

## NAME

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## DURATION

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## 20 SPEAKERS

Del Bigtree

Various news reporters

Dr. Tedros Adhanom Ghebreyesus, WHO Director General

President Donald Trump

Denise Stoneman, Grand Princess Passenger

Dr. Anthony Fauci

Dr. Jerome Adams, US Surgeon General

Joseph Fair, NBC News Science Contributor

Various speakers

Dr. Peter Hotez, Dean School of Tropical Medicine at Baylor College of Medicine

Kelvin MacKenzie, Former Editor, The Sun

Robert C. Redfield, Director of the CDC

Jefferey Jaxen, Investigative Journalist

Dr. Scott Gottlieb, AEI Resident Fellow

Dr. Sanjay Gupta, CNN Chief Medical Correspondent

Dr. Paul Offitt

Nana Bennett

Stanley Plotkin, M.D.

Aaron Siri

Speaker23

## START OF TRANSCRIPT

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

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

Good morning. Good afternoon. Good evening. Wherever you are out there in the world, it's that time. How about we step out onto The HighWire? I'm in an awesome mood today, I have to say. I had one of those days where you ever wake up in the morning after having one of those really crazy dreams where the world seems like it's coming to an end and then you wake up, you're like, oh, my God, oh, my God, I'm so happy to be back, everything's okay. I mean, it was really one of those super vivid dreams. In this dream, the world had decided to lock down under martial law from what appeared to be, you know, a really bad cold. They were shutting down schools and telling children they should never touch and shouldn't have any interaction and there was no gathering in synagogues or churches allowed. I mean, it was really crazy. The stock market was crashing, airlines were not flying, even professional sports teams and groups and championships were playing in totally empty stadiums. And meanwhile, there was a billionaire that was a self-proclaimed philanthropist that was saying that he could reduce the population using a vaccine and this very person was promising us a vaccine if we just quarantined in our house and waited for it.

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

And then in the middle of all this insanity, I was on a show and I was trying to tell people the truth and show them the real stats, but there were these things called fact checkers, these people that would actually come out and then change what I'd said and make a strawman argument against me and then put a giant banner over the things that I was saying, saying it was false information so that no one could get to it and there was no way to get to these fact checkers. They were like this Ministry of Truth where they were just this amorphous entity and no one fact checked them. And then suddenly I woke up, oh my God, I woke up and I'm here. I'm here with you. Back to the sanity, back to people that know how to just put things into perspective. And so I want to thank you for being with me here today in this beautiful planet where people have got it together. It's amazing how bad things can really get. When you have a dream like that, you really realize what could happen. So today, I want to talk about the fact that, I'll be honest with you, I personally am not afraid of COVID-19, the coronavirus. I'm just not. Now, I suppose that in some world right now that could be quoted and I could be called out and it's almost blasphemous to say such a thing.

**[00:03:16] Del Bigtree**

You know, do you know, Del, that people are going to die? Well, yes, I know that people are going to die. People die every single day for many, many reasons, including the common cold or flu or MRSA or CRE. You know, they may just die from pollution, there's a lot of things going on. so I have perspective around it. Today, I can't really tell you how to think, I just think that right now, this environment that we're living in, it really makes you take stock of who your friends are and who you're surrounding yourself with. I have to say, I'm lucky that many of my friends around me are looking at what's taking place and saying, does this seem like a bit of an overreaction? I mean, what's really going on here? I suppose those same friends are living their life the same way that I am and today I want to talk about that a little bit. I want to discuss with you why I personally am not afraid. I think there's things we should be really nervous about, but I am not afraid of COVID-19, at least not as I see it and the stats I'm going to show you. But you may not know that. You may not be experiencing the kind of ease I have because I'm assuming you're probably turning on your TV a lot, and this is all you see on your TV right now.

**[00:04:27] Various news reporters**

The coronavirus.

**[00:04:28] Various news reporters**

100 countries are now reporting cases.

**[00:04:31] Dr. Tedros Adhanom Ghebreyesus, WHO Director General**

The number of cases of COVID-19 outside China has increased 13 fold.

**[00:04:37] Various news reporters**

Italy is on total lockdown.

**[00:04:39] President Donald Trump**

We will be suspending all travel from Europe to the United States for the next 30 days.

**[00:04:45] Various news reporters**

Work has been canceled, school has been canceled. Imagine this scaled up to the United States.

**[00:04:51] Various news reporters**

More than a thousand confirmed cases have been reported.

**[00:04:54] Various news reporters**

The demand on health care providers is surging.

**[00:04:57] Various news reporters**

There's a quarantine plan for the thousands of passengers and crew who've been stuck on a cruise ship.

**[00:05:02] Various news reporters**

Passengers aboard the Grand Princess, an infected cruise ship that's docked in Oakland, California.

**[00:05:08] Various news reporters**

Off the coast of south Florida, another cruise liner stuck at sea, and another in Egypt quarantined with Americans on board.

**[00:05:15] Denise Stoneman, Grand Princess Passenger**

It's kind of like being in a little prison cell at sea.

**[00:05:19] Various news reporters**

Mixed messages on the threat of coronavirus.

**[00:05:22] Dr. Anthony Fauci**

Clearly, I'm concerned about community spread.

**[00:05:24] Dr. Jerome Adams, US Surgeon General**

We actually feel pretty good that some parts of the country have contained it.

**[00:05:28] Joseph Fair, NBC News Science Contributor**

We're going to see a complete overwhelming of the entire medical system.

**[00:05:32] Various speakers**

What is the point in terrifying people?

**[00:05:35] Dr. Peter Hotez, Dean School of Tropical Medicine at Baylor College of Medicine**

This is like the angel of death for older individuals.

**[00:05:39] President Donald Trump**

No, I'm not concerned at all.

**[00:05:40] Dr. Anthony Fauci**

As a nation, we can't be doing the kinds of things we were doing a few months ago.

**[00:05:46] Kelvin MacKenzie, Former Editor, The Sun**

Nobody knows what the outcome of this is going to be.

**[00:05:50] Dr. Anthony Fauci**

We've got to be prepared to take whatever action is appropriate to contain and mitigate the outbreak.

**[00:05:57] Robert C. Redfield, Director of the CDC**

We're all in this together, every one of us.

**[00:06:03] Del Bigtree**

Go ahead, pinch yourself. That really was the news this last week. Do you find yourself sort of wanting to turn to your child and say, don't worry, it's just a movie? Those are actors, there's lights, there's cameras. They're just acting like this is a really big deal. Well, apparently for a lot of people, this is a really big deal. I've never seen anything like it. And today we have a lot, a huge show to get through, a lot of information. In fact, I think we've set a new record, I believe Cat had to make 155 slides or something like that, so we'll see if we get through them. But to help me out and to get through this, I want to bring in Jefferey Jaxen real quick, just to sort of go through the update of what's happened really in the last week since we last spoke to you on The HighWire last week. Jefferey, can you hear me?

**[00:06:46] Jefferey Jaxen, Investigative Journalist**

Yes, I can Del. Thanks for having me.

**[00:06:48] Del Bigtree**

Hey Jefferey, it's been a crazy week in the news. Can you give us a really quick rundown of some of the changes and things we saw just in the last seven days surrounding COVID-19?

**[00:07:00] Jefferey Jaxen, Investigative Journalist**

Yeah. You know, the first thing looking at the headlines, we see a lot of pictures of the National Guard being deployed in New Rochelle, this is a suburb of New York. And what's interesting about that is a lot of these headlines are showing some pretty drastic pictures of the National Guard, but what was important to understand is this is really standard protocol. The picture that's being shown right now, this is from the Military Times, and underneath that picture, it says New York National Guard soldiers of the Homeland Response Force doing an exercise in 2019 in Lakehurst, New Jersey. So this is not what is going on in New York right now. What's going on in New York right now with the National Guard. They're delivering meals....

**[00:07:38] Del Bigtree**

Cause that would be a little bit freaky, right?

**[00:07:40] Jefferey Jaxen, Investigative Journalist**

Yeah, yeah.

**[00:07:42] Del Bigtree**

Not like what's really getting, okay. Tell me what's really going on.

**[00:07:45] Jefferey Jaxen, Investigative Journalist**

I think that's what they call clickbait or maybe even a little bit of fake news, but so, what's going on in in New York right now is they're basically they're delivering meals because the schools are closed, so there's children, they qualify for free or reduced meal plans, so they're delivering meals to those children and they're doing what is called decon. So it's decontamination. So they're basically sanitizing this containment area. So it's not a quarantine. I hear some false reports about that, it's just a containment area. It's a one mile radius, essentially, and there was a lot of clusters of cases. There was about 121 when Governor Cuomo called out this this state of emergency and called in the National Guard. So this is common. We may see more of this in other states, Washington has some more cases going, so not a big deal.

**[00:08:31] Del Bigtree**

Oh hold on a second, Jefferey, you can't say it's common. I mean, I don't remember seeing the National Guard out with toothbrushes in the street like cleaning bacteria and things off the street or viruses, so it's not that common. But I mean, okay, so they aren't, they have not, it's not Outbreak, they haven't put a fence around the entire area and blocked anybody from coming in and out is what you're saying.

**[00:08:51] Jefferey Jaxen, Investigative Journalist**

Yeah, yeah. And you know the National Guard, for people that may not know, they're out in places that have snow, they're out and they're called out for snowstorms, to shovel people out of snowstorms and to be a rapid response for that, too, so this is something that, given the what's happening in the United States right now, we may see more of it but just know that it's, you know, this is something that is on the books for kind of a first line response to things like this.

**[00:09:15] Del Bigtree**

Alright, what else is going on out there?

**[00:09:17] Jefferey Jaxen, Investigative Journalist**

Yeah, so, one of the big things is the Hill reported on the responses of government power. So seeing these things happening, seeing this kind of hyperventilating that's being done in some of the corners of government here in responses, there's a quote in this that said, quote, "In times of emergency - including public health emergency - the temptation to violate individual rights is at its greatest. and the courts have often been called to defend the rights of the vulnerable." This is by Harvard Law professor Glenn Cohen. So this is one of the things that people maybe should just keep an eye on, because right now in the US, it's, you know, seems like somewhat of a compared to what was going on in China and Italy, a mild response. But, as this thing ramps up, this is one of the things it's important to do what's in the bounds of the Constitution, it looks like so far this is what's been happening. But we did see the WHO declare a pandemic, so this is another thing that's kind of a hyperventilating headline here to see this. But a lot of people, you know, by definition, a pandemic deals basically with how many parts of the world are dealing with the issue at hand, that's all it is. So it's generally defined as an illness that spreads far and wide throughout the world. Now, let's take it from Anthony Fauci, because he said in February that, this is a quote from him directly, Dr. Anthony Fauci, Director of the US National Institutes of Allergy and Infectious Diseases, he's the one you see on the news almost every day. He says, "...earlier this month that there is no actual scientific, definitive definition of what constitutes a pandemic. 'It really is borderline semantics to be honest with you.'" So not to laugh this off, but the WHO declaring a pandemic, okay, okay. That's what we can really just say to that.

**[00:11:01] Del Bigtree**

Well technically, couldn't you say every flu every year as it sweeps the world is a pandemic, it's appearing all over. Every cold. I mean, and remember, coronavirus is a cold. I mean, this may be a very extreme cold or some version of it. SARS was also a coronavirus, not to undermine the danger that they're trying to portray, but there's a lot of things that sweep the planet. But when the news really announces pandemic, we, that word just sounds extremely terrifying. And so to hear Fauci say there's really no perimeters or lines to it, we just kind of go, ah, roll the ruins, roll the bones, let's see, yeah, it's called a pandemic today, and that's where we're at.

**[00:11:40] Jefferey Jaxen, Investigative Journalist**

Yeah, that's pretty much what I took away from it as well. I mean, it mobilizes responses, probably frees up some funds on the state level or the federal level. And you know, this brings us to the next thing that happened just last night, Trump announced that he was suspending all travel to Europe for the next 30 days, that's starting tomorrow, which is Friday. Now what's interesting is on January 31st, the Trump administration suspended and restricted entry into US and China and shortly after that, most of the airlines suspended their travel between the two countries, so this isn't something that we, you know, we haven't seen before. This is just basically a step in the direction of what they're trying to do to contain this thing. And what a lot of people are saying out there is right now, Europe is, just looking at the numbers, Europe is turning into where China was maybe 2 to 3 weeks ago. So they're saying that the popular talking point headline out there for the media is Europe is the new China. However, you know, just looking at the John Hopkins that had the stat counter that we had almost a month ago we were talking about that, looking at it right now, Italy has almost 12,500 cases. France, Spain, Germany, they're in the 2000s. The US is still 1300. So what we're trying obviously, in the US here, what they're trying to do is avoid this exponential growth in Italy and China, and that's, it seems like somewhat of a common sense measure to halt that travel.

**[00:13:05] Del Bigtree**

Right. Alright. Well, there's a lot going on. That was a lot in seven days. Obviously, everyone at the CDC, the World Health Organization, are very busy trying to figure out what steps to take. I think that there's a lot of questions that this brings up, and I'm hoping that they're having really deep and thorough meetings on this. But I appreciate you bringing us up to speed on all of that, Jefferey, and keep you know, you're going to keep your eyes on it. We obviously want to deal with the truth and the facts as we know them, so you've done a really good job there. Thank you.

**[00:13:36] Jefferey Jaxen, Investigative Journalist**

Alright. You're welcome. Thanks.

**[00:13:37] Del Bigtree**

Take care, Jefferey. So, you know, we now are restricting travel. I woke up in the middle of the night just a few nights ago, and I really sat and watched the news and watched how the stock market and financial institutions. Planes were being told are flying empty just so that they can hold on to their their route, however that works. I mean, everyone's running around in masks. You know, a lot of people are taking this very seriously. And I think there's a lot of questions that need to be asked. And one of the things that I think that, we're watching our audience grow as we speak, many of you are joining us for the very first time, because what you're hearing is here on The HighWire, we are presenting all the news that we find, everything around the world. You see, there's a difference between us and every other news network you're watching. You have to remember, we are not funded by the pharmaceutical institutions. CNN, Fox, MSNBC, all your major news channels are funded by the pharmaceutical institutions. Usually 50 to 70%, they say, sometimes. So that means those news anchors are simply giving you the information that pharma wants you to hear. We don't adhere to that, we don't have to, so we're allowed to break stories that no one else. I'm going to show you some things that we broke before anybody else, and now they're catching up with us. But I want to also point out, for those of you that are joining us and are brand new, to remember, that this is a medical talk show.

