the story, trying to attack the chloroquine approach when other doctors are saying this is a great idea. Why would that be? You know, what would be the agenda? I mean, this is what I had to ask myself, what is behind this? Why is it that you would attack the only option you have? I guess if you suppose you thought, oh no, there is a better option and we're distracted from it. What would that be? Maybe it looks something like this.

[00:38:49] Various news reporters

Now there's a new hope for a vaccine.

[00:38:52] Various speakers

What we want to do is be able to prevent the disease, and the way to do that is through vaccinations.

[00:38:56] Justin Trudeau, Prime Minister of Canada

But we have to remember that vaccines won't be ready overnight. They will take months.

[00:39:01] Various news reporters

And it won't just disappear, right. Until there's a vaccine, there's going to be a risk of a second wave if, even if this one flattens.

[00:39:09] Various news reporters

Until we get a vaccine, we're going to spend at least the next year, not necessarily quarantined or having to stay in our homes, but battling reappearances of the virus again and again.

[00:39:22] Dr. Anthony Fauci

We should be, and are, and will be making a universal corona vaccine. To me, that's the best long-term goal for this.

[00:39:31] Various news reporters

You're going to get a vaccine for this thing, and that is the answer.

[00:39:37] Del Bigtree

Fauci says, I think this is the best option is a vaccine. A vaccine, by the way, that is only in first stage clinical trials. They're still looking for the 45 people that they're going to enroll in this trial of what I've already showed you in previous shows is one of the most dangerous vaccines we've ever attempted to make. Animal models in previous coronavirus vaccines, animals died, hemorrhaged, had cytokine storms, so much so that those that were attempting to make the vaccine warned others, be very careful ever moving to a human model. We have done this, this was the show that we presented, so go back and watch some of our previous shows. I have too much information to get to you. But Dr. Paul Offit, who made the rotavirus vaccine, and Dr. Peter Hotez, somebody that makes vaccines for major diseases around the world, both of them have spoken out and said how dangerous this vaccine is and rushing to it would be an incredible mistake. And yet Tony Fauci, the person we're relying on, on the other side of the story, is saying, you know, he's putting out information, we should be careful about chloroquine. We really haven't done proper studies. We can't trust anecdotal evidence. We don't know how dangerous this could be. But the drug has been used for 75 years. We have 75 years of data to look at when it comes to safety for chloroquine and absolutely zero days of safety or understanding of whether or not they're ever going to be able to have a vaccine. Why is it that all of the intention from the medical establishment, the head of NIAID and apparently the CDC and others around the world are saying the vaccine is our hope?

[00:41:25] Del Bigtree

It doesn't even exist. It doesn't even exist yet. We have no idea if they can get around the hurdles of the vaccine attempts on animals when it killed the animals. We don't know if it's going to happen, yet that's the focus? Why would that be? Again, when we're trying to think of the agenda, then I looked at, well, where is this agenda coming from? Tony Fauci is directly involved with the World Health Organization. Let's just take a quick look at what their goal is over the next ten years. This is right from the World Health Organization, the Immunization Agenda for 2030, a global strategy to leave no one behind. "A world where everyone, everywhere, at every age" will have the full benefits from vaccines. "Leave no one behind, by increasing equitable access and use of new and existing vaccines." We're going to "Ensure good health and well-being for everybody by strengthening immunisation within primary health care and contributing to universal health coverage and sustainable development." They have a goal to have everybody on the planet in a vaccine program. I've been talking about this for years on The HighWire. I'm not going to get buried in it now, but there is some power to that agenda. We also know that NIAID, who Dr. Tony Fauci works for, apparently is directly involved. He's "Leading the research to understand, treat, and prevent infectious..." This is their website, National Institute of Allergy and Infectious Diseases. This is what he's run.

[00:42:55] Del Bigtree

They are working hand in hand with Moderna on the leading approach towards a vaccine. Now, when you're a journalist, what you look at is, where's the money trail? Look at, where's the money going to be made? How would we make money? Is money a part of this? Is getting rich and part of this? You know, we know that our government's funding it, they're funding it through Fauci. He's really excited about this vaccine. Do you realize what a vaccine for coronavirus would make? Let's just look at when we follow the numbers. If you take an illness that you want to vaccinate the world for, which is what this entire quarantine and lockdown is going to lead to that, I think we can all say, as many of the people in that video said, go back to sleep. We're going to have to just ride this out and hang on for dear life until a vaccine comes to save us. Well, when that vaccine comes and if that vaccine comes, they want to give it to 7.5 billion people, everybody, because that's the goal of the World Health Organization. 7.5 billion people. Let's just say that the drug costs about \$50. It'd be a really cheap vaccine at \$50, but let's say it's about \$50 to give that vaccine to everybody. The profit to those involved in it, and the companies involved, in one year, if we rolled that out to everyone on the planet Earth, would be \$375 billion for one vaccination. Now, imagine a world that, once we've told everybody in the world you cannot go back to work without this vaccination, you are now enrolled in what I've been telling you is coming for a long time, an adult vaccination program.

[00:44:36] Del Bigtree

So not only do we make the \$375 billion off of the vaccine being made for coronavirus, how about the two MMRs you still need that is already on the adult schedule and all of the other 15 vaccines, 270 vaccines are now in the pipeline in the final stages of approval, and thousands of vaccines on trial. You see, there is a global agenda led by the World Health Organization, involving people like Tony Fauci to move to this future. Now, whether or not you believe in that future, we must all admit that that could cloud your vision a little bit and make you look the other way when a drug looks to be really doing the job to take care of those that are seriously ill. Now remember, if we can take away the death of coronavirus and leave it as the mild event that they're saying 80 to 90% of us will experience, a common cold, then if we do that, we can walk out into the world and get the common cold and have lifelong immunity. Lifelong immunity is what would happen, it's what they're going for in Israel. That would be, that would wipe out the need for a product that could make \$375 billion in one year, potentially. You see, there is a conflict here. And you've got to wonder if we're hearing it straight, especially when doctors in hospitals that are actually using this, as anecdotal as it may be, sound just like this.

[00:46:12] Laura Ingraham, Fox News

So how beneficial is hydroxychloroquine? Dr. Grace, great to see you tonight. How big a deal would approving chloroquine for the coronavirus be?

[00:46:23] Dr. William Grace

Well, it's, everybody is using it now off-label. We have a surge of Coronavirus-19 patients in, throughout the metropolitan area of New York. And the problem is these patients are coming in quite sick, and when they get to a very difficult respiratory status, doctors are using hydroxychloroquine with or without a drug called zithromax or azithromycin, and that's showing tremendous activity. And we have not had a death in our hospital, we have probably close to 100 patients, have not had any deaths. But I've talked to many of my colleagues at other hospitals in New York, and they also are using hydroxychloroquine, although the supplies are running down. We're all using it, especially for desperately ill people, yeah. We're not using it on everybody, but we're using it on those people who show major respiratory compromise.

[00:47:24] Laura Ingraham, Fox News

Apparently, there's the WHO, The World Health Organization, has organized a study called Solidarity, and it includes ten countries: Argentina, Bahrain, Canada, France and a bunch more. So they're doing a global study on this, and it's already underway. So we should be able to get answers on this pretty quickly. That could be a game-changer if what you're seeing, what your colleagues are seeing in Lenox Hill, pans out. Because what they're seeing in China, in France, is stunning, are stunning results with this drug.

[00:47:57] Dr. William Grace

That's true. And I'm hoping that what will happen, the data will come down quickly. We'll get everybody on hydroxychloroquine, go back to work and put the nation back together again.

[00:48:07] Laura Ingraham, Fox News

Now that would be nice.

[00:48:09] Del Bigtree

First of all, I want to say, as a lifelong progressive liberal that grew up in Boulder, Colorado that hated Fox my entire life, how much I appreciate the reporting you guys have done on this discussion and bringing in doctors like Oz and Dr. Grace to actually enlighten us on what's happening inside of hospitals right now as we speak. Do you realize how gigantic this would be? What they're talking about with chloroquine, in the studies and the trials, not just happening in New York and in hospitals all across this country, but in China and other countries where they are trying this out, they're watching a reduction from 30 days of being infected with the Coronavirus-19, down to six days. That is gigantic. That means you get through this disease five times faster, right? Now, all of our hospitals in California and New York, and we're going to get deeper into this, are "preparing" for a future problem, but right now their beds are not overflowing, they do not have an issue. Everything is based on models and, you know, it's like Chicken Little, the sky is falling here and they are preparing for it. But the biggest concern is running out of beds, running out of the respirators that would be available, which is a huge concern and we know that our nation is ramping up. There are car companies and all sorts of people retrofitting to make more respirators. But think about this. Even if this is tragic as it looks like it is in Italy and other places and we're going to get to that in a few minutes, what happens if you're able to move people through those beds at five times a faster rate.