**[00:15:02] Del Bigtree**

We are here, we investigate medicine and we investigate the health of people and how these things affect us. I came over from The Doctor's television show. I won an Emmy Award for celebrating the best that science and medicine has to offer for The Doctors on CBS, for six years I did that. There are two other producers that I have brought over from The Doctors, one is my Executive Producer. And then we have people that are various scientists, doctors, and researchers that work with us to bring you the information as we know it. I think we're doing it better than everyone else. That's me. I mean, obviously I like what we're doing, but here you can judge for yourself. And what I want to talk about is why I personally don't think I have a risk and I feel good about where my family is, but I think there are risks and things we need to discuss. But think about this. We're locking down our borders. We're shutting down our interaction with the world. I just want to, there's a few things I won't even get to touch on today, but think about how drastic that decision is. And one of the things we're looking is it really seems to be affecting the elderly. No doubt, the deaths in America and really around the world seem to be affecting the elderly.

**[00:16:10] Del Bigtree**

Everybody else, it's fairly mild. It's like, you know, 80% of people have mild symptoms and things like that. So essentially we're locking down borders because we're concerned, maybe, I think, that there might be an overrun on our ICU units because those people that really do have extreme effects, have got to get on respirators, do we have enough respirators, so let's shut down our borders to try and stop this thing so that we don't overwhelm the hospitals? That makes sense. I mean, that is a thoughtful thinking process, but think about this. As we shut down our borders, we're also shutting down our ability to have commerce and exchange. Do you know that 80 to 90% of our drugs come in, we're talking about penicillin or EpiPens, all of these things, come in from China and India and other countries. I think that's something that needs to change, but we are shutting down our borders, how long are we going to be shut down for? What happens if we start running out of the drugs and things that these hospitals use? Where's it going to come from? Do you realize that people could start dying for other reasons simply because we have no supply of the things we use in these hospitals? I hope that that is a part of the conversation that's taking place when we take drastic measures like we're taking.

**[00:17:24] Del Bigtree**

But you have to understand this is a difficult situation. And one of the biggest questions about all of it, I think that we're all having. I think anybody that is just taking a deep breath, and those of you watching the show, you're asking yourself, is this as bad as they say it is or is this really worth it? Is this that dangerous a virus? Is it like Ebola? Is it like the Spanish flu? I want to get into that. I want to get into some of the issues that we know. Now, let's look at China, because that's where this all starts. And by the way, we're going to really wing it here, I'm going to fly along and I've got a lot of slides, so bear with us as I try to get you this all in some sort of smooth manner. But when we look at Wuhan, China, where this breaks out, it breaks out in December of last year in Wuhan, China, it immediately has a gigantic death rate. I mean, the death rate is up, 17.3%. It's really, really high. It's sort of you know, it takes a while for us to find out this information. And now even though China has a giant lockdown, you know, at the beginning of this year, they locked down Wuhan province and several of the provinces around it, but it still seems to spread anyway all the way across China, really making us question whether lockdowns even work.

**[00:18:39] Del Bigtree**

In fact, there's a lot of articles putting out the fact that when they locked down Wuhan and right before it was happening, there was discussions about it, people fled because they didn't want to get stuck there with no groceries and no food and all the issues that would come with a lockdown, so it may have actually forced a spread across China. So that's one thing that we can look at. But I think what's really interesting when you look at this is it's being reported that outside of Wuhan and after the major hit and once Wuhan sort of maximized at this really high death rate, around the rest of China, it's being reported that it's really about a 0.7% death rate. It's still somewhat high, but that's what the articles, you know, this article is talking about. If you look at the WHO numbers, what they're saying is outside of Wuhan, it's about 0.7%. So there's a giant drop off. Why does it go from 17.3% and then just suddenly crashes down to 0.7%? It really makes us have to think about, how is the virus working, how is it being transmitted, are there other confounding issues? Is it, is the amount of, you know, cigarette smoking going on or the pollution? All of these things we've discussed on this show and we'll continue to look at. But I think one of the possibilities is the fact that it is possible that the virus is actually mutating.



#### [00:20:00] Del Bigtree

In fact, we saw this article come out, I believe it was from CBS, can we pull that up, showing that there's now two strains of the Coronavirus that we're seeing. The first strain seemed to spike right in the beginning. Yeah, say they have two strains of COVID-19 that ABC is talking about it. I saw, I think I saw it on CBS. And what they're saying, here we go. There's this, oh CNBC, I'm sorry. "In a preliminary study published Tuesday, scientists at Peking University's School of Life Sciences and the Institute Pasteur of Shanghai found that a more aggressive type of the new coronavirus had accounted for roughly 70% of analysed strains, while 30% had been linked to a less aggressive type." Now, this is very early on, and again we have to see if we can trust the science coming out of China. They could be covering something up, but let's just take them for their word. This brings up something that's very interesting. I mean, and today, if you're watching this for the first time, we tend to like to geek out a little bit on the science. I'm not just going to give you a headlines, we're not going to repeat the headline over and over to you. We're actually going to go through some of the things that are very fascinating when you look at viruses. One of the things we know is that the evolution of a virus tends to make the virus less and less virulent.

#### [00:21:19] Del Bigtree

Why is that, now why would that be? For instance, measles originally was extremely deadly, but then it slowly dropped off. The mortality of measles almost disappeared, it was down in the zero range. Actually, I think it's 0.01% were dying from measles before we ever had a vaccine, so naturally the virus became less virulent. And think about it, there's a reason for that. There's a reason why a virus evolves that way. If a virus kills its host, it dies. The virus is dead. And just like all other things that strive, you know, I think bacteria is very similar, everything on the planet strives to succeed. And so if you're killing the very body you live in, then you don't get to procreate and move on. So viruses and bacteria tend to become less and less virulent, less virulent strains end up because that way the host stays alive and it can be shared, you know, and spread all over the world and they populate the world. It's kind of a weird, strange sensation, and I remember talking to Andy Wakefield a lot about this when I was sitting in his basement, how obsessed he was with measles and how it's transmitted. So that's one possibility, is that simply we're going to be watching this COVID-19. And by the way, is it still the same COVID-19? It really brings into question, will a vaccine actually work? If a vaccine just focuses on the exact nature and structure of COVID-19 as we know it, and then it's already mutated too, what happens if it mutates 17 times? Does the vaccine even see what the new mutation is? It's one of the issues we have with flu, right? Flu has so many different strains that they have to play this guessing game, and over the last several years, it's been about 10% effective, which is, to me, almost not effective at all.

#### [00:23:08] Del Bigtree

So one reason we might be seeing that drop to 0.7% could be that simply there's just a milder strain of the virus that is now moving around the world. Now but remember, we are seeing huge spikes in Italy, right? Italy's locking everything down. They have a high death rate. Even in America, we're seeing headlines that COVID-19 appears to be more deadly in the US than other places. Now, I think there's an explanation for that. There's actually several we're going to talk about today, but one of those would be something I talked about last week. Our testing is terrible here in the United States, and this was one of the big complaints as it was coming out. "State labs report issues with coronavirus test kit, the CDC to send new reagents." I think Alex Azar got into some trouble, trying to get these delivered. Were they delivered right, were they successful? I saw hospitals complaining and nurses and doctors online saying, we don't have any tests here, we don't even know how to figure out if the people coming in have coronavirus or not.

#### [00:24:09] Del Bigtree

So under those circumstances, you have to imagine that your death rate is going to seem much higher. Try to follow me on this. If you are not testing people and you're really only testing, here we go. "Limited coronavirus testing in the US has meant its death rate appears alarmingly high - but it will likely drop." Here it says, "At 5.7%, the US currently has the world's highest death rate for the new coronavirus, compared with a global average of 3.4%." 3.4%. Still, those are pretty high numbers. But think about it. As I said last week, if you're sitting at home right now and you have the sniffles, there's a chance you have coronavirus, because for 80% of people, that's all it is. Are you going to go to the hospital right now? Are you going to go and say, test me, let's find out if I have coronavirus? No, you're not. I can't tell you how many people have a lot worse than nasal congestion. People are calling me, they're hacking on the phone, they sound like they're dying. And they said, I'm not going to the hospital. I can't afford to take two weeks off from work if they end up quarantining me. So you see the issue in a nation like this, if we don't have the official numbers, all of the mild cases and then all of the cases that may be more severe but aren't reporting, then we really don't know what our death rate is.

#### [00:25:22] Del Bigtree

Currently we have such a low amount of people reporting to have coronavirus in America that our death rate seems extremely high. For instance, if you have ten deaths, but you only have 100 people that have been tested at all, then it looks like your death rate is 10%. But what if you really have 1000 people, they just haven't reported? Then that 10% drops down to below 1%, and you get the idea, millions, it gets to be a smaller and smaller number. Now, we are seeing some proof of this because South Korea is reporting as being one of the highest testing countries in the world and this headline came out from them. "Coronavirus: South Korea's aggressive testing gives clues to true fatality rate." With --listen to this-- 140,000 people have been tested for the coronavirus and they've confirmed that there are 6,000 cases, and its fatality rate is around 0.6%. Not the 3.4% we just saw, not the 17% that China was at, not the 5.7%. So let me just sort of put this on a graph so we can try to put this into some perspective, shall we? Okay. Okay. So here this comes from our world numbers. These are all of our world numbers and we have a chart here Now, China, it's very interesting.

#### [00:26:43] Del Bigtree

Right now they have a very, very high, serious, these are serious cases in blue, these are deaths in red. China has got an extremely high serious case rate. But remember, China, as they're pointing out, is sort of on the back end, they're sort of tapering off. This thing has maximized itself out. You know, almost everybody's gotten it. You know, you could kind of guess, in Wuhan, 70% of people, because if you start seeing it taper off, it means naturally this thing is running its course. But as all those mild cases now are healing and recovering and, we showed you last week, recovery rates are going through the roof, what's going to happen? As the mild cases are recovering, that's going to make the percentage of serious cases look like it's going up, and that's what we're seeing here at 26.8%, really high. Their death rate is now at 3.86% because we're getting some perspective on all the testing that they're doing. Now this is affecting, remember, this is affecting our world numbers, it's affecting how we think about this. For instance, if you come over here, this is the global look, right? When we see the global numbers, the global numbers are at 13.59%, right. Really high. And the global, as we just saw, the global numbers of death is right around 3.48, I think that article said 4.7 and 4.5, but they seem really high. But go ahead, let's just take China, these billions of people involved is, let's take them out of the equation, right.

#### [00:28:08] Del Bigtree

If we take them out of the equation, this entire global number just crashes through the floor. Now we're at 3.47% overall serious illness and only 2.42% that are dying. Now, when we compare that to the only nation really that is doing serious testing, that's South Korea at 140,000 tests, they have a serious illness rate of 0.5% and an overall death rate of 0.69%, much like what we saw in the reports outside of Wuhan. In the rest of China, they're at 0.7%, 0.69, .7. So we're seeing a commonality. These are the types of things I think we should be looking at when we decide to take a deep breath about what's happening. So if it looks like coronavirus, at least in many nations, may when they finally start doing real testing and really looking at everybody that's going to get this, then we're at about a 0.7% death rate. Now, will quarantine work, will shutting down our borders work? I mean, we've never been able to stop the flu before, we've never been able to stop a common cold. We're attempting to do something that really has not been attempted in the modern world, at least in my lifetime. I haven't done enough investigation to see if we've tried this worldwide before, but in my lifetime I've never seen this attempted. And you also have to wonder, just very quickly, if it's only 0.7%, which means it's a fairly mild pandemic when we think about how deadly it is, is it just going to be like, hey, we saved the day, not that many people died, when it's all over with.

#### [00:29:43] Del Bigtree

We really have to watch how this is being played out. But here's what makes me nervous. When we see that we're at 0.7%, yet I'm seeing headlines that are comparing this to the Spanish flu. The Spanish flu killed between 20 and 50 million people, here's one of the headlines. "New coronavirus could be 'as deadly' as Spanish flu pandemic." Really? And then this other one, "Coronavirus: China's Chernobyl or The Spanish Flu?" See, these are the types of things that are making people crazy. Now it makes it easy to tell you to shut down your school and stay at home and, you know, don't go out and don't hug each other and don't touch each other, but I think we need to put some reality on this, okay. So let's take a look at the numbers. Now it's true, 0.7% is still a fairly high number if we relate it to flu. This looks to be, at 0.7%, roughly four times as virulent as your average flu year. So there are going to be some people dying, no doubt about it. But let's look at this. The normal flu every year has about a 0.14% death rate, okay. COVID-19 in China and now also in South Korea are showing 0.7%. Okay. This is definitely higher than the normal flu right now.

#### [00:31:02] Del Bigtree

That may change, but that's where we're at. Now to compare that to the Spanish flu, which had a 20% death rate, 20%, and saying, is it possible that this is going to be as bad as this? That's insane. I mean, we are talking about, if you do the math, a 2,857% increase if to get to the numbers of Spanish flu that we're currently seeing with COVID-19. Now, could all this change? Sure. Could, you know, but what I'm trying to show you is there are other perspectives. There are great scientists around the world that are showing us information that should help us be able to wrap our minds around what's really happening. What you should ask yourself is, am I seeing these numbers in the news? Am I seeing these come from the people that I thought I trusted? Alright, let me get back to my desk. Alright, give me one second and let me figure out where was I going from that? Okay, so then we have. What's that? Alright. So here we can see the overall cases, let's show them the South Korea rate. We got 7,755 cases, just so people can see the exact numbers as they are, compared to, do we have that chart up? It came before the headlines. I just want to show people what the actual numbers are so they can see, there we go. So we have 7,869 confirmed cases, 66 deaths, 333 recovered.

#### [00:32:34] Del Bigtree

Currently, there's active cases of 7,470. So you get a sense of, you know, these, is that. Yeah, that's South Korea. Active cases. Well, we got it, alright, moving on. Now, what we want to talk about is, where was I going, folks? Sorry. Hold on. Going to what? Cures, okay, very good. Alright. So now what I want to talk about is, we see that we're working on vaccines, we see all the discussions about that. What I want to start talking about is, while we're shutting down borders, is that the smartest thing to do? Of course, it could affect, it's affecting our economy, it's affecting all sorts of things. But what I want to talk about is, is there another way outside of of a vaccine? And when we think about that, we have to think about is there a cure for coronavirus? Now, first of all, we already reported to you last week that the use of a malaria drug is being recommended by one of the top scientists out of France. Now, he said that, if you just simply use this malaria drug, there he is, Doctor Didier Raoult, MD, who's I understand is responsible for discovering about 70 viruses and naming them in the world. He's one of the top virologists in the world.

**[00:33:53] Del Bigtree**

And he actually said in a speech that he gave that the upper respiratory infection known as COVID, here it is, "Actually from all respiratory infections it's probably the easiest to treat. So there is really no reason to get excited anymore. There's really no reason to get excited and rush to produce a vaccine..." Because he found that a malaria drug is perfectly good and they'd actually discovered this back, well there it is, chloroquine. They used this back after the SARS epidemic and found it worked really well with SARS. Now, why aren't we hearing about this in America? Why aren't there trials going on? We're talking about a drug that's already been proven to be safe using people for malaria, so why aren't we really rocking this forward here in America? "Chloroquine is a potent inhibitor of SARS coronavirus infection and spread." That's an article that happened back in 2005, so we have this knowledge. And this is what starts to bother me about the news. And this is where you've got to start really questioning when your news is funded by pharma. Now, obviously, there's probably not billions of dollars to be made by chloroquine, you know, except that we know that it works. And it would be really easy to do trials right now because we've already used it on human beings. There's also, another cure that's come up. Let's bring that up right now. Here it is, "Can Vitamin C beat coronavirus? It boosts brains, combats sepsis and tackles colds...no wonder China's doctors are racing to test its effects on the deadly outbreak." In fact, I understand that we're even starting to test, here we go.

**[00:35:22] Del Bigtree**

"China treating coronavirus COVID-19 with intravenous Vitamin C." Vitamin C is a huge deal. I have it, here, look at what it has to say. "Vitamin C is very promising for prevention, and especially important to treat dying patients when there's no better treatment. Over 2,000 people have died of the COIV-19 outbreak and yet I have not seen or heard large dose intravenous vitamin C being used in any of the cases." Now we have people I've seen them posting about vitamin C, and then they get false information fired across it. Oh you can't talk about intermediate, you know, large dose, high dose vitamin C, there's no proof. Well, what are you talking about? We have top scientists around the world that are working with it. And certainly, while none of you people seem to have a cure, isn't it okay if people say, hey, take some vitamin C, try it out? I mean, what is the problem with people taking vitamin C? Here we go. "Vitamin C infusion for the treatment of severe 2019-nCoV infected pneumonia." There's a study going on. So we know that vitamin C is in trials and that's great. But there's also another drug that's in trials. This is being used on the military. Are we ready for that? "Army signs agreement with drug giant Gilead on experimental COVID-19 treatment."

**[00:36:38] Del Bigtree**

"Gilead's medication, remdesivir, was approved for clinical research in February by the Food and Drug Administration. The medication, which initially was developed by the Foster City, California-based company to treat Ebola, has had some demonstrated success targeting coronaviruses, including Middle East Respiratory Syndrome, or MERS, and Severe Acute Respiratory Syndrome, SARS. The medicine, given intravenously, is currently being tested for safety and effectiveness in two separate clinical trials in China and one by the National Institute of Allergy Infectious Diseases. In the US study, the first volunteer was an evacuee from the Diamond Princess cruise ship hospitalized with the illness at the University of Nebraska Medical Center in Omaha." Now, what's awesome about these studies is they're actually doing them the right way. They are using a placebo group. In fact, I believe Tony Fauci even addressed this. "NIH clinical trial of remdesivir to treat COVID-19 begins..." We urgently need a safe and effective treatment for COVID-19. Although remdesivir has been administered to some patients with COVID-19, we do not have solid data to indicate it can improve clinical outcomes,' said NIAID Director and US Coronavirus Task Force member Anthony Fauci. 'A randomized placebo-controlled trial is the gold standard for determining if an experimental treatment can benefit patients.'...The study is double-blind, meaning trial investigators and participants would not know who is receiving remdesivir or placebo." I love this. I mean, this is great. Placebo trials of a drug that looked like it worked on Ebola. Maybe we can actually cure people. Maybe we don't have to worry about giving billions of people a pharmaceutical product like a vaccine and hope that it works.

**[00:38:24] Del Bigtree**

Maybe we can just give the thousands that are getting the illness and having severe reactions, leave the 80% alone that are blowing their nose and just have the sniffles right now. Let's just deal with those severe cases in the elderly and see if we can have a drug that can cure them right away. There was another article I read about a cure that was attempted in China, and this was using stem cells. If we look at stem cells, they had a patient that was having, here we go. "Coronavirus: critically ill Chinese patient saved by stem cell therapy, study says." The "65 year-old Chinese woman who fell seriously ill after being infected with the coronavirus made a startling recovery after being given stem cell therapy, according to a new study by Chinese scientists." But according to a paper..."Following the strict guidelines laid down by the government for the treatment of coronavirus patients, doctors there first administered antiviral medications and antibiotics, and put the woman - who also suffered from type 2 diabetes - on oxygen to help her breathe. Her condition improved initially, but then went rapidly downhill and she was moved to the intensive care unit on February 1. Things did not improve, and as the woman's health worsened and her organs began to fail, the doctors needed to act fast. So, after consulting the hospital's ethics committee and the patient's family, the stem cell therapy was started on February 9."



**[00:39:44] Del Bigtree**

"But according to a paper published by a team of researchers from Kunming University led by Dr. Hu Min, just four days after being given her first shot of umbilical cord stem cells, the woman was back on her feet and able to walk." Remember, we're not just talking about someone who had the sniffles. She was going into organ failure and stem cell therapy worked. Now, you know I've been critical of just rushing into any therapy. We need to do proper studies, placebo studies. But while we're putting eight point, what is it, \$4 billion into this coronavirus and everyone's waiting with bated breath for a vaccine, wouldn't it be really smart to actually start trials on products, some of them that have already been proven safe in other uses or in stem cells that have shown a lot of success in other respiratory illnesses, and clearly, in this one patient had some success. I mean, these are the types of things I'd really like to see being reported on in America. Besides just locking down our borders, what are we doing to heal those that may be in harm's way? I think that that's important for all of us, to think, you know what, there is hope out there, folks. There are cures. And when we think about this vaccine, it could take years. Which leads me to my next story. You know, it is very, very rare that I tend to agree with Dr. Paul Offit.

**[00:41:04] Del Bigtree**

I think I've done it once before, I forget exactly why. Now this guy is one of the top spokespeople for the vaccine industry. He also developed and made a fortune off of the rotavirus vaccine that is mandated upon our children now as we speak. But I actually agreed with him this week, or perhaps he agreed with me. I'm not sure which happened, the chicken or the egg, which came first. But let's just take a look at some of the statements he made, because I think it's very important what he's saying. This is, "Philly vaccine pioneer: We can't rush a coronavirus vaccine....If you're going to be testing this in otherwise healthy people who are very, very unlikely to die from this infection, you better make sure it's safe. So you want those regulations in place.... An example is the dengue vaccine. When it was tested in Latin America and Philippines, it was found to actually increase your risk of dengue shock syndrome. Children who were less than 9 years of age, who had never been exposed to the virus before, were actually more likely to be hurt by the vaccine than helped by it. Now, you only knew that from doing large clinical trials with tens of thousands of people." I mean. "I think that because we falsely overrate, or incorrectly rate," --listen to this-- "we falsely overrate, or incorrectly rate, what the mortality rate is, we're willing to accept that things will be rushed through. In fact, coronavirus doesn't have a high mortality rate. There's a virus that the CDC currently estimated has killed between 20,000 and 45,000 people in the United States - influenza. But only half the country gets that vaccine. There's only 14 deaths [in the US as of Friday afternoon] from COVID-19, but everybody would get a vaccine now. The point being: We're not very good at assessing risk."

**[00:43:02] Del Bigtree**

I think that's really quite informative, and shocking to be coming from, you know, Dr. Paul Offit. I was scratching my head saying, isn't this exactly what he wants, to rush into a vaccine? And isn't that what he wanted, he wanted every adult on the planet to believe that we need vaccines in order to survive? Yet he's being very cautious. If you don't find that shocking enough, there's another person that likes to attack us all the time, attack me all the time, Dr. Peter Hotez, who actually works at designing vaccines. I'm going to agree with him. Or in fact, I think in this case, he really is actually agreeing with me, because what he's about to tell, in front of I believe this, is it the Congress that he's in front of? Yeah, so speaking in front of the Congress, this is what he had to say. And by the way, I already told you much of this a couple of weeks ago, but here we are, me and Peter Hotez, like this, saying the same thing. Take a look.

**[00:44:05] Dr. Peter Hotez, Dean School of Tropical Medicine at Baylor College of Medicine**

We partnered with a group at the New York Blood Center and the Galveston National Laboratory to take on the big scientific challenge of coronavirus vaccines. And I say a scientific challenge because one of the things that we're not hearing a lot about is the unique potential safety problem of coronavirus vaccines. This was first found in the early 1960s with respiratory syncytial virus vaccines, and it was done here in Washington with the NIH and Children's National Medical Center, that some of those kids who got the vaccine actually did worse, and I believe there were two deaths in the consequence of that study. Because what happens with certain types of respiratory virus vaccines, you get immunized, and then when you get actually exposed to the virus, you get this kind of paradoxical immune enhancement phenomenon. And what ha-, and we don't entirely understand the basis of it, but we recognize that it's a real problem for certain respiratory virus vaccines. That killed the RSV program for decades. Now the Gates Foundation is taking it up again, but when we started developing coronavirus vaccines and our colleagues, we noticed in laboratory animals that they started to show some of the same immune pathology that resembled what had happened 50 years earlier and so we said, oh my God, this is going to be problematic.

**[00:45:25] Dr. Peter Hotez, Dean School of Tropical Medicine at Baylor College of Medicine**

And these clinical trials are not going to go quickly because of that immune enhancement. It's going to take time. And so, you know, and unfortunately, some of my colleagues in the biotech industry are making these inflated claims. You know, you've seen this on the newspapers, we're going to have this vaccine in weeks or and this and that. What they're really saying is they can move a vaccine into clinical trials, but this will not go quickly because as we start vaccinating human volunteers, especially in areas where we have community transmission, we're going to have to proceed very slowly, very cautiously. The FDA is on top of that, they have a great team in place at the Center for Biologics Evaluation Research. They're aware of the problem, but it's not going to go quickly. We are going to have to follow this very slowly, cautiously, to make certain that we're not seeing that immune enhancement. So now now we're hearing projections a year, 18 months, who knows?

**[00:46:19] Del Bigtree**

Pretty shocking, right? I mean, to watch these guys, they're usually screaming vaccine, vaccine, Ebola vaccine, it's all coming. All of a sudden, they're tapping the brakes. But I really want to address the fact that we already covered this discussion. In fact, we gave you a lot of detail more than two weeks ago. This speech happened on March 5th. But two episodes ago, I actually brought up the animal studies that Dr. Hotez is referring to. I want to show you this, because these same people that are agreeing with me this week tend to say that I'm spreading misinformation. But the truth is, is that we're bringing you information even before the scientists are. I have proof of it this time. Take a look what I told you on this show two weeks ago about the animal studies.

**[00:47:05] Del Bigtree**

"Immunization with SARS coronavirus vaccine leads to pulmonary immunopathology on challenge with the SARS virus....the lung sections suggesting hypersensitivity that was reminiscent of the description of the Th2-type immunopathologic reaction in young children given an inactivated RSV vaccine and subsequently infected with naturally occurring RSV." This is an older study. Here was the conclusion from this studies. "These SARS-CoV vaccines all induced antibody and protection against the infection...." They seem to work. However, when challenged, "challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution" --look at this-- "Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated."

**[00:48:03] Del Bigtree**

So this study even went on to say, what we're seeing reminds us of a human study we did on children --totally different vaccine, RSV-- where they seemed to do great with the vaccine, even had antibodies, but then when they came in contact with the disease, they actually had a hyper-stimulated reaction. What they found was the body took in more of the virus from the bacteria --this is something that's known to happen on occasion-- and made them more sick than they would have been.

**[00:48:31] Del Bigtree**

And as Hotez went on to say, it's something called immune enhancement. For some reason, the vaccine appears to create antibodies in the person or the animal using it, in the children was with RSV, but then when they come in contact with the illness that the vaccine is supposed to protect them from, for some reason they have a hyper-stimulated, called an immune enhancement reaction. And as Peter Hotez said, we don't really understand it. We don't understand why it happens or how it happens, and that's why we need to proceed very, very, very cautiously as we move forward. He even sort of rags on a couple of his fellow biotech companies that are saying, we can do this in 12 months to 18 months. And he's like, yeah, we'll see. Now, part of me really found myself grappling with why all of a sudden is Peter Hotez tapping the brakes and Paul Offit tapping the brakes.

**[00:49:30] Del Bigtree**

And it really made me realize that, because something is about to happen that's never happened before. In fact, it may be a really strange type of gift. You see, what's about to happen is a vaccine trial, a stage one vaccine trial, under the microscope of the American people of the world, actually. Billions of people are about to watch this study take place. Here it is, let's go back to that headline. "Kaiser Permanente Washington enrolling participants in first coronavirus vaccine trial." Moderna, is the name of. "Moderna's coronavirus vaccine ready for clinical trials." "As pressure for coronavirus vaccine mounts, scientists debate risks of accelerated testing." They're going to crank this out. "Seattle gets first go at coronavirus vaccine testing." And then, of course, we know that we're being told that 45 individuals, here it is. "The initial trial will need 45 healthy adults. Jackson said that no research participants will be given a placebo." What? Wait a minute. I thought we just heard Tony Fauci saying to us, the gold standard for approving a pharmaceutical product in the drug trial that they're doing, he said the gold standard is a placebo-based trial, yet with the vaccine, we're not going to use a placebo? You see, normally they get away with this. And this is what it led me when I was thinking about Paul Offit and Peter Hotez.