[00:49:53] Del Bigtree

If they had to be there for 30 days in your hospital, struggling for life and on respirators, and you can give them chloroquine and reduce that to five days, that bed is free. That means we can move five times the amount of people through those beds. And remember, this is really only a tragic situation for a small group of people that are immune-suppressed or elderly. Do you see how gigantic this would be? And to imagine that when we move into the future, how do we move forward? We all talked about it last week. It's hanging in the balance. Do we continue to destroy the economy of America right now, or do we open it up? Does chloroquine give us an opportunity to say, you know what, we can now handle the death rate. We can make sure that we all get through this and the rest of us will have a common cold and we'll just be hunky dory. It's a lot like what it sounded like. Donald Trump had a meeting in the Rose Garden. He had a question and answer town hall with the nation. And in it he made this incredible, I don't know if it's a prediction or a statement or a testament, about how he sees us moving forward. This is what he had to say.

[00:51:05] President Donald Trump

There were theories that we were going to stay out for 4 or 5 months, and you can't do that, you destroy our country if you did a thing like that, and we're going to be opening relatively soon and we are, our time comes up on Monday or Tuesday, our, you know, the allotted two weeks, but we'll stay a little bit longer than that but we want to get open very soon. I'd love to have it open by Easter. Okay. I would love to have it open by Easter. I will tell you that right now, I would love to have that. It's such an important day for other reasons, but I'll make it an important day for this too. I would love to have the country opened up and just raring to go by Easter.

[00:51:46] Del Bigtree

That was an amazing statement, and for a lot of people in America who have not been working for the last two weeks that find themselves hand-to-mouth, running out of an ability to pay for food, running out and trying to figure out, am I going, you know, are going on unemployment. We've seen the numbers going through the roof. We were watching the collapse of our economy around this, to hear we could be back online, we could be going to back to work by Easter, you would think that that would be excitement. We have a drug. It looks like it can take care of the worst individuals, move them through the system five times faster. We have answers, and because of those answers, our President is saying, we can get you back to work, we can recover this economy before we go into a full-on depression. But that's just not what it sounded like when we watched the news around this. Instead, it sounded like this.

[00:52:35] Lawrence O'Donnell, MSNBC

So everything Donald Trump said today about opening up the country is utter nonsense, but it is deadly nonsense.

[00:52:45] Chris Cuomo

It's absurd. We don't put a price on people's life.

[00:52:49] Sen Cory Booker

This president is being wildly irresponsible.

[00:52:52] Various speakers

Well, this is where I disagree with the President the most.

[00:52:55] Various news reporters

That was clearly a false sense of security he was providing the nation, in keeping with the many lies he has told the nation.

[00:53:03] Don Lemon, CNN

President Trump appears to be wishing it away.

[00:53:05] Lawrence O'Donnell, MSNBC

There is no cure that is worse than death, except apparently in the imagination of Donald Trump.

[00:53:16] Chris Cuomo

No expert backed him up on the Easter call. Not one piece of science, not one projection.

[00:53:24] Rachel Maddow

If the President does end up saying anything true, you can run it as tape. But if he keeps lying like he has been every day on stuff this important, we should, all of us, should stop broadcasting it. Honestly, it's going to cost lives.

[00:53:36] Various speakers

I don't think he's listening to the science.

[00:53:39] Sen Cory Booker

And we know when we rely on data and science, not a President that seems to ignore both of those things.

[00:53:45] Lawrence O'Donnell, MSNBC

We have never heard a sicker, more perverse formulation than what that man said today.

[00:53:52] Chris Cuomo

You can't sacrifice human life to get the stock market up. Kill my grandparents or my parents so that we can get the economy back, sounds pretty good. Don't make that call for my family.

[00:54:05] Lawrence O'Donnell, MSNBC

He said it's time for America to choose between death from coronavirus or mass suicide.

[00:54:17] Del Bigtree

Obviously a different take from where Donald Trump thought this was going to go. And it's really at the heart of what we need to discuss today, because there's clearly a divide being created in this nation. I don't know if it falls on party lines. I don't know if it falls between, you know, science and and economy. Many of the statements, as though saying, I don't understand what he means by, you know, the cure should not be as dangerous as the illness. And some of these statements that Chris Cuomo says there is not a single expert in the world that that agrees with him, that backs up his idea that he could open the economy by Easter. Rachel Maddow calling for censorship, essentially, saying if the President continues to make statements like this, then we should stop broadcasting him. That probably is what led to this article, this headline that came out that I saw just this morning, this is out of Deadline. "Seattle NPR station says it will no longer carry Donald Trump's coronavirus briefings live because of misinformation." We are talking about news agencies deciding to censor the President of the United States for daring to jump out apparently on his own and make this call where he's putting the finances of America in front of the lives of Americans. Now, it's true that there will be people that die from coronavirus. It's already happened, no one's denying that.

[00:55:56] Del Bigtree

But to not recognize that there will be people that are going to die from quarantine or from lockdown or whatever you want to call it, is also quite naive, and again, I think you've got to look at the lens of all the people that are saying this. Remember, they are working for the pharmaceutical industry. 50 to 70% of the advertising for all of those people you just heard from comes from the pharmaceutical industry. It's the main difference between them and what you're watching right here on The HighWire. You see, we count on you. The only way that we can do what we do is if you donate to us. And by the way, before I move any further with this conversation, we have now hired international medical investigators to work for us so that we can bring you the truth and some of it's coming up, you're going to be blown away with what we see. But I need your help. In order to keep expanding and bring you the truth, I can't go to Merck or Pfizer or Sanofi Aventis right now and say, can you kick up the amount of money, we'd like to hire some more people so we can bring the people the truth, only you can do that. So if you like what you're watching right now and you're not one of those that are sitting back at home right now saying, I feel really good about supporting The HighWire, join them.

[00:57:05] Del Bigtree

Why don't you join our program? 20, it's \$20 for 2020. All you have to do is go to icandecide.org, decide to donate and become a recurring donor at \$20 a month. If getting the truth in the future, you know that's going to affect this planet and knowing how it's all coming together, matters to you, then donate to us because we do need your help in a very big way. We want to expand. We want to be able to report and give you things that nobody else is giving you. And speaking of that, I want to get into this statement Chris Cuomo said, that Donald Trump is making a decision to open the doors of the United States on Easter without the support of any other expert on this matter. I'm going to take that to task right now. And believe me, we are going to go through a pretty large body that is going to show you that that's not true. Let's start with the man himself at the center of chloroquine and its use. Here's what we have from Doctor Didier Raoult, MD, PhD. He was the Director, rResearch Unit in Infectious and Tropical Emergent Diseases, Professor of Infectious Disease Faculty of Medicine of Aix-Marseille University, classified among the ten leading French researchers by the journal Nature, has over 2000 scientific publications, has discovered over 90 new bacteria, and first discovered large sized viruses.

[00:58:31] Del Bigtree

Obviously, the guy knows what he's talking about. Chris Cuomo doesn't want to believe he's alive, but here's what he had to say, "Actually, from all respiratory infections," this, COVID-19 "is probably the easiest to treat. So there is really no reason to get excited anymore. There is really no reason to get excited and rush to produce a vaccine." Guess what? He's not alone. Next. Next up, Dr. Frank Ulrich Montgomery, President of the German Medical Association, President of the World Doctors Federation, argues that lockdown measures, as in Italy, are 'unreasonable' and 'counterproductive' and should be reversed. He says, "Italy has imposed a lockdown and has the opposite effect. They quickly reached their capacity limits, but did not slow down the virus spread within the lockdown. A lockdown is a measure of political despair, because coercive measures mean that you can go further than the generation of reason." Next, Professor Pietro Vernazza, MD, Chief Physician of Infectious Disease, St. Gallen Cantonal Hospital, found that around 85% , this is the guy. 82 to 90% of all infections occurred without anyone noticing the infection. He's the one that's saying we have a huge asymptomatic carrying body. He says, "Based on the new insight, we also have to understand that many of the measures that we have implemented so massively today may even be counterproductive." Next. Dr. Sucharit Bhakdi, MD, I'm sure I am really beating up these names, but that's not the point. Microbiologist. Former Professor at Johannes Gutenberg University in Mainz. Former head of the Institute for Medical Microbiology and Hygiene. One of the most cited research scientists in German history.