**[00:51:05] Del Bigtree**

You see the problem they have. We are now all watching this. Because of the work that we've done with the Informed Consent Action Network, because so many of you are sharing The HighWire with your friends, you're all alert to this now. You're saying, wait a minute, why aren't they using a placebo, especially right now. Even if the study that we know that the study is only going to last about four months, I've already pointed out, I don't know how you're going to establish safety in 45 people with a four-month study. There'll be no look at long-term side effects, autoimmune disease, future cancers, or the fact that once these people, if it actually ends up being like the animal trials or like the RSV trials, what happens if you give these people the vaccine, they look perfectly good for four months, and then they walk out and they happen to run into somebody with coronavirus, they get it and they die. Their body, you know, suffers from immune enhancement. They have an absolute meltdown, a cytokine storm takes place in their body, which is what this thing can cause, and they drop dead. Then what happens? And then I started thinking about the fact that, do you realize that usually, you know, this stage one type of trial takes place out of sight, out of mind, it's happening inside of a pharmaceutical clinic. They happen all the time. Most of them fail.

**[00:52:23] Del Bigtree**

Mostly drugs and vaccines don't get out of those first trials because really bad things go down. Now think what Hotez and Offit are thinking. This isn't going to be good for the program. If people watch, what if one of these 45 people dies? What if ten of them get really sick? You know, what if they all end up having massive upper respiratory problems, then what are we going to do? How are we going to explain that? I mean, we could use our usual antics and say, well, you know, we didn't have a placebo group, so it was natural that one of these people would die or, you know, people get upper respiratory, if there's a cold going around, people get the flu. You know, yes, they got the flu, it happens. They'll try to explain it away. But never before has the entire world been waiting with bated breath, watching 45 people entering a stage one trial. I think that's what's got Paul Offit and Peter Hotez really nervous. The pharmaceutical industry has never, ever wanted to try and do something like this under a microscope. They like being left alone. They like having time to figure out what their talking points are. Are we going to know who these 45 people are? And better yet, I think we really ought to talk about these individuals, because in my mind, they are making a gigantic sacrifice for us.

**[00:53:48] Del Bigtree**

For, whatever this coronavirus is, no matter how deadly it is or is not, what we know is that attempts at this vaccine have been deadly in animal models, have been deadly. You know, we know that RSV killed children, we know that dengue vaccine killed children. We know that people die. And even though you're only testing this on perfectly healthy people, right. And so what are we going to even learn from that? I mean, 45 healthy people, we know that healthy people tend to not have any symptoms or very mild symptoms anyway. Why aren't we testing this on the elderly that seem to have really extreme reactions? Why aren't they the ones being tested on since they're the ones that need it most? See, all of these questions should be asked, but what we know is we're going to go and get 45 extremely healthy individuals and give them the vaccine that after animal trials, there were massive warnings saying be very, very careful moving forward with human trials. You even heard Hotez say that it was so devastating what happened with RSV that we bailed out of even attempting to create an RSV vaccine. Well, Bill Gates is working on one now, that should make everybody happy that he's returning to the cause, but they've given up on it. Coronavirus is not an easy vaccine.

**[00:55:06] Del Bigtree**

Coronavirus, as they have said with the common cold, there's no cure for the common cold. You have to assume they've been attempting for a very, very, very long time to make a coronavirus vaccine. And now, suddenly they're going to rush into stage one trials. My question is this. These 45 people that are signing up for what appears to be as dangerous to me as being astronauts heading to Mars for the very first time. There is a gigantic risk here for these people. Are they getting informed consent? Are they being told that in animal models there were animals that died, and there's been a lot of warning to say, we have to be very careful. Are they being told that that's the case in this trial? I hope so. But I really do want to commend those 45 people that are taking this on. And I want to thank you for your service, because this is an extremely risky trial, and we will all be watching every single step as it unfolds. Now, I told you at the beginning of this show that I personally am not that worried about coronavirus. It's mostly because of how I live, and I can't tell other people how to live, but I was raised, I was not vaccinated as a child. I wasn't given drugs. We had no Tylenol, no Advil. We didn't have painkillers. In fact, we didn't even have a thermometer in my house when I grew up.

**[00:56:42] Del Bigtree**

If you had a fever, my mom would say, it's good for you, you're growing. Or you were being kind of a jerk yesterday, your brain is growing, you're getting smarter. Either way, I tend to be a little bit taller and I think a little bit smarter after those fever, but that's how I saw it. And I'm raising my children the same way. There are no pharmaceutical products at all going into my kids. There's also, as far as, as much as I can help it, there's no pesticides or herbicides or any of those things going to my children. And I turned off all the 5G in my house, just in case, just in case it's not good for my children and me. So because of those measures and because I was raised to believe that your body actually wants to survive, that whether or not you are, you know, a religious person that believes you were created in the image and likeness of God, which I think is a very important point, and it's something that I carry close to me, because I did read my Bible and that's how I was raised. For those of you that don't know, my father is a minister, so I grew up with this idea that I was created perfectly and given this beautiful planet to work on. So I have a sense that anything that happens on this planet, my body will be able to handle it, especially if I keep it healthy and I keep my children healthy.

**[00:57:59] Del Bigtree**

That's something I believe, but I can also argue this through evolution. I also know that through evolution, the human species, along with many other animal species, have all come in contact with viruses and bacteria all along the way. In fact, we know that there's been evolutions in the body and we have bacteria and viruses inside of our own intestines, billions of them, in fact. In fact, without them, we die. So not only have we learned to live with them, we have embraced viruses and bacteria and made it a part of how the human species lives. And I have serious questions about pharmaceutical companies that go out to make billions of dollars to attack one of the little viruses or one of the bacteria of the billions that are in me. Right now currently, we have about 17 vaccines figured out for 17 bacteria or viruses in a world where there's billions of them. I think that's a futile effort, a tiny little effort to try and make some difference against the tidal wave, and I'm being told it's really important. I happen to think it's really dangerous to throw your body out of whack. It's sort of like chaos theory, right? It may just seem like a butterfly over here, but potentially it causes a hurricane over there.

**[00:59:10] Del Bigtree**

Is that possible when we start injecting ourselves with things that decide to attack, say, a flu virus, or create antibodies there, or other issues like that, and that's what I want to get into now. What I want to talk about is, I think there may be people actually in harm's way, here in America. And though the numbers, I wanted to say in this show, the numbers look fairly low at 0.7%. There is a part of my mind and a part of this investigation that I questioned even showing you, because it could mean that we're more at risk here in the United States than many other places. And what I'm getting to is, the first thing I want to discuss here is the flu shot. A lot of people are being told right now, though this is not a flu and even Donald Trump says, can I use a flu shot, there's a lot of people rushing out to get a flu shot, right now, thinking somehow it's going to help with coronavirus. But what if it does the exact opposite? What if the exact opposite happens from a flu shot? What if it makes you more vulnerable to coronavirus? Here's a study that was done on the military that we found. Take a look at this. "Influenza vaccination and respiratory virus interference among Department of Defense personnel during the 2017-2018 influenza season."

**[01:00:36] Del Bigtree**

It goes on to say, "While influenza vaccination offers protection against influenza, natural influenza infection may reduce the risk of non-influenza respiratory viruses by providing temporary, non-specific immunity against these viruses." Remember natural influenza, saying that may better, do a better job if you naturally get the flu than if you'd gotten the vaccine. "On the other hand, recently published studies have described the phenomenon of vaccine-associated virus interference; that is, vaccinated individuals may be at increased risk for other respiratory viruses because they do not receive the non-specific immunity associated with natural infection...Examining virus interference by specific respiratory viruses showed mixed results. Vaccine derived virus interference was significantly associated with coronavirus and human metapneumovirus; however, significant protection with vaccination was associated not only with most influenza viruses, but also parainfluenza, RSV, and non-influenza virus coinfections." But here's, look what it's saying, go back to that. Oh, here we go. "Examining," --it says it again, next slide-- "Examining non-influenza viruses specifically, the odds of both coronavirus and human metapneumovirus in vaccinated individuals were significantly higher when compared to unvaccinated individuals." There's the odds ratio right there. You can see what it says, 507 vaccinated, 170 non-vaccinated, and there's where the numbers come up, 1.14, roughly 1.36 times more likely to have an issue with coronavirus. This is a serious problem. You see, how many people are getting flu shots. You saw Paul Offit saying half the country gets flu shots and that potentially even more deadly than the coronavirus.

**[01:02:33] Del Bigtree**

Maybe it is, but is it more deadly than a coronavirus that has been primed and set up a body to not fight it because you got flu shots? I want you to think about this for a second, because who are we talking about is at risk? Who we're talking about at risk with coronavirus is the elderly. And when we look at this, do I have this on the slide on the back? Are we doing this on the back you guys? Or am I doing it? Oh, no, we're doing, oh no, alright, here we are. Let's go right here. We're on the screen. So there you can see that the median age, and so this is Figure, flu vaccination coverage among adults by age group and season in the United States. You can tell that the highest use of the flu vaccine is in the 65 year old range, 66, 64.9. And then, down lower, you have the 44, 44-year-olds, 30-year-olds. And then, you know, younger than that, almost nobody is using it. But the highest figures are up there in the 65-year-old range and above. That is exactly where we're looking at with coronavirus. Let's take a look at the graph on coronavirus, can we look at the age groups there? Hold on one second. Told you, a lot of slides, here we go. So look at this.

**[01:03:48] Del Bigtree**

This is COVID death rate, this is here in the United States as being reported right now. From 0 or 10 years old to 49 years old, all of that adds up to, you know, what is that, just 1%. But 50, 59, 1.3%. But look at that, the 65-year range and above, the same range that is using the most flu shots happens to be the exact same group that are suffering and dying from COVID-19. Now, what? Oh those are China's numbers, I'm sorry. Those are China's numbers. Right, but that's the age group. We're seeing, we're, alright, I'm sorry, I said China's numbers. These are China's numbers, everybody. But in the end, this is who we're looking at here, right, this is who we're talking about. 65 and over are the groups that are using the flu vaccine. We also talked about in China the fact that they had just started a vaccination program in China. I brought about a theory that maybe they had attempted to have a SARS coronavirus vaccine and gave it to the entire population. But what if all the only problem was that they gave them flu shots? What if it's flu shots that was doing it, and now it's affecting the elderly and causing viral interference so that the body is not recognizing COVID-19? See, these are very real problems. Now, true, this is just a theory. This is a theory that's out there and it's being discussed because of studies done on the military.

**[01:05:14] Del Bigtree**

I'm not the one making it up. We have official studies talking about, we really may have a problem with COVID virus with everybody that got a flu shot. Now, is that correlation? Definitely. Is it causation? As Peter Hotez said, at best, we don't know. We really don't know what causes immune enhancement. We really don't know why some vaccines have vaccine or viral interference. But it's happening, and it's something that I doubt anyone on the news is talking about. And I think they should. I think it's really important for people to know there's a potential that rushing out and getting a flu shot right now may be the worst mistake you can make. And then there's another study, another issue that I just saw this morning, and I want to throw it into the show. This is a discussion about the use of ACE inhibitors. ACE inhibitors. Okay, now this is something that, you know, this is an article that came up in the BMJ, in rapid response. And what it discusses here is the fact that the use of ACE inhibitors may actually make coronavirus worse. It's a theory. Remember, I'm not saying that these are facts, but these are real scientists and doctors. This one, right in the BMJ. Do you realize that the COVID-19 actually attaches itself to ACE2? So when we think of an ACE inhibitor, it actually attaches.



**[01:06:44] Del Bigtree**

This is something we know, and this is what they were tracking in China and looking at, is that that's how it's getting into the cells, that's how it's infecting the cells is through your ACE2. "Scientists figure out" --here it is-- "Scientists figure out how new coronavirus breaks into human cells." The new coronavirus, SARS-CoV-2. "Scientists have revealed the first picture of how the new coronavirus SARS-CoV-2 binds with human respiratory cells in order to hijack them to produce more viruses... 'If we think of the human body as a house and 2019-nCoV [another name for SARS-CoV-2] as a robber, then ACE2 would be the doorknob of the house's door. Once the S-protein grabs it, the virus can enter the house,' Liang Tao, a researcher at Westlake University who is not involved in the study," he said that in a statement. So let me try and explain this as best as we can understand it, because think about it. An ACE inhibitor is going to lower the amount of ACE2 in your body. This is what's carrying and working with the virus, it carries it into your cells. But also remember, last week we were discussing the fact that one of the, the nature of coronavirus and why it's dangerous is that it appears to be creating a cytokine storm. Remember that discussion? Basically your immune system going to a massive overdrive where you can have organ failure, you can have all sorts of upper respiratory issues.

**[01:08:14] Del Bigtree**

Well, I just want to take a look at a chart that you can find on Wikipedia and different places talking about the physiology of human beings. And we're not going to get into all the depth of this, but what I want to show you is angiotensin II. So angiotensin I converts into Angiotensin II, okay? Angiotensin II is what's responsible for high blood pressure. It actually regulates your blood pressure. And so ACE2 breaks up the angiotensin so that you end up, you know, moderating the angiotensin, the amount going on. Angiotensin II is also really important in the involvement of a cytokine storm. You need angiotensin II. If you have too much of it, you have a cytokine storm, which is what we're talking about when we talk about the coronavirus, is a cytokine storm through the body that is very, very dangerous. Now look what's happening. What we know is that the coronavirus attaches itself to ACE2. It fills in all the receptors that would normally go and try and attack and shut down the angiotensin II and makes the ACE2 unable to do its job so it takes it out of service. This is what we know from the studies going on in China, this is what it's riding on. Now imagine, now you have more angiotensin II because the virus is attacking ACE2.

**[01:09:35] Del Bigtree**

Imagine that on top of that, you probably have some remaining ACE2 that's attempting to keep your angiotensin II levels down so you don't have a cytokine storm, only you're taking an ACE inhibitor, you're blocking this. So any remaining ACE2 that could be trying to protect you and keep you from having an angiotensin-driven cytokine storm, could, could potentially lead you to much bigger and deeper problems with the coronavirus. Again, these are theories, but they're theories being written out by scientists all over the world, being written into the BMJ in other articles as we speak. Why is it that we're not hearing about this potential problem with ACE inhibitors that are being used by a gigantic amount of our elderly population right now in America? ACE inhibitors, you know, are, what, do we have that written out here? Oh, it's a blood pressure medication, okay, right, I guess people are asking, what is an ACE inhibitor? You know what it is if you're taking it for blood pressure, they use it for diabetes and, you know, people with heart conditions. So this is something that's very, very popular. You're either on a statin or an ACE inhibitor or for a lot of people you're on both a statin and an ACE inhibitor. So again, what I want to point out is, no one seems to be talking about this on mainstream media, and this is why I'm assuming you're here watching this.

**[01:11:10] Del Bigtree**

I'm not trying to make you terrified, but what I'm thinking is there are actually scientists out there that are asking the question, should people on ACE inhibitors right now come up, use a different medication while coronavirus is spreading across these different countries? I mean, it's that big a question. And I think if you're on one of these drugs, you should know that the question is being asked. And that's what we're doing here at The HighWire. You see, The HighWire is not like some other news show. In fact, you have people here that are really interested in the science that's going on, I'm fascinated by all of these things. And we are investigating the science as it unfolds. Some of these things might prove to be true, some of them might not prove to be true, but I think you should be aware of what scientists around the world are actually looking at. What drugs do they think could work against coronavirus? Why are we not hearing about it here in America? What drugs or vaccines am I taking that could be potentially putting me at risk? You see, that's transparency. That is what leads to informed consent. And that's why I'm proud to say that the nonprofit that makes this educational program possible is the Informed Consent Action Network. You are a part of this network, and we need your help. These investigations, you can tell in coming up with 150 slides for this show, can be very, very complicated and time consuming and I could use a few more people to help us do that.

**[01:12:39] Del Bigtree**

You are making that possible. So I want to remind you, all of this. This news program is not funded by anything except you. So if you're out there and you say, I really love this information and I'm going to start doing my own investigation, then I hope you'll join those that are members now, that are angels with the Informed Consent Action Network, and you'll join our \$20 for 2020, and decide to donate \$20 a month as though it's Netflix or someone else. We need it more than CNN. We need it more than MSNBC. We need it more than Fox. Because we're the only ones giving you the story that they are not allowed to bring you. So please, if you haven't started donating, I hope you'll do it now. Your support makes a huge difference. It allows us to get deeper and deeper into these conversations. So when we talk about the truth and we talk about transparency and we talk about being able to share information with you, it's really important that that information be factual. And last week we dropped a bombshell on all of you, on the world, because we were talking about a lawsuit that we had against the Centers for Disease Control and Prevention.



**[01:13:53] Del Bigtree**

That lawsuit, essentially, asked to see the proof. We wanted all of the studies that the CDC referenced that looked at, that tell us that vaccines don't cause autism, and specifically, we wanted it for the vaccines given in the first six months of life. There were so many questions after last week's show that I realized that either I took too long or legal and science mixed in together can be very complicated, so I made a short video to try and explain exactly what took place. So since there's a lot of brand new people joining us today, and those of you that may still be asking questions, I'm going to address those questions, but first, let's see if the video pulled it off. Here's the video I put out on our lawsuit win.

**[01:14:36] Del Bigtree**

The Informed Consent Action Network has just won another lawsuit, this time against the CDC, the Centers for Disease Control and Prevention. As many of you know, the Informed Consent Action Network, my non-profit, has already won lawsuits against the National Institute of Health, the FDA, and HHS, Health and Human Services, and now we add to that the CDC. What was this lawsuit about? Well, as many of you know, we watch the news all the time, and the CDC says that vaccines do not cause autism. It says that right on their website, and we hear all the time that thousands of studies have been done to disprove the vaccine-autism link.

**[01:15:16] Robert C. Redfield, Director of the CDC**

Vaccines do not cause autism.

**[01:15:18] Dr. Scott Gottlieb, AEI Resident Fellow**

The science around a purported link between these vaccines and autism was thoroughly debunked years ago.

**[01:15:23] Dr. Peter Hotez, Dean School of Tropical Medicine at Baylor College of Medicine**

Massive evidence that there no link between vaccines and autism.

**[01:15:26] Dr. Sanjay Gupta, CNN Chief Medical Correspondent**

We're not sure as a scientific community what causes autism, but we know that vaccines do not.

**[01:15:31] Dr. Paul Offitt**

A mountain of scientific evidence.

**[01:15:34] Del Bigtree**

Mountains of studies, or this has been thoroughly debunked. So at the Informed Consent Action Network, we wanted to see the proof of this. And specifically we wanted the proof for the vaccines given in the first six months of life. Since autism is diagnosed starting at six months old, if vaccines have any relation, it would be in those first six vaccines. And since the CDC says that all vaccines don't cause autism, and there has been an immense amount of studies done to prove that, we simply wanted to see those studies. This started out with a Freedom of Information Act request, which is something we can do in America. We just asked the CDC, please provide the science that supports your claim. So here's what we asked for. All studies relied upon by CDC to claim that the DTaP vaccine does not cause autism. All studies relied upon by the CDC to claim that neither Engenix-B nor Recombivax HB, which are hepatitis B vaccines, do not cause autism. All studies relied upon by the CDC to claim that Prevnar 13 does not cause autism, that the Hib vaccines do not cause autism, and that the IPV, the inactivated polio vaccine, does not cause autism. And then additionally, any studies that showed that the cumulative effect of these vaccines in the first six months of life does not cause autism. Well, they didn't want to answer that and they fought us for months, so we ended up taking them to federal court and we had to sue.

**[01:17:00] Del Bigtree**

Once we were in federal court, we asked the judge to tell the CDC to give us exactly what we requested. And so the CDC did. They gave us 20 studies. They could have given us 100, they could have given us 1000, they could have given us the mountains of studies because they know we're serious and we want a serious answer. But they gave us their 20 studies. Let me show you exactly what those studies are so you can see what has taken place here. Here are the 20 studies, okay. Here is the problem with these studies. Remember, we asked about DTaP, Hib, Hep B, Prevnar 13, and the polio vaccine. Well, this first study is an MMR study. That's the measles, mumps, rubella vaccine. We did not ask about the MMR vaccine, we asked about five other vaccines. This is irrelevant. This would be like saying we can prove that there's no peanut allergy by doing a study on almonds. A study on almonds does not prove that a child will not have a peanut allergy, therefore, this study is absolutely irrelevant. All of these studies in yellow are studies about thimerosal, which is a mercur- containing ingredient that preserves vaccines. None of the vaccines we asked about have any thimerosal in it, so any study about thimerosal is irrelevant. And then these four studies in green were studies about the MMR vaccine and thimerosal.

**[01:18:27] Del Bigtree**

Therefore, of the 20 studies we were given, 18 of them have absolutely zero relevance to our question about DTaP, Hib, Hepb, Pprevnar, and polio. That means that all that remains is these last two studies. Now, this first study, right here, the Adverse Effects of Vaccines, is not really a study, it's a review by the Institute of Medicine, some of the greatest minds in science in America. And in this review, they actually do ask about the DTaP vaccine. The question was, does the DTaP vaccine cause autism or is there proof that it doesn't cause autism? And when they investigated and looked all around the world for all the studies that existed, what they concluded was, "The evidence is inadequate to accept or reject a causal relationship between diphtheria toxoid, tetanus toxoid-, or acellular pertussis-containing vaccine and autism." Why can they not say it does or does not cause autism? Because no studies existed. So this study actually proves our point. No study in the world exists that can say and prove that the DTaP vaccine does not cause autism. So this one must be taken away. That leaves us with the final and last study. This is a study that looked at antigens in vaccines, antigens being either the bacteria or the virus that's in a vaccine. And the question was, if there's more virus and more bacteria, does that make the vaccine more likely to cause autism? So they compare groups of kids that got a lot of vaccines, but not as many antigens with a lot of vaccines with more antigens and they determined that it made no difference in autism.

**[01:20:09] Del Bigtree**

But to prove my point, even in the conclusion, they say that this study does not prove that vaccines don't cause autism, take a look at this. "It can be argued that ASD with regression, in which children usually lose development skills during the second year of life, could be related to exposure in infancy, including vaccines." This study could not prove that vaccines don't cause autism. Therefore this study is irrelevant too. So when the CDC was tasked with providing all of the science that proves that the vaccines in the first six months of life do not cause autism, they were able to provide zero studies that actually address our question. That means that this statement on the CDC website, vaccines do not cause autism, is not a statement of science. Rather, it's an advertising slogan. So here at the Informed Consent Action Network, we are speaking to you, Alex Azar, and the heads of the CDC and saying it is time for you now to remove this voluntarily from your website, because this statement is an abomination of science, and it's an embarrassment to anyone that calls themselves a scientist. And if you do not take this down off of your website, then you can know that the Informed Consent Action Network and everybody that supports us will use every legal means necessary to hold you accountable.

**[01:21:43] Del Bigtree**

Well as videos like that tend to do, it absolutely drove the trolls and pharma personnel crazy. I've never seen so many articles. We've never seen so many attacks, Twitter storms going nuts. And then ultimately, as tends to be the case now in this very strange world, censorship takes place. You know, before I even get into this censorship issue, I'm starting to wonder, am I the only one that had 1984 and Brave New World and Fahrenheit 451 as required reading. Because if you remember back to 1984, you had the Ministry of Truth, and the Ministry of Truth was, by description, designed to alter truths and make truths that government and the official, you know, official statements were what the government or the people in charge wanted you to believe, not necessarily the truth. And they would take statements, they would manipulate statements by people to make them look stupid or to be able to beat the argument, or they would just rewrite history and then throw it all, throw the history down a giant tube. That was a part of 1984, and what we're about to look at is really sort of, I guess, as strange as fiction, can we say? Because that was a video. I laid out very clearly, you know, what the lawsuit was and what we had proved.

**[01:23:05] Del Bigtree**

I don't think, you know, I don't know what would be left with that. And the headline, I think, said something like, CDC under fire from lawsuit over autism and vaccines. And yet all of a sudden, just a couple of days ago, was it two days ago, we now have a banner that says, false information, across our video. If you go and try and watch it or people were telling us, you know, we tried to share it, you go and now you've got to go to this fact checker. Health Feedback has written an article in which they immediately out of the gate misrepresent what I said or how I said it. In that video, they say, there are no studies that prove vaccines don't cause autism. That was not my claim. My claim was that, here's what they go on to say, here's what's inaccurate. "There's a wide body of scientific literature showing vaccines do not cause autism. Contrary to ICAN's claim, there are studies addressing whether the vaccines specified in ICAN's FOIA lawsuit are associated with autism. The studies show that no such association exists." So this was an article that involved a bunch of different people, I think the author's named Flora Teoh, I think. Dorit Reiss, who is a self-proclaimed immunology specialist but actually teaches law at UC Hastings.

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

My understanding is she doesn't even have a degree in law, but that's neither here nor there. And then there's a pediatrician, Vincent Iannelli, that weighed in on this discussion. And it was really fascinating, actually. First of all, they say that I made the claim that there are no studies that show that vaccines cause autism. That was not the claim that I made. If you watched that video, and you can watch it again, it's out there, you just have to click through all the rigmarole they've put on top of it. But you will know that what we said and what we proved was when we asked the CDC for proof for the six vaccines given in the first six months of life, what studies do they use to determine that these don't cause autism, they couldn't provide us anything that actually really addressed those six vaccines. Now, in this article, they even went and they went back to it again and they said, there's a mountain of evidence. There's so much overwhelming evidence worldwide, tons of studies have been done once again, yada, yada, yada, yada. And this is the point. This is why we had the FOIA to begin with. This is why we ended up in a lawsuit with the CDC. I am really tired of listening to armchair scientists tell me how many studies there are. I'm really tired of hearing reporters that call Dorit Reiss and ask her what her information is, as though she's some sort of specialist.

**[01:25:39] Del Bigtree**

See, I don't think these people are specialists at all. In fact, I think they're kind of a joke. And the fact that they're taking seriously at all is just part of this embarrassing, strange world that science seems to be in. You know, see, instead, I went to the source. We went to the CDC. The CDC is the one that writes our vaccine program. They're the ones that actually look at all the scientific studies. They're the ones that sit in a room and listen to the manufacturers describe the new vaccine, as you've seen in our ACIP meetings, and whether or not they ask the right questions or get the right answers, they decide if the vaccine goes on to our program. And so I think the appropriate people to ask are the ones that also, by the way, have the website you go to that says, vaccines do not cause autism. Now, in order to ruin that statement, I should really only have to prove that one vaccine does not, that they cannot say, have no proof that it doesn't cause autism. Instead, we chose five. There's like two versions, so you could say six or, depending on the versions of the vaccines we asked about, but five vaccines given in the first six months of life. They provided 20 studies.

**[01:26:50] Del Bigtree**

Now ironically, in this article, these self-proclaimed scientists, these armchair scientists, have decided that they know better than the CDC. They apparently are just as upset with the CDC as I am, just for different reasons. They're like, the CDC should have shown you all of the other studies. There's so many other studies they talk about. And so they decided to add to that list, and they did. They added one more vaccine to the list, one more study to the list. Not another 100 or 1000. Apparently, the CDC was really off base and didn't take this seriously enough, and they're angry about it, so they added one more study. Now why should I even have to look at a study provided by a bunch of armchair scientists? We're talking about a pediatrician, that's not an immunologist, doesn't know about anything in immunology. And we know from the meeting at the World Health Organization that described pediatricians and doctors as having less than a half a day education on vaccines, if they're lucky. So that makes up the pediatrician, Iannelli. And then Dorit Reiss, why she's even in this conversation, God only knows. But I have to say this. Like reading this article and thinking that this is what Facebook decides is going to, is the arbiter of truth, a bunch of fact checkers that don't even have degrees with any value whatsoever, a reporter. I can't fact check the fact checkers and they put out and they make a false statement about what I said.