[01:00:18] Del Bigtree

"We are afraid," he says, "that 1 million infections with the new virus will lead to 30 deaths per day over the next 100 days. But we do not realize that 20, 30, 40 or 100 patients positive for normal coronaviruses are already dying every day. [The government's anti-COVID-19 measures] are grotesque, absurd and very dangerous...The life expectancy of millions is being shortened. The horrifying impact on the world economy threatens the existence of countless people. The consequence on medical care are profound. Already, services to patients in need are reduced, operations canceled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society. All these measures are leading to self-destruction and collective suicide based on nothing but a spook." Next. Dr. Wolfgang Wodarg, MD, German Pulmonologist, this guy is gigantic. Former Chairman of the Parliamentary Assembly of the Council of Europe. In 2009 he called for an inquiry into alleged conflicts of interest surrounding the EU response to the swine flu pandemic. He says, "Politicians are being courted by scientists...scientists who want to be important to get money for their institutions. Scientists who just swim along in the mainstream and want their part of it...And what is missing right now is a rational way of looking at things. We should be asking questions like 'How did you find out this virus was dangerous?', 'How was it before?', 'Didn't we have the same thing last year?', 'Is it even something new?' That's missing."

[01:02:01] Del Bigtree

Next. Dr. Joel Kettner, MD, Professor of Community Health Sciences and Surgery at Manitoba University, former Chief Public Health Officer for Manitoba Province, Medical Director of the International Center for Infectious Diseases. "I have never seen anything like this, anything anywhere near like this. I'm not talking about the pandemic because I've seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don't always know what they are. But I've never seen this reaction, and I'm trying to understand why." Next. Dr. John Ioannidis, member of the National Academy of Medicine, Professor of Medicine of Health Research and Policy of Biomedical Data Science at Stanford University School of Medicine. Professor of Statistics at Stanford University School of Humanities and Sciences, Director of the Stanford Prevention Research Center, and Co-Director of the Meta-Research Innovation Center at Stanford, Editor-in-Chief of the European Journal of Clinical Investigation. Former Chairman at the Department of Hygiene and Epidemiology, the University of Ioannina School of Medicine. He says, "Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future. The one situation where an entire closed population was tested was the Diamond Princess cruise ship and its quarantined passengers. The case fatality rate there was 1.0%, but this was a largely elderly population in which the death rate from Covid-19 is much higher."

[01:03:38] Del Bigtree

"If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to 'influenza-like illness' would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average." Hardly terrifying testimony. Dr. David Katz, MD, Founding Director of the Yale University Prevention Research Center. "I am deeply concerned that the social, economic and public health consequences of this near-total meltdown of normal life -- schools and businesses closed, gatherings banned -- will be long-lasting and calamitous, possibly graver than the direct toll of the virus itself. The stock market will bounce back in time, but many businesses never will. The unemployment, impoverishment and despair likely to result will be public health scourges of the first order." Next. Dr. Dan Yamin, PhD. Infectious disease modeler, former faculty member, Center of Infectious Disease Modeling and Analysis, Yale University. Are you getting the picture yet? I'm going to keep going, but are you getting the picture? "The actual number of people who are sick with the virus in South Korea is at least double what's being reported, so the chance of dying is at least twice as low, standing at about 0.45% -- very far from the World Health Organization's [global mortality] figure of 3.4%. And that's already a reason for cautious optimism."

[01:05:04] Del Bigtree

We're getting there, folks. I want to, you know, I just want to talk about, remember, Chris Cuomo just told you on primetime news, nobody supports removing or ending a quarantine or lockdown, yet every one of these scientists is telling you this is an incredible overreach, we should not be doing this. I've got a few more, let's look at this. Not yet, let me, I want to see the study, bring up the study. You were, hold on. We got a lot of slides and I have a team, very small team, attempting to make this all make sense. Here we go. This is really important, because here's multiple scientists now all involved in a paper written at ScienceDirect. This is what they went on to conclude and say, Didier Raoult being one of them. "In OECD countries, the mortality rate for SARS-CoV-2 (1.3%) is not significantly different from that for common coronaviruses identified at the study hospital in France...The problem of SARS-CoV-2 is probably overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 at the time" we wrote this. And what they're saying is, look, we have always had people dying of coronaviruses. We're the experts of the world. We've been monitoring it, we've been watching it, we know it's there.

[01:06:36] Del Bigtree

It's always been within some sort of safe, acceptable region. In fact, look at this study that came out in 2006. This is fascinating. "An outbreak of human coronavirus OC43 infection and serological cross-reactivity with SARS coronavirus." This is what this went on to say. "We have characterized an outbreak of respiratory illness due to..." this. Remember, this is a totally different coronavirus, the HCoV-OC43. "The observed attack rate of 67% and case fatality rate of 8% underscore the pathogenic potential of HCoVs in frail populations. This adds to other observations underscoring that CoVs other than SARS-CoV may be responsible for a broader spectrum of disease than coryza alone. These findings underscore the virulence of human CoV-OC43 in elderly populations and confirm that cross-reactivity to antibody against nucleocapsid proteins from these viruses must be considered when interpreting serologic tests for SARS-CoV." Now this study is saying, all the way back in 2006, we have a high death rate amongst the elderly with just a common coronavirus right then. You see, this has always been happening, and what we're doing is we're overly focused on an event, we just never spent time looking at it. We're overly focused on it, and making a dramatic event is what it looks like these scientists are saying, it's certainly what they're saying in the study and the list I've given you. Let's look at Professor Yoram Lass, former Health Ministry Chief of Israel, former Associate Dean of the Tel Aviv University Medical School.

[01:08:15] Del Bigtree

He says that the new coronavirus is "less dangerous than the flu" and lockdown measures "will kill more people than the virus." He adds that "the numbers do not match the panic" and "psychology is prevailing over science." He also notes that "Italy is known for its enormous morbidity in respiratory problems, more than three times any other European country." He's telling you their hospitals are terrible and they are not the healthiest people. And this, you know, one of really, Dr. Gotzsche, Founder of the Cochrane Collaboration, who has been investigating scientific fraud, the world wide for decades, this is a brilliant scientist. He's published more than 75 papers in the BMJ, Lancet, Annals of Internal Medicine, and New England Journal of Medicine. Alright. This guy will never want to lead anyone astray. I guarantee you, he has no goal to put people in harm's way. Look what he has to say. "On the 8th of March, I published in the BMJ about this. I wrote: 'What if the Chinese had not tested their patients for coronavirus or there had not been any test? Would we have carried on with our lives, without restrictions, not worrying about some deaths here and there among old people, which we see every winter? I think so.'" He goes on to say, I believe we have other quotes. Is that the only? Keep reading, alright. "Almost everyone I talked to, lay people and colleagues. [I'm a specialist in internal medicine and I've worked for two years at a Department of Infectious Diseases.]" All of my colleagues and friends "consider the Coronavirus pandemic a pandemic of panic, more than anything else...The WHO estimates that an influenza season kills about 500,000 people, or about 50 times more than those who have died so far during more than 3 months of the Coronavirus epidemic...Should it turn out that the epidemic wanes before long, there will be a queue of people wanting to take credit for this. And we can be damned sure draconian measures will be applied again next time. But remember the joke about tigers. 'Why do you blow the horn?' 'To keep the tigers away.' 'But there are no tigers here.' 'There you see!'"

[01:10:43] Del Bigtree

You see, Peter Gotzsche is giving us a warning. He is saying we are going through draconian measures that are not warranted, we have seen this year after year after year, there are no new numbers here. But when nothing happens, they will say that it was the quarantine and the lockdown of the world that achieved this, you know, the lack of death and disease, when we know that it's going to be the case scientifically. And if we allow that to be the message and the story from mainstream media, funded by pharma, working on a hundreds of billion dollar vaccine, if we let that be the story, not only will we probably be force vaccinated, every time we have a virus in the future, every new flu season, we will have to quarantine, because the numbers look very much the same.

[01:11:37] Del Bigtree

Those are the scientists around the world. They are jumping ship from what we are being told by Dr. Fauci and the CDC and the World Health Organization. Usually all of these people are aligned, but clearly somebody somewhere has jumped out so far ahead of this thing that these scientists have said, I'm not a lemming, I'm not walking off the cliff with you, and I'm certainly not going to risk my reputation by continuing on with what it appears from their language to be a fraud against humanity. Let's move on. I was going to take a commercial break here, but I just want to keep moving because I don't want to lose your attention. How is it all of these scientists could be so sure of themselves? How is it they are putting their gigantic reputations on the line as we speak to potentially put people at risk, saying these are draconian measures and they must be stopped. They have nothing to do with stopping this illness, this illness is a nothing burger. All of them are risking their careers to say that. How could they possibly be so confident? Perhaps because they looked at China the way we did last week. Or maybe, maybe, just maybe, they're looking at the epicenter of this issue right now, which happens to be Italy.

[01:13:06] Del Bigtree

So why don't we all do that together? What is it they are looking at? Why aren't they as terrified as Andrew Cuomo, Governor Andrew Cuomo in New York is? Or Garcetti, who is about to shut down water and power on American businesses in California. What is it that they know that our leaders here do not? Well, here's the headlines we saw out of Italy just over the last couple of days and weeks. "Italy Coronavirus deaths pass 7,500 amid fears of spread to the south." They're overrun. "Why have so many coronavirus patients died in Italy? The country's high death toll is due to an aging population, overstretched health system and the way fatalities are reported." This is the Telegraph just saying this. We're hearing, I mean, I heard from friends, we have family members that live in the Netherlands right now, which, by the way, I believe are taking a more of a herd immunity approach and not isolating people completely. But our friends called and said, what about the deaths in Italy? People are dying like crazy. I've had friends call from the UK saying, they're dying, they can't fill their beds, there's nothing they can do. And you know, when you look, you can read. Remember, let's look at this article. One of them, it looks something like this.

[01:14:29] Del Bigtree

In "Milan, intensive care to collapse for the flu: 48 seriously ill patients already postponed operations." We're having to shut the thing down, look at how it describes this. "Record numbers. The complications of the flu, especially pneumonia, put the reanimations in crisis: 48 cases of seriously ill patients hospitalized from Christmas to today in the intensive care union of Policlinico, San Raffaele, San Gerardo of Monza and San Matteo of Pavia, the reference hospitals in Lombardy for the use of the Ecmo, the machine that replaces the lungs. The problems overlap: difficulties in welcoming new patients, postponement of scheduled surgical interventions and suspended reservations for the bedside of the resuscitations intended to welcome the sick after the operations, extraordinary shifts (free) for doctors and nurses called back from the holidays." It's a crisis, except what I'm reading to you came from December of, what is it, 2018? You see, what the Telegraph is reporting to you is that Italy has one of the worst, most crumbling infrastructure for a health system in the industrialized world. They had a flu outbreak where 48 patients sent the whole thing into collapse, as they described it. We've known this for years. The World Health Organization has been monitoring Italy, saying this health system is terrible. They can't even handle it when they have an average sized flu outbreak. And yet this is what we're allowing our hysteria to come from. I just wanted to point that out. But now let's get down to the numbers. When we look at the numbers in Italy, what is it that we're seeing? Now we hear about regions, right? We hear about Lombardy and the fact that there's this huge death rate.

[01:16:20] Del Bigtree

We hear about 7,500 people dying. But remember the article that came out, and we talked about this, 99% of all cases appear to have a co-morbid event, right? There it is. "99% of those who died from virus had other illness, Italy says." Well, this week it's gone a step further. Now it's being reported that now that the health administration of Italy has gone through those deaths, what they've discovered is that 88%. Take a look at this. "The way in which" --this is what they said, the article-- "The way in which we code deaths in our country is very generous in the sense that all the people who die in hospitals with the coronavirus are deemed to be dying of the coronavirus." Huge difference, with or of. "On re-evaluation by the National Institute of Health, only 12% of death certificates have shown a direct causality from coronavirus, while 88% of patients who have died have at least one pre-morbidity - many had 2 or 3," he says. "88% of the cases, really, you'd have to argue, died of something else. What does that do to the 7,500? You see, they haven't reduced that number. Instead, they're leaving the rest of us in a panic. I want to get to.

[01:17:50] Del Bigtree

I think I'm going to skip some of this. What do we have, the numbers? Let's look at the numbers. Let's look at the numbers as it breaks down across Italy, because what all the scientists were talking about was the average death rate we already see. So we have that broken down in total numbers of deaths in Italy, this is 2018 by region. Just to give us some perspective, right. Here it is. Lombardy. In 2018, it had nearly 100,000 people died in that year. Lazio, 57,000, 53,000. The list goes on and on and on. I think nearly 600,000 people die in Italy, a country of roughly 60 million, on a yearly basis. So they have a huge death rate in Lombardy, apparently and Lombardy is the center of where we're hearing all of these issues with the hospitals where the beds are overflowing. But Lombardy also has a terrible pollution problem and issues with health all the time. They have very, very high death rate. And we've also been hearing that Italy has a much larger, older population, as many of the scientists that are backing up Donald Trump right now, they are saying that, look, you have a highly elderly population. And to make matters worse, the smoking, the level of smokers, the number of smokers in Italy is one of the highest in the world, and smoking has been directly related to complications from the coronavirus. Now. Let's get down to the real numbers, though, shall we? Where do they come from? I mean, I can sit here and show you graphs and say, well, there's a huge death rate, but there is a way to actually track, is COVID-19 having an effect?

[01:19:29] Del Bigtree

Remember, we're shutting down the UK right now as we speak. Spain apparently is in dire straits. Italy is in crisis as we're seeing it. And remember, in California, they're saying we're just behind Italy, or in New York, what's happening in Italy is going to happen here in this city. And California saying we're right behind New York. New York is right behind Italy. This is the way this entire thing is being discussed. But let's just take it down a notch, shall we? Let's just talk about the numbers. Let me show you the numbers that all the scientists that are speaking out now and all of these reports coming out of Italy are referencing. This is one of the things that's come from one of our investigators in Europe. This is called Momo, let's put it on the back wall here. Oh, can I do, I don't remember what the name is. Let me, I want to just get that right. Momo, European Monitoring of Excess Mortality for Public Health Action Okay, so here we go. So this is a European modeling system, and you can go. We will, again, anything we show you here on The HighWire, just type I-C-A-N into your comments right now if you're watching on Facebook, or if you're watching us on YouTube or on our website, thehighwire.com or listening to it on iTunes, all you have to do is text us at 33222, and we will try to provide you as much of the information that you will see in the show, because it's all about being transparent.

[01:20:54] Del Bigtree

I'm not here to tell you what to think, I'm here to show you where to look so you can come to your own conclusion. But I also want to tell you, there is so much data we are providing, that that bot that we use for ICAN is just getting overwhelmed, it can't carry it at all. So for everybody that's a recurring donor, whether it's \$0.50 or it's \$1,000 a month, we are going to provide and we are providing now a newsletter at the end of every single week where you will get every single link and every document that we present on this show. So if you really want to start researching this yourself, please go to icandecide.org and donate now, and become a recurring donor and all of this will be available to you. Okay. So this is right from the website. We went from the website, you can go there today. This just updated this morning, okay. And so what this is showing us right here is it's a graph. It's multiple years.

[01:21:50] Del Bigtree

If you look down here, what you'll see is it starts and it goes on a weekly basis, okay. We start in 2016, week four, 2016 week six, by here it's 2017, week 36. 2018, week 20, 2019. You get the idea. It's about four years that's being related here. Now let's just blow out for a second and let me show you that when you look at Europe, what's interesting is you do see, now this red line, this red line we see here, that's the median, that's the median level of death in Europe, okay. What that's saying is this is the average. So this is a constantly updated surveillance system that every week will show, are we below our average death rate or are we above it? You know, and so you have lines, you have four and eight, and you can see in Austria, it went all the way up above the eight here. When was this? This is back in 2016. And in fact, we saw it similar. Italy experienced the same thing, very high, whatever that was. This all happened in 2016, and it happened across Europe because those countries are very close together. Whatever this was, we didn't quarantine then, right. And if you come along, another blip, this one going up above, Italy hits the top line. You get the idea. We see these rises. So this is very, very accurate information, it's what scientists use to come to their conclusion, right.

[01:23:13] Del Bigtree

So this is how the system works. Well, we went there this morning and we just tracked Italy. So we came across, we decided, let's just look at Italy, shall we? And where are we at? And when we come over here to just this last week. Now, when we looked at this earlier in the week, we were just below this first line, and now we're just above this first line. We're not touching the top line, we're not above the top line like we were over here. We are below the top line, okay. This is what has the entire world terrorized, that this blip right here really matters, that we should be locking down the world right now. But look at. Look at other countries. If you look at England, who is now currently in lockdown, look what's happening to them, they're below that zero line. They're having less mortality right now than they had the same time last year. So is almost every other, Austria, way down, Belgium, right on the line. Estonia. I mean, I could show you the whole graph, but we're just giving you a glimpse. The only blip is right here in Italy. Well, this website also has a brilliant map feature, and so you can pull up the map and see where is the map when we look at Europe, in totality, remember, this is excess deaths. This is deaths that either goes above the average line or below it.