**[01:28:17] Del Bigtree**

They create a strawman argument and then beat their own strawman argument. And then they put in their own studies as if that matters. I think once I've gone to the CDC, the most powerful immunology department and arbiter of science around vaccines in the world, why would I have to listen to a bunch of armchair scientists? I mean, these people actually think, I mean, it's the same thing as someone that's like screaming at their television, right? They're screaming at their television trying to get Brady to change his call in the middle of a Super Bowl, as though that does anything. Brady's not listening to you. And by the way, I'm not listening to you, Dorit, or you, what's his name, Iannelli. I could care less, because I've gone way above you. I went to the people you worship, the CDC. So if you have a problem with their answer, your problem is with the CDC. It's not with me, and I very clearly laid it out. But let's go ahead and look at a couple of the attacks that they've had upon me. And by the way, I know a lot of you are really asking, well, what about the fact that the case was dismissed? I know that you're chomping at the bit, but I'm going to let Dorit actually answer that for you because it's in this article.

**[01:29:23] Del Bigtree**

So let's just get to the article and we'll, I think, handle the rest of your questions. Here's what the article says. "We found no evidence indicating" this, oh it's the, "And as pediatrician Vince Iannelli explained in this article on Vaxopedia, the study by DeStefano et al. did in fact examine the individual vaccines listed in ICAN's request and concluded: 'We found no evidence indicating an association between exposure to antibody-stimulating proteins and polysaccharides contained in vaccines during the first 2 years of life and the risk of acquiring autism spectrum disorder...with regression. We also detected no associations when exposures were evaluated as cumulative exposure from birth to 3 months, from birth to 7 months, or from birth to 2 years, or as maximum exposure on a single day during those 3 time periods. These results indicate that parental concerns that their children are receiving too many vaccines in the first 2 years of life or too many vaccines at a single doctor visit are not supported in terms of increased risk of autism.'" Okay. That's the statement. Now, I already showed you the statement that is also a part of the conclusion, where DeStefano, the author of the study, clearly says, it could be argued. Here we go. "It can be argued that ASD with regression, in which children usually lose developmental skills during the second year of life, could be related to exposures in infancy, including vaccines; however, we found no association between exposure to antigens from vaccines during infancy and the development of ASD with regression."

**[01:30:57] Del Bigtree**

Now apparently what's going on here is they really had no ability to refute the claim that I made of the other 19 studies. Of the 20 studies by the CDC, they're saying I somehow represent, misrepresented the one. They're perfectly happy with me saying 19 of these studies were totally irrelevant, but they've taken issue with the one, the antigen study by DeStefano, in which he admits, as I just showed you, it could be argued that exposure to vaccines does cause autism, we only looked at antigens. Now, there is places in this study, and we have certainly seen pundits try to equate that this antigen study shows that vaccines do not cause autism. Let me try and explain how that study worked one more time. You had children who got all of their vaccines, a whole ton of vaccines, and then you compared them to children who got all of their vaccines, as far as we can tell. Now, the only real difference in these two groups, essentially, is one group got the DTP vaccine that has over 3,000 antigens, and this group only got the DTaP vaccine. So instead, it was like all the vaccines, they used a different version of DTaP, this one used DTP. DTaP only has a few antigens, DTP has 3,000. And so they really just compared a group of kids that got all their vaccines and DTaP and a group of kids that all their vaccines and DTP.

**[01:32:24] Del Bigtree**

It's a very disingenuous look at vaccines. And we never, and by the way, this is the strawman argument of all times. We have never, most of us that I know that, I've been out on this circuit talking about this issue and what I'm uncovering with other great scientists, and no one's complaining about the antigens in vaccines, that has never been our complaint. We have a problem with the use of aborted fetal DNA, fragments of DNA that can mutate our own DNA in studies done by Dr. Theresa Deisher. We have problems with the aluminum and the high levels of aluminum that's being injected in these vaccines, that's being found wrapped around the brains of children that were, where we dissected the brains and Dr. Christopher Exley has done that incredible work. We have problems with the aluminum. We have problems with, you know, there was once mercury being used. We have problems with polysorbate 80, which apparently allows things to cross the blood-brain barrier. I mean, those are all a part of this toxic soup, yet for some reason, DeStefano decides to just select antigens as what he's going to be focused on. So let me put it this way. I could do a study just like DeStefano did, only do it in water, because, remember, Senator Richard Pan has told us that the most dangerous element of a vaccine is actually water.

**[01:33:41] Del Bigtree**

I know, it's a crazy statement, we've all laughed at it, but let's do the water study. Let's look at the amount of water injected in vaccinations, and let's take a group that got vaccinations that had some water, light amount, but all their vaccinations, against a group that got all the vaccinations but those vaccines had a lot more water in them. And I will show you that because water is, there's less water in this group and there was still autism and a lot of water in this group and still autism, therefore, vaccines don't cause autism. What? Wait a minute. How do we go from water and water to vaccines, like all of the elements of a vaccine? You see, that's the problem with this argument, and it's why DeStefano is admitting at the end of this study, we picked a really random part of the vaccine and tried to make that equate to everything which you cannot do. You cannot leave out, and you cannot look at the confounder of aluminum and polysorbate 80 and formaldehyde and aborted fetal DNA and animal DNA and all the other toxic crap that's in there, you can't leave that out of your study. And what's even more shocking is that when you're looking at antigen groups, you're looking at it children that got, you know, 25 antigens in the first three months of life, I think it was and then 150.

**[01:34:58] Del Bigtree**

And then you're looking at this group that got DTP, so they had thousand, 3000 and then 6000. You know what's really shocking about this study? They don't have a group that got none. None. I mean, isn't that how we do science? I mean, almost every study you look at, and you got Fauci screaming placebo group, meaning somebody has got to get none so we understand what's going on here. DeStefano does a fully vaccinated to a fully vaccinated comparative study only looking at antigens. It's the biggest pile of garbage there ever is, but it's more than a pile of garbage. It should really make us ask, why would he design a study that would be so ineffective at proving anything? Maybe that was the entire point. Maybe to look at the part of this that no one's complained about, and the rise in it but fully vaccinated, when we know they're getting all the other chemical contents and all the things everyone's really complaining about. But in the end, I have this to say. That study admits itself that despite what it discovered, the vaccines could still cause autism. And my point was, show me the studies that show us that it definitely does not cause autism, since that's what it says on your website.

**[01:36:10] Del Bigtree**

Alright. Shall we move on to Dorit Reiss' statement, which is quoted in this article, for those of you asking about the dismissal. No, let's just, maybe I'll talk about that in a second, but let's just go to the dismissal. Alright. "ICAN FOIA lawsuit - misrepresenting another non-win from anti-vaccine group." Here's what she goes on to write. "The lawsuit ended with a settlement. In the settlement, the CDC submitted 20 studies as 'responsive to the FOIA requests', and the parties agreed that the above-captioned action is voluntarily dismissed, with prejudice. What does this mean legally? It means the parties agree that what CDC submitted fills the FOIA requests, the lawsuit is dismissed, and cannot be filed again as it was ('with prejudice'). That is all it legally means." And she's absolutely right, that's exactly what it means, we settled. Just like millions of cases around the country, when you have a complaint, if someone hit your car and you're owed money, if in the courtroom, they say, fine, I'll pay the money, then you drop the case. It doesn't mean you didn't win. You won remuneration for the accident that happened to your car. In this case, as in all the other cases, by the way, HHS, we have never had a judge have to hit a gavel because the CDC and HHS and FDA and NIH are smarter than that. They're not going to wait for that moment, they don't need to.

**[01:37:35] Del Bigtree**

They know they've already lost. You see, we filed our FOIA requests all the way back in June of last year, saying we want to see the studies you referenced for these top five vaccines. And we said all the studies, by the way, all the studies. And so they didn't answer us. They didn't answer us all summer long. So we wrote another letter. We said, you have to answer us, this is a FOIA request, you're past your time. They still didn't answer us. So from June until all the way in December, in December, we finally said, fine, I don't know why you're avoiding us, but we're going to have to sue you because you have to provide us with this evidence that we're asking for, since it affects the health of our children. And there is our complaint that we filed in December. Now, since December until now, until last week, which was the beginning of March, we have been in negotiations. Our lawyers, headed by Aaron Siri, discussing with the Department of Justice lawyers, just what they were going to agree to turn over, what they expected when they turned over. This wasn't easy. They didn't just say, fine, you went to the, you know, we didn't find out on January 1st, here you go. Alright, you want to sue, there it is. It didn't work that way. They pushed back.

**[01:38:52] Del Bigtree**

They did not want to give us these studies. And now that we've got them, you know why. But they fought us. And finally, when we said, fine, if you really want to say to the world, they had different excuses, well, we don't know what the studies are exactly, we're not sure what we, you know, really? You don't know what you rely on to have the headline on your internet page? You don't know what you relied on when you're mandating this product in all these children, is that what you, that's what you want to argue in court? We're fine with that argument, too. Alright, no, no, no, no, no, no, no, no, we do, we do, no, we don't. All of this was going on. And finally they said, fine, here it is. When you say all the studies relied upon by the CDC to claim that the DTaP vaccine does not cause autism, all the studies that Engerix-b and Recombivax does not cause autism. All of the studies that Prevnar 13 does not cause autism. All of the studies that Hib vaccines do not cause autism. All of the studies that inactivated polio does not cause autism. And the cumulative effect of all of those vaccines, in their entirety, with their aluminum, with their aborted fetal cell DNA, with the polysorbate 80, where are the studies that say that they don't cause autism? All of them.

**[01:40:07] Del Bigtree**

When the CDC, the top scientific body in the world, who, by the way, in FOIAs knows we have already won cases against the FDA. They know we've won cases against the National Institute of Health. They know that they were part of our HHS letter, because the CDC, FDA, NIH all worked together to respond to us. They are not unaware of who we are and what we're doing here. So they took this very seriously, which is probably why they avoided us for almost a year and fought us for the last couple of months. But when they finally said, okay, since we don't want this to go on any longer and we don't want any more publicity from you winning something with a gavel in court, we will hand you the 20 studies. And we said, fine, thank you very much. Wouldn't this have been easier to do back in June when we requested it with a FOIA request? And yes, the beauty of it going to court now is now that we have dismissed this case, we've all agreed, with prejudice, and a judge has signed it. Not only has a judge locked us into this answer, it locked the CDC into this answer. This is now the official 20 studies by the department that is making up the vaccine program for your children is being copied by the entire world.

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

There is nowhere else for them to go. Now, there were other studies listed in this stupid article by a bunch of armchair scientists, but guess what? They don't work at the CDC. And maybe they should, but they're going to be a day late and a dollar short because we got the list. We've got the official list that referred to all of the science that they referenced. And we're going to march into courtrooms all around the world with this judge-signed list. And no matter what you armchair apologists for the CDC try to say, I don't care about you, I don't need to care about you, I've never believed you, I've always known you're lying, and when you put all of these thousands of studies out there, guess what? The CDC obviously doesn't trust those studies. They know we would tear them apart, so they went with the best that they have. Now, you could say it's not a win to say that a case is dismissed with prejudice, but then go ahead and tell that to people that get million-dollar settlements that just don't settle the case. Or for all of those autism cases and people that are in vaccine court that get paid out, but they don't hear the gavel, they just get their money and they move on, I would call those wins. You can call it whatever you want, I have a judge-signed document that I never have to look past again.

**[01:42:47] Del Bigtree**

I never have to listen to Dorit Reiss again and her bloviating on about the mountain of science that she would like to provide because she doesn't matter. This does. Okay, I think I've made my point. Is anyone else writing any questions I'm not hearing that we need to cover out there. We're good. Okay. So now let's move on. Now you can all probably tune out, we've covered COVID-19, we've done all of this. I wanted to have a little bit of a master class here because it all revolves around another FOIA request. You see, we've got internal emails between Frank DeStefano and Dr. Stanley Plotkin. But to really understand what these mean and what is actually going on, we kind of have to revisit Dr. Stanley Plotkin and the deposition. So what I'm going to show you today is something we have never covered before from this deposition, and it explains it all, because remember, in all of these studies, right here, and this is this is what ties the whole thing in, not one of the 20 studies has ever used a placebo control. Not one of the studies that they cite, they claim should have made me give up on this discussion, there is never an unvaccinated control, okay? They never compared to an unvaccinated group. Frank DeStefano's group doesn't look at someone that got no antigens.

**[01:44:13] Del Bigtree**

So this becomes really, really important when we decide to talk about how are we going to settle this? How are we going to get beyond it? I get that Dorit Reiss all of these armchair scientists out there want to scream and yell. What you need to do is you should demand with me a vax versus unvax study. If you're right, if there's mountains of science that the CDC just doesn't recognize for some reason and you think you're smarter than the CDC, then please call the CDC, and say, will you shut Del up the only way that's possible and do a vaxed versus unvaccinated study, so that we can show them that the unvaccinated children are actually actually healthier. They have lower rates of autism, they have lower rates of diabetes. They have lower rates of asthma. They have lower rates of all of the things we see skyrocketing in our children as we speak. You know, if you would do that, we could all be on the same team. Well, this discussion coming up is just about that. But before I go any further, for those of you that don't know who Dr. Stanley Plotkin is, this is the Plotkin bible. It's called Plotkin on Vaccines. This man has made more vaccines than anyone alive. He's also at the ACIP meetings, the gavel you use at the CDC is called the Plotkin Gavel. Here's a little video about Dr. Stanley Plotkin.

**[01:45:27] Nana Bennett**

It is my great honor to use the Stanley Plotkin gavel to open this meeting.

**[01:45:33] Various speakers**

Our good friend and colleague, Dr. Stan Plotkin.



**[01:45:36] Various speakers**

Dr. Plotkin, virtually every country in the world is affected by his vaccines.

**[01:45:40] Various speakers**

He was involved in pivotal trials on anthrax, oral polio, rabies vaccine.

**[01:45:46] Various speakers**

Rubella vaccine, the rotavirus vaccine, rabies.

**[01:45:49] Various speakers**

He has earned the Distinguished Physician Award of the Pediatric Infectious Disease Society, the Finland Award of the National Foundation for Infectious Diseases, the Hilleman Award of the American Society for Microbiology, the French Legion of Honor, and the Bruce Medal in Preventive Medicine.

**[01:46:02] Various speakers**

He's a member of the Institute of Medicine and the French Academy of Medicine.

**[01:46:07] Various speakers**

One of the very special things about him is the global impact that he's had, not just from the products but from his book.

**[01:46:15] Various speakers**

He developed the standard textbook for vaccines in 1988.

**[01:46:18] Various speakers**

Bill Gates calls his book a Bible for Vaccinologists.

**[01:46:22] Stanley Plotkin, M.D.**

I hope you all have indeed read the book and I hope it's more accurate than the Bible.

**[01:46:28] Dr. Paul Offitt**

He trained just a generation of scientists, including myself, to think like he thinks.

**[01:46:38] Del Bigtree**

Alright, we have a lot of new viewers that are maybe not aware of the Plotkin deposition. But just so you know, one of the issues we've always had on this topic is that we get attacked by, like I said, these people that have no real reference point, they don't, they're not immunology specialists. We also have scientists and doctors, and we said, look, let's have a debate. Let's just sit down. Paul Offit knows better, if Stanley Plotkin knows better, we have some scientists and doctors and lawyers that would love to have this debate with you about your science. To some of the things we just proved. CDC, where are your studies? In the end, they didn't have the studies they said they have. But we got lucky. We got lucky, I think it's now a couple of years, probably two years ago now, I'm sort of losing track of time because so much is going on. But Dr. Stanley Plotkin is the great, the godfather of the vaccine program. And there was a divorce case going up in Detroit, Michigan, where the father wanted to force vaccinate the child. Even though there had been agreement with the wife when they were married to not vaccinate the child, now he wanted to force vaccinate. It's actually something we're seeing horrifically happen across the country. Usually it's the father, but sometimes it's reversed. But it's a way to try and get more, you know, to really inflict pain upon the spouse, is to do something they know that they don't want, which is vaccinate the child.

**[01:47:50] Del Bigtree**

And they also use it to get favor with the judge and try and get more visitation rights. It's really, really ugly and it's happening all over the place. But this was one of those cases. And Dr. Stanley Plotkin, the leading authority on vaccines, decided that he would go in to be a witness for this child and why the child should have to be vaccinated. This is a nine hour deposition you can find online. I believe the transcript is out there also. We have shown many parts of this in segments. This is a section where we actually, you know, where it's discussed with Stanley Plotkin, the idea of a vaxxed versus unvaxxed study. Why not just do one? So much could be answered there. And what you're going to hear is a lot of the same type of argument that I heard when I was at a meeting at the National Institute of Health. Bobby Kennedy and I and several lawyers and doctors and scientists were all invited by Donald Trump to meet with the luminaries of our vaccine world, and we asked them, why don't you just do a vaxxed versus unvaxxed study? And they said to us, we never will. We hear inklings of, we don't know how to control for it or different arguments. Well, this argument is put to task. Now, this is a fairly long segment, it's why I've avoided it for a long time.

**[01:48:59] Del Bigtree**

And we're about to really geek out, so if you're not interested in science or you don't have enough brain cells left right now, I totally understand. You're not into it, you can tune out now. But for those of you that want to watch, this is the type of thing I really get into. This is what the producers here at The HighWire really dive into and care about. This discussion is fascinating, but it's going to take a little bit of an education. So very quickly, I want to give you a couple of terms you need to understand as you're listening to it, so that you can understand what's going on. So first of all, let's look at this term. A confounder. A confounder, "A confounder...is something other than the thing being studied, that could be causing the results seen in a study." Now, this is a real issue when they do demographic studies, when they look at a large population, they compare one group to the other. Is there something we're not seeing, a hidden thing that could be causing an outcome that misleads us? One of the examples you'll hear about a confounder is, imagine someone decided to do a study about lung cancer. And what they did was they looked at people who drink 25 shots of vodka, let's say, a week, and they show that people who drink 25 shots of vodka a week end up having higher rates of lung cancer than those that only drink two glasses of wine.

**[01:50:17] Del Bigtree**

Now, the study could then prove that vodka causes lung cancer, except there's a confounder that you would be overlooking. People that drink 20 shots or 30 shots of vodka tend to also be more likely to smoke cigarettes, and that would only, you would only know if you really looked at more details in the person. So if you don't isolate the cigarette smoking, then you're going to get a false positive. So then you would take out all the people that drink 20 shots of vodka and also smoke cigarettes, a pack a day or whatever it is, and you would find that those levels might even out. At least that's an example that I've been given many times, I hope that helps you understand it. So the confounder is something that's going to come up. Give me another, there's another term I want you to understand, because we hear it a lot. Retrospective study. "A retrospective study looks backwards and examines exposures to suspected risk or protection factors in relation to an outcome that is established at the start of the study." So a retrospective study, just like it sounds, is in reverse, it looks back. So this is people that have already eaten whatever food you're studying, or have already taken whatever drug they take, or are already covered in whatever pesticides or breathing whatever fumes are coming from the factory down the road.

**[01:51:36] Del Bigtree**

Because, you know, in this way we can go back and look at those that took this drug and those that did not and not affect those people at all. Because the other term we always hear is, we will not do a placebo study. We will not do a placebo study because it will put people at risk. We can't have people not getting a life-saving vaccine. When they're talking about that, this is the term they're using. A prospective study. "A prospective study watches for outcomes, such as the development of a disease, during the study period and relates this to other factors such as suspected risk or protection factor(s)." Now, remember, virtually every drug we take goes through a prospective study. Vaccines do not. I think you now have enough definitions to sit back, and remember that this is not an Informed Consent Action Network case, this was a personal case in a divorce up in Michigan. But what you are going to hear is the lawyer for the Informed Consent Action Network, Aaron Siri. I almost accidentally just said Dr. Aaron Siri. He would laugh at that. But when you watch this, you will get a sense of why I almost made that slip. Watch a lawyer take on one of the greatest scientists in the world, and watch how the scientist tries to confuse him but fails very badly. Grab some popcorn and enjoy.

**[01:53:01] Aaron Siri**

Dr. Plotkin, has there ever been a study which looked at the total health outcomes of children following the CDC's vaccination schedule and those who are completely unvaccinated, such as Faith?

**[01:53:16] Stanley Plotkin, M.D.**

Not that I'm aware of.

**[01:53:18] Aaron Siri**

Why has that study not being done?

**[01:53:20] Stanley Plotkin, M.D.**

Probably because it is considered bad malpractice not to vaccinate a child.

**[01:53:29] Aaron Siri**

So you're saying a prospective study might be improper because it would leave a child unvaccinated?

**[01:53:34] Stanley Plotkin, M.D.**

Correct.

**[01:53:35] Aaron Siri**

Okay. What about a retrospective study?

**[01:53:38] Stanley Plotkin, M.D.**

That I suppose could be done, but it wouldn't be randomized.

**[01:53:42] Aaron Siri**

You're familiar with the Vaccine Safety Datalink?

**[01:53:44] Stanley Plotkin, M.D.**

Yes.

**[01:53:45] Aaron Siri**

Are you aware that there are a few thousand children that are, my understanding, completely unvaccinated in the VSD?

**[01:53:50] Stanley Plotkin, M.D.**

Oh, I don't doubt it.

**[01:53:52] Aaron Siri**

Okay. Couldn't the Vaccine Safety Datalink be used to conduct a retrospective vaccinated versus unvaccinated study to look for health outcomes?

**[01:54:03] Stanley Plotkin, M.D.**

Well, I don't know. Theoretically, perhaps, but one would have to be convinced that the children were comparable in other ways besides being vaccinated or unvaccinated.

**[01:54:24] Aaron Siri**

Every time you do a retrospective study, you always need to control for potential confounders, correct?

**[01:54:29] Stanley Plotkin, M.D.**

Correct.

**[01:54:30] Aaron Siri**

And that's what you're talking about, controlling for co-founders, right?

**[01:54:33] Stanley Plotkin, M.D.**

Yes.

**[01:54:33] Aaron Siri**

The CDC, Pharma, they conduct studies all the time, right?

**[01:54:39] Stanley Plotkin, M.D.**

Yes.

**[01:54:40] Aaron Siri**

Yes. Including studies that have co-founders that need to be controlled for, right?

**[01:54:46] Stanley Plotkin, M.D.**

Yes, they try, yes.

**[01:54:48] Aaron Siri**

Vaccine studies, especially for efficacy, happen all the time, correct?

**[01:54:54] Stanley Plotkin, M.D.**

Yes.

**[01:54:55] Aaron Siri**

Okay. Dr. Plotkin, I'm going to hand you what's being marked as exhibit, plaintiff's exhibit 23.

**[01:55:04] Stanley Plotkin, M.D.**

Whoops.

**[01:55:05] Aaron Siri**

I'm sorry. Do you...Dr. Plotkin, what's an ICD-9 code?

**[01:55:16] Stanley Plotkin, M.D.**

Well, it's essentially a way of coding diseases for, usually for remuneration purposes.

**[01:55:26] Aaron Siri**

Okay. So when a doctor administers a drug or diagnoses as a patient or something similar, there's a code that they would enter into the system, right?

**[01:55:39] Stanley Plotkin, M.D.**

Yes.

**[01:55:40] Aaron Siri**

And the ICD-9 codes are published by the American Medical Association, correct?

**[01:55:45] Stanley Plotkin, M.D.**

Yes.

**[01:55:45] Aaron Siri**

Okay. So if you go to the second page, do you see there's a code, V64.07?

**[01:55:53] Stanley Plotkin, M.D.**

Yes.

**[01:55:54] Aaron Siri**

What is that code for?

**[01:55:56] Stanley Plotkin, M.D.**

Vaccination not carried out for religious reasons.

**[01:55:59] Aaron Siri**

Okay. So wouldn't it be feasible, for example, to compare children who have this coding, who are not being vaccinated, with those who are being vaccinated, who are in similar communities, have similar demographics, and otherwise avoid as much as possible other potential co-founders?

**[01:56:26] Stanley Plotkin, M.D.**

Well, if you could eliminate the co-founders, it would be feasible.

**[01:56:32] Aaron Siri**

Can you tell me a co-founder that's not easily, easy to control for.

**[01:56:43] Stanley Plotkin, M.D.**

In principle, one can control for any confounding problem. The issue would be just how many there are and just how large a group you would need for statistical significance. See, that's another issue. I mean, we accept as a valid conclusion something that is false five times out of 100, and so not only do we have to try to eliminate confounders, but we also need repetition of studies to be sure that the results we got in the first study were not in the five studies that were false in their conclusion, so you would need multiple studies.

**[01:57:39] Aaron Siri**

Okay. And since these are retrospective, they're really just running data, right?

**[01:57:47] Stanley Plotkin, M.D.**

If the data are encoded, yes.

**[01:57:51] Aaron Siri**

Okay. So I asked earlier, what co-founder can you list that's not easy to control for and I did not hear another co-founder. Can you tell me a co-founder in this proposed study that would not be easy to control for?

**[01:58:08] Stanley Plotkin, M.D.**

Exposure would be probably the most difficult. In other words, whether a child is living in a community where exposure to disease is rare or absent, or whether a child is living in a community where there are significant possibilities of exposure. I think that would be probably the most difficult to account for.

**[01:58:40] Aaron Siri**

When's the last case of polio in the United States, wild polio.

**[01:58:44] Stanley Plotkin, M.D.**

Oh. Ah, I forget the exact year, but it's been probably 20, 25 years.

**[01:58:56] Aaron Siri**

Did 1979 sound correct to you?

**[01:58:58] Stanley Plotkin, M.D.**

Yeah, it could be.

**[01:58:59] Aaron Siri**

Yeah. So that wouldn't be an issue, correct?

**[01:59:03] Stanley Plotkin, M.D.**

No, polio would not be an issue.

**[01:59:05] Aaron Siri**

Okay. How many cases of diphtheria have there been in the last ten years in the United States?

**[01:59:12] Stanley Plotkin, M.D.**

It's very rare or absent.

**[01:59:15] Aaron Siri**

Okay. Less than five, right?

**[01:59:16] Stanley Plotkin, M.D.**

Yeah.

**[01:59:17] Aaron Siri**

Okay. We can, isn't that true for most of the diseases, except for maybe pertussis, right?

**[01:59:26] Stanley Plotkin, M.D.**

Well, pertussis, HIV, hepatitis, those are diseases that are still common.

**[01:59:35] Aaron Siri**

So if we excluded...

**[01:59:37] Stanley Plotkin, M.D.**

The mumps.

**[01:59:40] Aaron Siri**

Mm hmm.

**[01:59:41] Stanley Plotkin, M.D.**

Yeah.

**[01:59:41] Aaron Siri**

Go ahead. Mumps, pertussis. Okay. So since this is retrospective, we would know where those outbreaks are, right? Because they're very carefully tracked by the CDC, correct?

**[01:59:56] Stanley Plotkin, M.D.**

Yes.

**[01:59:57] Aaron Siri**

Since we know where those outbreaks are, that could be actually probably pretty easily controlled for as well, correct?

**[02:00:03] Stanley Plotkin, M.D.**

In principle, yes.

**[02:00:05] Aaron Siri**

Okay. So can you name me a co-founder that would be difficult to control for in the study?

**[02:00:19] Stanley Plotkin, M.D.**

Well, at the moment I can't think of any other that would be material, although I think one would have to look at genetic issues and the health of other members and the family and so forth. But again, I am not saying that such a study is impossible, I'm just pointing out that it would be a very difficult study to do, and the conclusions that you could draw from the study might be very limited.

**[02:01:04] Aaron Siri**

I'm going to hand you what's been marked plaintiff's exhibit 24. You'll see that it involves looking at total health outcomes between vaccinated and unvaccinated homeschooled children.

**[02:01:22] Stanley Plotkin, M.D.**

Yes.

**[02:01:23] Aaron Siri**

Go down to where it says allergic rhinitis, what is that?