[01:24:39] Del Bigtree

Let's take a look at the map, shall we? Here it is, this is the day. Week 11, right now, 2020. We now see a map of all of Europe. Now, I don't know if we can get close enough, but you can see how they do this. Light blue means there's no excess death mortality taking place right now as we speak. This medium blue is above expected, it's a little bit high. And then we go to High, which is a darker blue. Then there's Very High, where we obviously are reaching some sort of critical point, right. Now I would think, based on the news and the way that they're all covering it, that we have got to lock everybody down or grandpa will die. You're putting money before the elderly, you cannot do that. But let's look at this map, shall we? I don't know if the colors come across, but you can see that right now all over Europe, all of Europe, for the most part, is in a no excess point right now. Not the UK, nobody. Not Spain, nobody is having some massive excessive death rate. But let's do focus, here is Italy. And this is what I'm telling you, I'm showing you exactly what's being presented today as we speak. Last week when we looked at this, this was light blue. So this week the numbers are starting to come in, it's what we're seeing.

[01:25:58] Del Bigtree

It's going up. But how bad is it? This blue, I don't know if you can see it, relates to this box right here, which means they're at a High level. They're not at Very High. They're at a High level. They're at a High level in the middle of what's being described as the peak of their crisis right now. It's what California is preparing for and what New York is preparing for. Their beds are overrun, but they're at a High level. Now, you might be saying, Del, you can't knock the seriousness of that. It's true. Look it, there are, there is obviously a problem going on here. But remember, there have been problems before, and we have never locked anyone down before. But let me show you how this works. How about let's go back to 2019, because you'll find this interesting. Remember this color. 2019, week seven of 2019 last year, look what was happening there. There you have an issue that's, you know, we have above expected all through Europe here, and you have multiple nations that are in the High zone, exactly where Italy is at right now. You know, these are gigantic populations and more of a problem across Europe and up into Sweden and these areas up here, the Nordic countries, that's what I meant to say. Okay. So you could say arguably, this looks about the same, if not worse than where Italy is at.

[01:27:23] Del Bigtree

Italy is a little better here, but it's worse in other nations. But this didn't create a quarantine situation. We didn't lock down all of Europe and all of the world, right. Let's take it back another year. How about let's go to 2018. Take a look at this. 2018. What is happening here? My God, we are well above High now. We have Italy in Very High. Very High. Very High. Other nations in the High zone. A few are staying out of it. Whatever was happening week 1 in 2018, this looks horrifying compared to where we're at right now, yet still never locked down the country. Never, ever, you know, destroyed our way of life and our economy. Do we have 2017? Let's see, 2017. Oh my God. What was going on week 2 in 2017? Look at this. Very High all, through multiple nations. UK, others in the High zone where Italy is at right now. This must have been, what, the great plague? This is what must have looked like the end of the world. Or was it? Remember that we are being told that. I mean, we're being, we're acting like this is what's happening, but let's go back to 2020. Remember, this is where we were back in 2017, no problem. Where are we at right now? That. That is where the world is shutting down at. Does anyone see an issue with that? Does anyone see a problem, when we have Bill Gates describing this as the once in a century pathogen.

[01:29:16] Del Bigtree

Can we see, do we have that headline? No, we don't have that headline, you can look that one up. We have tried to collect a lot of data here. But the once in a century pathogen. Oh, you know what? How about we get into how these numbers work, shall we? Because I want to talk about. Bring me my whiteboard. A lot of you liked this last week, so we're going to do this again. Alright. So what does this all mean? We know that the numbers now, we see that there's barely a blip anywhere in Europe. Italy is just slightly higher than it normally is, and we have seen times all over Europe where they are in much, much more desperate states. So lastly, because last week I said China, and people said, well, you can't trust the data from China. I just showed you how Italy is being overblown like nothing we've ever seen. We haven't reduced the death rate of the 7500, removing the 88% that would have shown that you are not dying from coronavirus. But someone's going to say New York, someone's going to say, what about California? Because they keep moving the goalpost on this. Is that for an agenda, or is it because there's really something to be concerned about? So very quickly, let's just go through America's numbers right now, okay. We have been told by those on CNN and MSNBC and other major networks that this is the greatest crisis.

[01:30:46] Del Bigtree

It's the once in a century pathogen. Is that true? Let's look at America's numbers, because they're finally coming in. As Jefferey Jaxen pointed out, we're finally testing, we have a sense of what's going on. So here's what we know in America. If you look, do we have, show them the CDC's pyramid. We know that the flu can kill up to 61,000 people, alright. As a death rate, flu death rate is 61,000 people. Remember, that's an acceptable number right there, up to 61,000 in America. This happens all the time. We have never batted an eye, we've never shut down the nation. So let's take the high-end numbers since everyone is saying that this is worse than the flu, let's at least stick with the numbers of the flu here in America, okay? 61,000 people die every year. How do we make some perspective out of that? Let's do this. Let's divide that and figure out what the daily death rate is, okay. So let's divide 365 days into 61,000 deaths. Well, the number you get from that is this: 167. Now, you could say that the death rate, the daily death rate of the flu is 167 people die every year in the United States of America and we never bat an eye. Except that that really wouldn't be the appropriate way to do math, because remember, the flu season does not last for 365 days.

[01:32:13] Del Bigtree

In fact, it's about half. Its fall and winter is the flu season. So if it's really only half, then we have to multiply this number by two to make it really about six months. And so if all the death rate is compiled in six months, we multiply it by two and we find out that our daily death rate is actually this. So let's call it that. Daily flu death in America that never created a crisis before. Daily flu death acceptable in America is 334. Okay. Now, now let's look at COVID-19. This is flu. This is what we accept as a daily death rate of the flu. We are hearing astronomical numbers, right, coming out of California, coming out of New York. I read an article, I think, that said 150% increase in one day in California in deaths, and it had gone from something like 2 to 5. I mean, this is how, we got to watch statistics, right? But let's really boil this down. The last number that we looked at this morning, that we found this morning says, and maybe it's changed, maybe it's a little bit higher, but I'm going to go with the number that we knew before we started the show. So the current COVID-19 death rate in America is 1,037 cases. Okay. Now remember that those 1037 cases have been compiling since we believe, we have a belief that the first death happened on March 11th.

[01:33:45] Del Bigtree

So March 11th, there was 30-something cases. It is now March 26th. Which means that we've been at this and we've been counting deaths in America for 15 days, right. 15 days. So now what do we do? What we have to do is we've got to divide 15 days into our death rate to find out what is the current daily death rate of this extremely dangerous virus. So let's do this. 15, right, shall we, into 1,037 cases gives us a daily death rate of 69 cases. So here we are, the COVID death rate in America is 69 cases per day, per day. Compare 69 to what we accept at 334 every single year. See, this is what the scientists around the world are saying. What are you doing? Why are you destroying world economies? Why are you putting everything at risk when clearly these aren't the same? In fact, let's go ahead and figure out how far off coronavirus is right now from the flu, shall we? Here's how you do that. You're going to divide 334 cases, which is what the flu does, into the 69 cases, and you'll find out that it ends up being 0.20 or 20% of what flu usually is. See coronavirus, COVID-19, is really only 20% as deadly as the flu. That's the math. Now, sure, it could increase, and people might be saying, well, we're waiting.

[01:35:40] Del Bigtree

We're waiting for the models to prove their way out. We're waiting to see, it's going to ramp up, I'm being told it's going to ramp up. But we're at the peak in Italy, and this is exactly what we're seeing. And then remember this. In Italy, they're reporting that their death rate, which here in America appears to be 20% as high as the flu, is being affected by the fact that they're over, they're over-describing it as COVID-19, and then when they clear it out, it should be 88% lower, right. Is that the same case here? Can you imagine where we're at if we actually go back and see, was the person already dying of upper respiratory infection? Were they in chemo and on their last legs, and then, because they had COVID-19, but having it, was that what killed them? I mean, are we ever going to go back and clear through our numbers? And I'm going to show you something shocking when it comes to this. You would think, you would hope that the United States of America is really good at this, right? That they really make sure we get it accurate because accuracy is everything. But look what we found. We found, this is the certificate that goes out to all of the medical professionals and coroners around the country on how to code for COVID-19.