**[02:01:29] Stanley Plotkin, M.D.**

Well, it's essentially runny nose because of allergy.

**[02:01:33] Aaron Siri**

Okay. Do you see that, it says that the vaccinated children were 30 times as likely to have allergic rhinitis.

**[02:01:41] Stanley Plotkin, M.D.**

Yes, I see that number.

**[02:01:43] Aaron Siri**

Do you see that it says that vaccinated children were 3.9 times as likely to have allergies?

**[02:01:50] Stanley Plotkin, M.D.**

Yes.

**[02:01:51] Aaron Siri**

4.2 times as likely to have ADHD.

**[02:01:54] Speaker23**

Yes.



**[02:01:54] Aaron Siri**

4.2 times as likely to have autism spectrum disorder.

**[02:01:59] Stanley Plotkin, M.D.**

Yes.

**[02:02:00] Aaron Siri**

2.9 times as likely to have eczema.

**[02:02:03] Stanley Plotkin, M.D.**

Mm hmm.

**[02:02:05] Aaron Siri**

5.2 times as likely to have learning disability.

**[02:02:07] Stanley Plotkin, M.D.**

Yes.

**[02:02:09] Aaron Siri**

3.7 times as likely to have neurodevelopment disorder.

**[02:02:13] Stanley Plotkin, M.D.**

Yes.

**[02:02:14] Aaron Siri**

And 2.4 times as likely to have any chronic condition.

**[02:02:17] Stanley Plotkin, M.D.**

Yes.

**[02:02:18] Aaron Siri**

Okay. Wouldn't you like to see a larger scale study that refuted these claims?

**[02:02:26] Stanley Plotkin, M.D.**

It would be ideal, yes. It would certainly be important to repeat the study.

**[02:02:33] Aaron Siri**

So it at least calls for further similar studies, hopefully, to either confirm or disprove the findings in the study, correct?

**[02:02:43] Stanley Plotkin, M.D.**

Yes. Mmm hmm, yes, I would agree.

**[02:02:48] Del Bigtree**

I don't know, I guess sort of, I would call that a win. I mean, what is amazing about watching that is watching a scientist thinking that I can get into this deeper into a place where no lawyer is going to understand. Obviously messing with the wrong person, that had an answer everywhere he decided to go. Because the truth is, is they do studies like this all the time. You have to assume that the vaxxed versus unvaxxed study has already been attempted multiple times inside the databases that Aaron Siri is speaking of, the VSD, Vaccine Safety Datalink. This study would end the conversation forever, as would if any of the other 20 studies that they handed us, had they ever had an unvaccinated group, so that they could show that there was no difference, we wouldn't be here, we wouldn't be having this argument. You can't not have a placebo in a prospective study and then avoid having an unvaccinated control group in a retrospective study. It defies all reason. And so all these people out there that are losing their minds right now because of our lawsuit wins, saying we're misrepresenting it, we are not misrepresenting anything. Science works a very specific way. And if you have a problem with what we are now uncovering, then you have a problem with the science itself. We need better science. That's what the Informed Consent Action Network is really here about. We are simply a consumer advocacy group with one of the greatest trial attorneys the world has ever seen.

**[02:04:20] Del Bigtree**

Now imagine if Stanley Plotkin can be unraveled like that, imagine what every other scientist and specialist would have to do on the stand in the cases we now have in New York, in cases where we're going to bring what we found from the CDC into courtrooms around America. Don't you want to see these cases? Don't you want to see what those depositions sound like? As we have someone as brilliant as Aaron Siri, there's no one that's ever been like him. I hate, I know he's sitting there and he's blushing again, but this is what we have on our side and I need your help. We are up against an industry spending billions of dollars, funding World Health Organization, funding to create havoc and terror around this world right now so they can force a vaccine agenda on every single American. Now is the time. They are in desperate, desperate times because we are winning. I don't care what you call it, that argument, Aaron Siri wins that argument, as he does through the entire nine hour deposition. So much so that we FOIA'd, we FOIA requested conversations between political like officials in our government, and we came up with an email or two from Stanley Plotkin. I think you'll find this very interesting after having watched what just happened there. Remember that went on for nine hours. No matter what Stanley Plotkin, wherever he went or tried to mislead or misinform or try to stand by his science, he got thwarted at every measure, handed out one document after another by Aaron Siri, who had done his homework.

**[02:05:55] Del Bigtree**

This is what he had to say in an email that we found. This is Stanley Plotkin talking to a "Dear Naveen: I am delighted to see the evidence of an IPA project on vaccine hesitancy. In my old age I have been plunged into this area because of a traumatic experience involving an American lawyer." That is, I think, a pretty good explanation of what we just saw there. I bet it was traumatic to actually have someone standing on the other side of that. You're sworn into a deposition, you cannot lie, and you've agreed to have a video camera there that you can't get rid of, and this thing is going on for nine hours as you're being filleted by somebody who is just supposed to be a lawyer that was here for a divorce case. How did this happen? You can see it running through his mind. He goes on in this email to say, "I am working with manufacturers and the FDA on changes to the package inserts to provide more information on vaccine safety, currently lacking. Also, with Paul Offit, we have set up a library at Philadelphia Children's Hospital with a collection of the best scientific references on vaccine safety. This is available to any clinician or expert defending vaccines. It is reachable through...."

**[02:07:09] Del Bigtree**

Here's the link. You see after this event, Dr. Stanley Plotkin and Dorit Reiss, I believe we know, and Paul Offit all got together and said we need to create a way to train people to do better on the stand than I just did. I'm being, I thought I had my science locked in. I thought it could stand up, but I got filleted in there over nine hours. It was really, really traumatic, as we see in this email. But here's what's fascinating about it, and this is why these cases are so important. Look at this email we found. This is Stanley Plotkin reaching out to Paul Offit and Frank DeStefano. He says, "Looks good. Also, let me ask you a question I posed to Frank also: do you know of references to studies comparing the health of vaccinated and unvaccinated children. Of course, there are multiple confounders between the two populations, but are there attempts? Stan." You see, it got to him. It actually got to him. I mean, I think that this shows that in some sense in Stanley Plotkin, there's a guy in there that cares. There's a guy that wants to be doing good science. It's shocking that the greatest mind and leader of our vaccine program that writes many of their talking points throughout the years is unaware if there has been a vaccine versus unvaxxed study. He definitely had to read one in the courtroom. But he reaches out to Frank DeStefano, who, by the way, is the head of Immunization Safety Office at the CDC, very high-ranking guy.

**[02:08:40] Del Bigtree**

He wrote the terrible antigen study. He also was the author on the famous DeStefano Autism, MMR Autism study at the heart of VAXXED, which wasn't even supplied to us as an argument anymore, so they've already thrown out, CDC has already thrown out one of DeStefano's studies. I can't wait for the antigen to go next. But he reaches out, Stanley says, hey, Frank, and Paul, by the way, have we done a vaxxed versus unvaxxed study, is that out there? You're going to love this response. We actually got see, this is what's happening. When people say that we're hacks in what we're doing, this is what CBS reporters used to do. This is what I was trained to do. This is what my executive producer does. This is what our field producer Stephanie does. This is the work we do. This is real investigation. We are getting the emails of the people that we are seeing in courtrooms, that are making arguments, that are forcing vaccination programs onto the world. Look what Frank DeStefano says in his response email. "I have done a limited internet pubmed search and have not identified any reasonably well-conducted studies comparing the health of vaccinated and unvaccinated children." He does push out a link. This is the "2013 IOM report, The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence and Future Studies, included a review of the literature and concluded that" --this is from Frank to Stan.

**[02:10:07] Del Bigtree**

"None [i.e. no study] has compared entirely unimmunized populations with those fully immunized for the health outcomes of concern to stakeholders.'...Outcomes of concern included allergy and asthma, autoimmune diseases, autism, other neurodevelopmental disorders, seizures, febrile seizures and epilepsy." There you go. Yours truly, Frank. Here you go, Stan. Even back in 2013, the IOM admitted, stakeholders would really like to see this study, and I can't find one anywhere. I used Dr. Google. Isn't that fascinating? We're accused in this movement, parents of autistic children that are successfully healing them or working towards healing their children and really getting, you know, I think medical degrees on their own, they're accused of being Dr. Google. And here one of the heads of the CDC is asked the most obvious question known to man, have we done the most obvious study known to man to refute these claims? He has to go to Dr. Google. I went online, I did a PubMed search. I looked around like every other human being on the planet would do, and I came back with no answers. There's never been a vaxxed versus unvaxxed study. And now Stanley Plotkin has failed in a deposition to explain why you can't do a vaxxed versus unvaxxed study and in the end agrees that it would be really nice to see this study done, and clearly reaches out to Frank, hoping that perhaps he's wrong, there is one. There is none.

**[02:11:36] Del Bigtree**

So for all of those armchair scientists that want to tout the mountains of studies that the CDC does not recognize as proof that vaccines don't cause autism, why don't you join Frank and Stan and Paul and me and everybody else in saying, it's time for the vaxxed versus unvaccinated study. Let's put this to bed or let's begin an intense scientific journey into making safer products using the scientific method that has proven to be the best throughout that time. A placebo study or a unvaccinated control-based study. Thank you very much. We need your help. This is what suing is all about. We're clearly starting to affect the minds of the top scientists in the world. And as my last point today, a very long show with a lot of information, but you sat through 20 hours of CNN repeating the same headline all day yesterday. Hopefully, you're enjoying the fact you're actually getting information on The HighWire. This is a letter I'm going to send out at the end of this show. This references the debate we've been having with Health and Human Services. As many of you know, we sent out, basically our white paper to Health and Human Services explaining the problems we have with the vaccine program, about a 30-page document. They took several months, then responded. We now know that those involved in the response were the CDC, NIH, and all of them.

**[02:13:09] Del Bigtree**

And they gave us a bunch of studies to look at. We spent a year reading every single one. So when I say we've read every safety study that's out there, certainly every one the CDC claims means anything, we read it. And then we responded with an 88-page document explaining why we thought that their answer failed to show that vaccines are safe. All of that is contained in this book that we published. It's only three chapters. The first chapter is our first letter, the second chapter is the letter response from Health and Human Services, and the third is the 88-page response. I want to point this out because we now actually have a merchandise store at the [thehighwire.com](http://thehighwire.com) where you can purchase this book. You can also get cool things like this cup, a hat and shirts. All of that, of course, goes to our mission. So all you have to do is go to [TheHighWireShop.com](http://TheHighWireShop.com), get yourself a book and you can read these three letters. But here's the problem. Our 88-page document laid out the clearest explanation of why we don't think you can say vaccines are safe, and we expect a response because HHS is left wanting. They have not responded. They have refused. They responded almost right away to our first document, so now we are going to get serious. Once again, the Informed Consent Action Network, I will read the entire letter to you because you deserve to hear it.

**[02:14:36] Del Bigtree**

This is to Alex Azar, Secretary of Health and Human Services, re. HHS vaccine safety responsibilities and notice pursuant to 42 U.S.C. 300aa-31. "Dear Secretary Azar, In our letter of October 12, 2017, we notified the Department of Health & Human Services (HHS) about a number of serious concerns regarding how HHS fulfills its obligations to ensure vaccine safety under the National Childhood Vaccine Injury Act of 1986...We voiced these concerns along with 55 other organizations who were copied on our letter and who represent over 5 million Americans. HHS responded to our letter in a reply dated January 18, 2018. That letter was reviewed and cleared by the following agencies within HHS: the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Office of the General Counsel (OGC), the Human Resources and Services Administration (HRSA), and the Agency for Healthcare Research and Quality (AHRQ). After carefully reviewing the extensive information provided in HHS's reply, ICAN responded by letter dated December 31, 2018. ICAN provided detailed information, mostly from HHS's own primary sources, as to why HHS's reply of January 18, 2018 either did not address or heightened the serious concerns raised in ICAN's prior letter. In that regard, we submitted a number of follow-up questions in Appendix A to that letter. It has now been over 13 months since ICAN submitted these follow-up questions and concerns regarding vaccine safety. Nonetheless, HHS has failed to respond to the questions posed in our letter of December 31, 2018, nor to any of the substance in that letter."

**[02:16:26] Del Bigtree**

"HHS's failure and/or apparent inability to respond to ICAN's simple vaccine safety questions and concerns provides further support that the Secretary of HHS has failed to fulfill his vaccine safety obligations pursuant to the 1986 Act. Absent a substantive response to the questions and substance of our December 31, 2018 letter within 60 days of this notice, an action against the Secretary of HHS shall be filed pursuant to 42 U.S.C. 300aa-31. For your convenience, copies of the three prior letters are enclosed herein. ICAN reserves all rights. Govern yourself accordingly. Very truly yours, Del Bigtree, President of the Informed Consent Action Network." This is your network. This is what you are helping us do. Your support is allowing us to unearth the truth that has been hidden for far too long. We are the ones winning lawsuits that are making a difference, that are having judges sign affirmatively into action the details of what the CDC can and cannot say any longer. We are silencing those trolls and pundits around the world that try to point to erroneous, irrelevant evidence to a myth. You are making this possible. Isn't this fun? I mean, isn't it great? You're getting a box seat to one of the greatest battles of all times. That's what we're here for, to bring you the truth.

**[02:18:06] Del Bigtree**

To not only report on the truth, but make the truth happen. For all of you donating right now, thank you so much. You should be very proud of this letter as I am, and I can't wait to how they respond. I hope they do. Or, just as we've always had to do, we will take them to court again. Change is upon us. We are winning. I need you. We need each other. We are powerful when we stand together. Do not be someone hiding in a closet somewhere wishing you could be a part of this movement, join us. Because this is how winners act. This is what winners do. Losers write articles and lie about what's said and censor people telling the truth and put out a bunch of erroneous studies, even though the head administrative body in the world has already ruled on this and provided their 20 documents. Losers lie. Losers run. Winners support each other. Let's continue to rise together. This is ICAN. This is The HighWire. I am not afraid and neither should you be. Let's march forth in victory, which is just around the corner. I'll see you all next week.

**[02:19:39] Del Bigtree**

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

END OF TRANSCRIPT