[01:36:57] Del Bigtree

Is it possible they're going to have the same problem with their numbers that Italy had? Look what we are advising those people to do. This is literally from the Centers for Disease Control and Prevention. The National Vital Statistics System. And it goes on to say, I'm going to get rid of the board there. Do we have a close up of the line I want or do I read this whole thing? This is it. Alright. "NCHS is receiving questions about how deaths involving the new coronavirus strain should be reported on death certificates. We are working on formal guidance to certifiers to be published as soon as possible. In the meantime, to address the immediate need, here is some basic information that can be shared in advance of the more formal and detailed guidance. It is important to emphasize that Coronavirus Disease 2019 or COVID-19 should be reported on the death certificate for all decedants where the disease caused or is assumed to have caused or contributed to the death." There you have it. We are going to assume, and go ahead and say, even if you assume, even if there was no test available, if they had a fever, if they had some symptoms, just go ahead and call it a COVID-19 death, that's what we want you to do. Even if they had comorbidities or they were just coming off of a horrible reaction to chemo, if they had COVID-19, put on the death certificate COVID-19.

[01:38:33] Del Bigtree

You can't make this stuff up. I'm not making it up. I'm doing the only thing I know how to do, which is to try and bring you the truth as we find it. This is what they are telling everyone in the country, call it all COVID-19, whether they died with it or died because of it, we do not care. And remember, most of these scientists are describing COVID-19 as another cold. It's just like something we have seen over and over and over again, as one scientist said. I've seen 30 of these pandemics. In fact, I've seen it every single year. We are making this a cause of death when the odds are, and the percentages show, it most likely is not. Now. I understand, you know. I understand, actually, do I have breaking news coming? Hold on a second. We have. Okay, hold on one second. It appears that Jefferey Jaxen is coming back in, and I want to hear what, as we've said, this is a very quickly changing discussion, right. So Jefferey, what is the breaking news? I wish I had one of those banners. Can we get one of those banners that says breaking news, like that sensational thing that they do on the news. Like red and white? Come on, guys, we know how to do that. Alright, take care of that. Alright, let's hear, what's the breaking news?

[01:39:58] Jefferey Jaxen

Yeah, this is some pretty vital information that's being reported. Just really quick to set it up. Last week on The HighWire here, we spoke about this talking point that emerged out of nowhere, 18 months or longer for restrictions, for self-quarantines, until a vaccine is ready. A lot of the media ran with that, that was traced back apparently to Imperial College of London. Report based on assumptions. The report was done by a British epidemiologist named Neil Ferguson. He's the department, He's the head of the Department of Infectious Disease Epidemiology in the School of Public Health at the Imperial College there. Well, just now reporting, the Daily Wire headline reads, "Epidemiologist behind highly-cited coronavirus virus model admits he was wrong, drastically revises model." Now this model informed government policy decisions in the US and the U.K. So Ferguson basically just gave us evidence in the UK's Parliamentary Select Committee on Science and Technology as part of the nation's coronavirus response. So going back to the Daily Wire report, Ferguson's model projected 2.2 million dead in the United States and 500,000 in the United Kingdom, if no action was taken. The Daily Wire writes, "after just one day of ordered lockdowns in the UK, Ferguson has changed his tune.... Now, the epidemiologist predicts, hospitals will be just fine taking on COVID-19 patients and estimates 20,000 or far fewer people will die from the virus itself or from its agitation or other ailments." So we have 500,000 goes to 20,000.

[01:41:42] Jefferey Jaxen

The article continues. It talks about an author and former New York Times reporter, Alex Berenson. He says, quote, "'This is a remarkable turn from Neil Ferguson, who led the [Imperial College] authors who warned of 500,000 deaths - and who has now himself tested positive for #COVID,' stated Berenson. 'He now says both that the UK should have enough ICU beds and that the coronavirus will probably kill under 20,000 people in the UK - more than half of whom would have died by the end of the year in any case [because] they were so old and sick.'" This was his words. Now, what's interesting here, The Daily Wire writes that just days before Ferguson's about-face, Oxford epidemiologist Sunetra Gupta criticized him, saying, quote, "'I am surprised that there has been such unqualified acceptance of the Imperial model.'" Now, Gupta herself has a model that is basically suggesting that the virus, the COVID virus, was circulating in the UK by mid-January, around two weeks before the first reported case, and a month before the first reported death. Her Oxford model is claiming that half of people already have it. So back to the Daily Wire. So it says, quote, "If her model is accurate, fewer than 1 in 1000 who've been infected with COVID-19 becomes sick enough to need hospitalization, leaving the vast majority with mild cases or free of symptoms." So in other words, Ferguson's highly influential initial model was off by orders of magnitude.

[01:43:19] Del Bigtree

I am nothing short of speechless right now. I mean, part of me is not surprised because this is what we've been looking at, but you always have that question in your mind, right? I'm looking at every model, we're showing everyone on The HighWire, everyone and everywhere that people are looking, and we're coming to the conclusion that many of the scientists we showed you today, but one of the lead scientists has been telling us that this dire outcome is now absolutely shifting his tune. 20,000, I am sure it relates to the numbers we are used to in America. That makes this no worse than any other flu, which means, I mean, should we all be jumping up and down? I feel like, you people should be charging out in the streets and screaming, hooray, it's over. It's over. This thing really was either a hoax or a fraud or one of the biggest mistakes the medical establishment has ever made. Is there any other way to see this? I mean, I don't know what to say, this is incredible.

[01:44:18] Jefferey Jaxen

Well, I was doing some further research while I was on standby and the Newscientist.com reported that Ferguson also acknowledged that it was impractical to keep the UK in lockdown for so long, because of the impact on the economy. His quote was, We'll be paying for this year for decades to come. So kind of speechless.

[01:44:40] Del Bigtree

Amazing, Jefferey, amazing. I mean, is that such an amazing report, it's one of the great...greatest breaking news stories, I can't even speak right now, I've ever heard. I can't even imagine what this means, across America and throughout the world right now. Incredible job. Thank you for staying on top of that, Jefferey. I'm curious how this is going to be handled and reported by the same agencies I've been telling you have been pushing this agenda based on what their bosses at Pharma have been telling them to say. It's going to be incredible to see how this all pans out. I think today may end up being a really outrageous day of the news. And for those of you watching The HighWire, it started here. Thank you, Jefferey, for that amazing report.

[01:45:33] Jefferey Jaxen

Alright, thanks Del.

[01:45:34] Del Bigtree

Well. You know, I feel like we could just say that's the end of the show here. But because I have such little trust in mainstream media now, and can imagine how they're going to try and spin this for you, I want to continue to the end of the show, there's only one last segment I really wanted to get into. And I think it's important, because whether or not it comes to fruition or we stay in lockdown, or not, we should know what we were being led into, what they were taking us. How many of your reporters were telling you, you needed to make this sacrifice and destroy the economy of America? We can never forget that moment. Because Donald Trump, in his decision making, and believe me, no one would want to have to sit in the middle of this data, which is now proving to be incredibly false data. No one would want to have to make the decision, but this is what he said helped him make that decision. What about the cure? What if the cure is worse? Take a look at what Donald Trump said.

[01:46:41] President Donald Trump

They don't want to be locked into a house or an apartment or some space. It's not for our country, we're not built that way. And I said, you know, I don't want the cure to be worse than the problem itself.

[01:46:54] Del Bigtree

Wow. He doesn't want the cure to be worse than the problem itself. I imagine we are actually almost past that point. But what did that mean? I was watching, as Lawrence O'Donnell said, I don't know what it means when he says the cure could be worse than the illness himself. That is such a dangerous statement, he's going to get people killed, I remember watching him say. So in order to understand what that means, why don't we talk to an economist, which I haven't seen anyone do on the mainstream media? I want to discuss this with Toby Rogers, PhD in political economist, he is here to break this down for us. First of all, I don't know if you saw that breaking report, it's phenomenal. It's a phenomenal realization, and my hope is this afternoon that everyone gets to go back to work, those that want to go to spring break get to run out to the beaches, but something tells me that mainstream media will not treat it like that. So let's put that aside for a second, Toby, because what we planned on talking about is what is Donald Trump talking about when he says the cure could be more dangerous or worse than the disease or the problem.

[01:48:15] Toby Rogers, Political Economist

Yeah. So I think that his comments have been mischaracterized and that's unfortunate. And what I've done in my research is look at, just within the last week, is just look at how changes in unemployment impact health. And there is a large literature on this. So it is very strange that both the Imperial College London model and the reports from the mainstream media overlook this important literature. So basically we have 50 years worth of data that looks at what happens when unemployment increases, and what happens is that when unemployment increases, lots of people die. We have very good data on this. So the foundational research on this was a report for the US Congress in 1976 by Harvey Brenner, who was at Johns Hopkins University. And so the study said, when unemployment goes up by 1%, what happens to mortality? How many people die? And he found in 1976 that when unemployment goes up by 1%, that about 36,000 people die. Now, there's a five year time lag in there, so it takes a while for, I mean economies are big things and they're slow things and it takes a while for the health effects to ripple through the system and show up in the data. But five years after unemployment goes up by 1%, 36,000 people are dead as a result of unemployment.

[01:50:03] Toby Rogers, Political Economist

And about half of those deaths are from heart attacks, but you also see other what are called deaths of despair, so increases in alcoholism, increases in suicide. You see increases in homicide, you see increased rates of incarceration, and you see more people end up in mental hospitals. These are profound health effects from increases in unemployment. Now, this research has been studied for the next 45, 50 years, and it tends to hold up. There's about 42 studies that look at this question and they all come back and say, yes, a rise in unemployment kills lots and lots of people. And so there's a recent meta study in 2011, looked at 42 studies and said, unemployment increases the mortality rate by 63%. We have very good data on this. So when we're, so what I've done in an article that I wrote for Children's Health Defense, I tried to model the increases in unemployment and what that was going to do to fatalities, not from coronavirus, but from unemployment itself. And what I did is I updated the numbers from Brenner from 1976. So he was looking at population figures when the US was about 200 million people.

[01:51:39] Toby Rogers, Political Economist

Well, the United States is now 330 million people, so our population has increased about 60% since then, and so one can estimate that today, if unemployment goes up by 1%, we're looking at somewhere in the neighborhood of 58,000 additional deaths from what are called deaths of despair. And we're not talking about 1% unemployment increase right now, we're talking, what The New York Times said this morning is the highest one-week unemployment figures since they began recording these numbers in the United States. So the numbers are going to be much higher than that. So the Imperial College London model that has been driving this conversation for the last two weeks completely ignored deaths of despair. All they cared about was the virus, they didn't model anything we could do to try to stop the virus. It was all doom and gloom and they never bothered to consult 50 years worth of research that shows that when unemployment goes up, lots of people die. That's the issue. And the way it's been presented in the mainstream media is maddening, because it's presented as if Trump is just trying to protect the stock market. That's that's not the right way to think about it.

[01:53:01] Del Bigtree

And I have to be honest, it's been really obnoxious, I have to say, to watch doctors parading out and news reporters and news anchors all telling people, you know this is, you know, stay home, watch Netflix. Donald Trump's going to put everyone at risk, he's going to get people killed. What you should do is just do your part and that means just stay at home, watch Netflix for the next few months while we handle this, while we, the news anchors who will not lose one single day of work, who will not be laid off, while we, the medical establishment, the doctors and the pharmacists and the people that make respiratory products, that while we increase our revenue and get more hours and get overtime in, probably, you should do your part and we're going to tell you what to do while we continue to hold our economy together and our families and put food on our family's tables. It's been really difficult because I've been thinking about this same thing. I don't have the data or the background you do, but it just seems obvious. I was a waiter for know longer than I'd like to admit, as I tried to get my career rolling in my early years, and I'm telling you, I lived hand to mouth. If I missed one week, I was in trouble. If I missed two weeks, you know, it was game over. We are desperate. I'm gathering change to buy a slice of pizza to get through the day. Do we know how many Americans are in that type of position and probably right now are in dire straits as we speak?

[01:54:33] Toby Rogers, Political Economist

Yes, so we have good data on that. The US Federal Reserve does a study every year, it's called the Report on the Economic Well-Being of US Households. Last year in their survey they found that 39% of Americans, 39% of Americans would have trouble covering an unexpected expense of \$400. That's because they live paycheck to paycheck, they don't have more than \$400 in reserves. So 39% of Americans would have trouble covering an unexpected expense of \$400. Well, this is much worse than that, right? So ABC News, Washington Post just did a poll that came out today, said 51% of Americans have already had their work hours or their pay cut by the shutdown. And so there are profound health consequences of all of this. Goldman Sachs did a survey that came out yesterday and they said, it was a survey of 1500 small businesses and they found that 51% of small businesses in America will fail if the economy is locked down for 90 days. So when we see this modeling coming out of Imperial College London that somehow assumes that we can just turn off the economy for 18 months, it's bad modeling. It's bad modeling because all they've done is looked at the virus. They haven't looked at how we should respond as a society to the virus and they haven't looked at deaths of despair and what happens when poverty goes up, when people run out of food, when people don't have money to cover their rent, like this is catastrophic. And when people try to have this conversation in the mainstream media, they get shouted down as like all they care about is....

[01:56:21] Del Bigtree

You're greedy, you're being greedy.

[01:56:23] Toby Rogers, Political Economist

Yeah, as if all they care about is the stock market. No, I care about the 39% of Americans who can't cover an expense, an unexpected expense of \$400. That's the crisis. And this is a traditional thing that Democrats and and progressive media used to be able to talk about, and for whatever reason now, anytime we try to have a nuanced conversation about all the factors that should go into our thinking when it comes to modeling an epidemic and all the effects of it, we get shouted down, and it's bizarre.

[01:56:57] Del Bigtree

It is truly bizarre. I think many people that are watching right now and around this nation in the world feel like they're living in some sort of strange alternate universe or science fiction movie. Well, since we know that this is, you know, who knows how this afternoon plays out? I don't know where this evening goes. Rachel Maddow and those may be censoring the president, for all I know, as he tries to come forward and saying the jig is up. Who knows how this goes forward. But let's say that Donald Trump ends up saying, you know, let's just get back on line today. How much, are you able to, have you have you figured how much damage we've already done and where our unemployment levels are at? Where are we at right now if we were just to turn the economy around and get people back to work?

[01:57:47] Toby Rogers, Political Economist

Yeah. So economies are big slow things you, it takes, once they shut down it takes a while to bring things back up again. What we're seeing in unemployment claims around the country are 10 to 12 fold increases in unemployment claims already. So that's 10 to 12 fold increases, that's Great Depression levels of unemployment. That's a crisis that we have not seen, I think ever in our history.

[01:58:24] Del Bigtree

And that's already, that's where we're already at.

[01:58:27] Toby Rogers, Political Economist

That's where we're already at. But we don't want to reopen too quickly, but we also don't want to wait too long. And the models and the data that have been governing the conversation thus far are terrible. And the Imperial College model, the Imperial College London model, is woeful and the data underneath it is woeful and we need better modeling of all the effects. And any elected official who is claiming that we can go 18 months and shut the economy off and then turn it back on again and shut the economy, that's madness.

[01:59:08] Del Bigtree

To wait for a vaccine to come or.

[01:59:09] Toby Rogers, Political Economist

You can't do that without tremendous loss of life as a result of increases in unemployment. That's reckless. It's both medical malpractice and political malpractice. And we need to move to better models that are more nuanced, that look at the impact of unemployment on health and that look at the virus and look at what we can do, as you were talking about earlier in the show, around better medical treatments, around getting masks for everybody, around better testing, more testing and tracing and figuring out how the virus is moving. But I'm just shocked by how reckless the modeling is from Imperial College London. And we must do better and we must have a more nuanced conversation in this country about all of the factors that impact health, including unemployment.

[02:00:07] Del Bigtree

Can I ask the million dollar question, since we have watched top professionals? You know, early on when we were first watching Trump have to shift around on this conversation, okay, we're going to start shutting things down, they actually discussed, this could go till August. It may go 18 months while we wait for a vaccine, that has been stated. What does this nation look like after 18 months of some form of lockdown while we wait for this mythical product? What would have happened to us? Is it possible to figure that?

[02:00:44] Toby Rogers, Political Economist

Well, we're in uncharted territory here. There's no model for this, there's no textbook. But common sense tells us that we would never make it to 18 months. People are going to run out of money in about two weeks. I mean, millions of Americans will run out of money in about two weeks. The stimulus will maybe extend them and enable them to put food on the table and pay their rent for maybe another two weeks, so maybe we can make it 30 days. You go much longer than 90 days, the death toll from unemployment will be, will just blow your mind. It will be a level of hardship that we can't comprehend and you'll see civil unrest, you'll see people going to the grocery store and opening the doors themselves because they are out of options. The United States will not survive 18 months of a lock-, 18 months, excuse me, 18 months of a lockdown is just preposterous, and it's completely irresponsible to have that even be part of the conversation when half of all small businesses will close within 90 days and people will go hungry after 30 days. That's just irresponsible modeling, and we need better modeling.

[02:02:03] Del Bigtree

Well, I tried to not make it sensational today, but I have to say, the way you're describing it, and I can tell that you're being careful, you don't want to throw numbers out there because it would also be irresponsible, but I think we can have a sense of our own math. If 1% is a death rate of 58,000, where would we be if we hit 30%? 50%? You'd have to imagine 18 months out, where are we at? 60% of the nation is on some sort of welfare program. How does our government handle that and what would it take to dig out? It's outrageous to me. Forget modeling and science, which is where you come from. As a reporter, as a journalist, it's outrageous to me that we had news anchors for major news agencies suggesting that somehow that was the better route. To lay off America and just push ahead because this virus is so dangerous. Honestly, as I thought, if I'm President of United States, it would have to be a lot more deadly, I mean, even more deadly than the worst flu we've ever seen, to even start to catch up with the type of carnage we would see from that size of a depression in this nation. Toby, in this moment where the news is breaking all around us, to our audience out there, I know we're all appreciative. Any last thoughts you'd like to leave with us?

[02:03:29] Toby Rogers, Political Economist

Well, the tragedy in this is that it's unnecessary. It's bad thinking based on bad data that leads to bad choices. As you've talked about on the show, there's a better path forward, right. And it's not that complicated, it's not rocket science. I mean, literally, if we could get N95 masks to everyone, doctors and nurses, yes, but also service workers, checkout clerks at Trader Joe's, delivery personnel. I mean, an N95 mask reduces transmission by 95%, right? So if you want to flatten the curve, we all want to flatten the curve, how come nobody modeled masks, right. And improved testing, increased testing, improved tracing, better treatment options, there's all sorts of middle ground options. And what we get from the mainstream media, what we get from the white coat class, is lock down the economy for 18 months, wait for a mythical future hope for a vaccine, and that's the only choice. That is not the only choice. There are lots of choices that are going to reduce the death toll and flatten the curve immediately. We should move towards those choices. Responsible elected officials must look at these interim options and not bet the future of our country on an economic model that doesn't check out and not bet the future of our economy on a vaccine that may never arrive. There is so much that we can do right now to flatten the curve, and the Imperial College London model is bad, and the information that you're presenting gives us a range of choices to flatten the growth curve and to reduce fatalities right now, and that's the conversation that we should be having, and I'm grateful to you for being the person who brings this conversation to the American people, because this is exactly the conversation we need to be having.

[02:05:31] Del Bigtree

Thank you so much, Toby. Thank you for your work. We'll continue to watch your work as we move into the future in this very bizarre world where somehow we're being led by people that seem to have the least amount of information, perhaps integrity. But I thank you for your integrity and your thoughts today, Toby. Take care. We'll talk to you soon.

[02:05:51] Toby Rogers, Political Economist

Thanks Del.

[02:05:54] Del Bigtree

Well, for those of you that are joining us for the first time, I think you've just experienced that The HighWire is like no other show that is out there. It's certainly, as I am a producer that came from television --I won an Emmy Award on the CBS talk show, The Doctors, I was a producer on the Dr. Phil Show-- I have never worked on a show that works like this show does. We are in real time, we are crunching numbers down to the last minute, and we are providing you with the data and the evidence so you can look at it yourself. I'm not here to help you come to a conclusion, I'm here to give you the tools so that you can have an informed conclusion. And I can't help but sit and think, right now, what's going to happen tonight? I try to imagine myself as a producer, with the news that just broke that the model that the entire world was living on, by one man who now apparently has COVID-19 himself, will probably do just fine, is telling the world, whoops, I made a mistake. I was just a little bit off-base when I said 500,000 deaths in the UK, it actually looks like it's going to be something more like 20,000. It makes me wonder what this town hall being produced by CNN tonight, what I'd be doing as a producer. Take a look at what they were, or are planning on.

[02:07:09] CNN announcer

Coronavirus.

[02:07:11] Anderson Cooper

It's facts, not fear, that we want to bring you.

[02:07:13] CNN announcer

Join Anderson Cooper and Dr. Sanjay Gupta for a live global town hall.

[02:07:17] Dr. Sanjay Gupta

What this outbreak won't stop is our continued reporting.

[02:07:21] CNN announcer

Coronavirus, Facts and Fears, live Thursday at 8:00.

[02:07:25] Del Bigtree

Coronavirus, Facts and Fears, live at eight. I will probably tune in because I am really, really curious what they do. Doesn't this out mainstream media, doesn't it show that someone was behind them? Because honestly, it really wasn't that hard to get to the facts, away from the fear. That's what The HighWire has been doing since the beginning of the coronavirus outbreak. When we've been discussing it, we've been bringing you the facts. We talked about chloroquine weeks before anyone else did. It wasn't because we are so much more incredibly brilliant than Anderson Cooper or Sanjay Gupta, it's because we don't just listen to experts. We don't let experts tell us what they have to say and say, whelp, there it is, that's the truth. That's not the job of a reporter. Richard Nixon was an expert on running the nation as the President of the United States. That didn't stop Woodward and Bernstein from digging deeper. We must dig deeper. We cannot just take Tony Fauci's word for it, when he's working and in concert with a company. Whether he's getting kickbacks or not, I don't know, we will look into that deeper if this insanity goes any further.

[02:08:40] Del Bigtree

But we know he's working directly with Moderna on a vaccine that could potentially make \$375 billion if these people get their way. With that much money on the table, does it take a genius to say, we should probably dig a little bit deeper? Could you show me that model that you were just running through? I've been trying to imagine what made Donald Trump suddenly really shift his opinion. I imagine a scenario where he's sitting there, for the last weeks have been saying, okay, show me the evidence, show me the numbers, Dr. Fauci. I still don't see it. Where are the deaths? They're not in China. I'm looking at, show me, you know. And I'm imagining Fauci just going through models and scans, and remember. I mean, Donald Trump knows numbers. If there's anything else, he may know nothing else, but he does know how to look at a graph. He does know how to look at percentages. And I imagine there must have been a moment, I was wondering, because his energy changed so much. What happened when the slides were flipping through, did he finally say, whoa, whoa, whoa, whoa, whoa, whoa, whoa, whoa, whoa, whoa, whoa, wait, wait, wait, wait.

[02:09:41] Del Bigtree

Go back to that slide. The one, two, two, two, two times ago. This one? No, no, no, no. Two back. Oh, you don't need to see that one. No, no, no, go two back. Let me look at that, what are those numbers? Because that's what it felt like for us this week. I honestly sat with my team and said, we cannot get this wrong. Everywhere we look, every rock we look under, we do not see this death rate that has America in lockdown, but there must be something we're missing. We called everyone we knew. And as we started diving in and our researchers in Europe that are now joining us started providing us the evidence, these websites and the tools that the entire, you know, that all of Europe uses to do their modeling, and the numbers and we started seeing that Italy is only having a blip and no one else is. And then we looked at that map, and just said, wait a minute, this is nothing compared to last year, and the year before that, and oh my God, look what happened three years ago. I imagine, did Donald Trump see a map like that and say, oh my God, we've been hoodwinked. I don't know how, I don't know why, but I am bringing this nation back online sometime around Easter. He seemed very confident as he sat in his town hall meeting in the Rose Garden, even though every major news agency, including the CNN, that tonight will present some sort of town hall about the truth versus the fear.

[02:11:20] Del Bigtree

Watch closely, America. Please start watching the amount of pharmaceutical ads are running between the news programs that you are watching for your information. Please start recognizing that, though these people may have once really meant to do well, or maybe their own aspirations or belief in disease is clouding their vision, please start thinking for yourself. Please stop just listening to experts and start asking experts to show you the numbers. I've been saying that from the beginning. On CNN, from Tony Fauci, get up and show us this model you're talking about. How are we going to have a half a million deaths? Because there's nothing in math, third grade math isn't leading to that, and they never did. And as Americans, we never stepped up and yelled loud enough, show us the numbers, we are smart enough to understand this. My third grader can understand this math. Stop giving us headlines. Stop making us afraid, and show us what we're supposed to be afraid of. That is what we do on The HighWire. We are demanding the facts. We are looking for the truth. We are doing this on a dime. There is a handful of people here today to put, that put together a show I am so proud of. That led, I think, the charge across the world to bring the world the truth. I need your help. I hope you will support this.

[02:12:59] Del Bigtree

I wish I could say it should be over today, but something inside of me says the powers that be, whoever they are or whatever they are, are going to try to continue to manipulate this discussion, even though their top scientists and the model that they've crushed the world with is now crumbled before our eyes. This is a crazy time. But they're getting away with making us crazy. Get rid of the crazy. Take a deep breath. You are smart. You can read. And the math that is required to understand what's taking place here is in your hands. We will continue to give you that data. We will not stop until this world, until the reporting that's happening in it, is honest and truthful and caring once again. This is The HighWire and we'll see you next week.

[02:14:12] Del Bigtree

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

[02:14:32] 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.

END OF TRANSCRIPT

THE HIGHWIRE