THEHIGHWIRE

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7 SPEAKERS

Universal Broadcasting Network announcer
Del Bigtree
HPV ad, woman speaker
HPV ad, girl speaker
HPV ad, male speaker
HPV ad, boy speaker
Dr. James Lyons-Weiler

START OF TRANSCRIPT

[00:01:01] Universal Broadcasting Network announcer
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[00:01:10] Del Bigtree
Hello and welcome to HighWire, death-defying talk without the safety net of advertising. That's what drives television everywhere else, that's why they have to lie to you. I don't have to because nobody pays me. Today I want to talk about Placebogate. Do we have a slide? Placebogate is probably not something you've heard of because I just made it up, but it actually happened. I want to talk about the placebo effect. First of all, what is a placebo? I've got this guy right here. Let's call him super placebo. Usually a salt water saline injection, or maybe it's a sugar tablet, if you're doing a drug study with a pill or something like that, a totally inert substance. The definition of placebo is actually this: "A substance or treatment that has no effect on human beings." That's what the CD says, something that has no effect on human beings. Now, why do we need a placebo and what is the placebo about? What is this guy capable of? Actually, placebo is actually capable of healing you. This is fascinating. We discovered years and years, many years ago, that people that thought they were taking a drug, I think it actually started back with the snake oil salesmen. In the old days in the Wild West, some guy would be selling something like mercury to heal you and people would actually be healed because they believed it worked. Well now once we started creating drugs and vaccines, we realized that there is this effect, this mind over matter effect, where a person is healed simply by believing they've been giving something that's good for them.

[00:02:42] Del Bigtree
That is the placebo effect. So the double-blind safety study means that one group is going to get a placebo, a totally inert substance that doesn't affect the human body at all, and then the drug or the vaccine. And we're going to compare the study of the group, did the group that got the placebo end up, you know, how many of them cured themselves, and if they cured themselves, what percentage was that, because the drug or the vaccine has to beat the placebo. It has to beat the amount of people that heal themselves by believing they had gotten the drug or vaccine. That's why we do double-blind safety studies. We also look at, did the group that got the drug or the vaccine end up having more injuries? Did they have more cancer? Did they have more mutagenic effects? Things, you know, problems down the road, years and years down the road, For instance, Viagra went through about ten years of safety studies, double-blind, just like this. One group got a little salt water placebo, and the other group got the drug. Here's the problem. When we deal with vaccines, almost no vaccines go through any sort of double-blind safety experiment.

[00:03:45] Del Bigtree
They don't go through the placebo, they don't deal, they don't have to fight against the placebo, because he's hard to beat. Why do they avoid it? Well, actually, there's one study, one vaccine that decided to do a placebo study. I want you to meet the HPV vaccine. This genius little vaccine was developed to try and stop cervical cancer, the idea being that the HPV virus, which almost everybody gets, it's one of the most popular sexually transmitted diseases and it really doesn't affect you except for you might get some genital warts. There's also about 100 different strains of HPV. This vaccine could only deal with about four of them. But that's not my point. When they decided to do safety trials for the HPV vaccine, they said we should do a placebo-based study to show how effectively this fights cervical cancer. The idea being that the HPV in your body eventually creates cervical cancer years down the road in your 50s or something like that. And the idea was to make a vaccine that we could give teenage girls and boys that would prevent HPV in the future and prevent, therefore, cervical cancer. Now, something you should know. Almost, about 95% of all women, this is documented, clear HPV from their bodies naturally within two years. So they're not going to get cervical cancer even if they get HPV. Of the remaining 5% that don't clear HPV out of their bodies, about 5% of them could get cervical cancer.

[00:05:19] Del Bigtree
But when you live in the United States of America and you get pap smears and you go to a doctor, they can simply cut that cancerous tissue away and therefore stop you getting cervical cancer. So the cause and the reason for this vaccine is almost zero. Almost nobody in America gets cervical cancer from HPV that can't be stopped because your doctor was able to clear it out as soon as it happened. But that doesn't matter. We don't care, we want to make money, and we've got this great vaccine for HPV. So what do they do in the study? They had to do a placebo-based study to prove that they could beat the placebo. They should have duked it out, bam, bam, go after each other. Different groups of kids getting the placebo and then getting the HPV vaccine. But let's see, what did they actually do with this study? I wish these dolls would stand up, but I made them and I'm not really a doll maker. Here's the point. Here's group one, group two. Okay. This group is going to get the HPV vaccine and we're going to study them for three years. This group, unknowingly, is going to get the placebo. Great idea. Let's see who does better. Except they cheated. This is why I'm calling it Placebogate.

[00:06:30] Del Bigtree
Instead of using a salt water injection, a saline injection just like you get in an IV drip, which is what they should have done, they decided to change the idea of a placebo. And what do they do? They turn placebo into an ugly monster. How did they do it? They made the placebo aluminum, a gigantic shot of aluminum hydroxide, a neurotoxin. You have to ask yourself, why would we need to give the placebo group a neurotoxin in a study to see if HPV vaccine is safe? Well, one of the reasons is HPV vaccine has a load of aluminum in it, too. So essentially, this safety study was not going to test the safety of the vaccine itself, it was only going to test the safety of the antigen. So this guy got all of the garbage, all of the poison and toxins that are used to make the vaccine. The only thing the placebo didn't have was the HPV virus or the antigen, as they call it. The only difference between this guy is he had all of the aluminum and the antigen. So right there, you have to ask yourselves, what? If you're a scientist or you're a doctor out there, you've got to be scratching your head saying this isn't possible. Go ahead and open up that vaccine insert around the HPV, because they describe exactly this. I'm not making this up. We used aluminum, a known neurotoxin in this placebo study as the placebo.

[00:07:53] Del Bigtree
So what happened? Let's talk about what happened. Let me see, these guys stand up. You get the idea, I'm going to lay them down. Here we've got the placebo group, here we've got HPV. So what we do is we take the HPV and we give our test group, this is, there's about 13,000 kids or so, and women and boys and men that were all in this group. So this group, let's say it's thousands and thousands got this HPV vaccine. So we're going to give little Shirley here the vaccine, and we give Henry the vaccine. There goes my good shirt. I knew that was going to happen. Okay. And then over here, we've got the placebo, the aluminum-based placebo. There we go. Lulu and Henry. Okay. There we go. This group got the HPV, this group got the placebo filled with aluminum. Well, what do you think happened? When we charted the course of the health of these kids, what do you think happened to them? How do you think the aluminum group fared against the HPV group? Well, I have news for you. It was one of the highest death rates in any safety study known to man. We had, I think it was nearly 13 people died in the placebo group, 17 people died in the HPV group. That's the highest death rate of a placebo. And guess what? Most of them, like a large percentage of the deaths, happened within a month or two of the vaccination, which means that it has a less than 1% chance of being coincidental.

[00:09:22] Del Bigtree
We know scientifically that whatever we were injecting into these girls and these boys was killing them. And we know that what we were injecting into these girls and boys over here on the HPV side was killing them, too. Folks, I'm not making this up. I wish I was. This is how it went down. So how many people died? I told you 30 people died in this study that looked at it over three years. Did we see that? Did we hear about the deaths? No, because guess what? Since so many people died in the placebo group, they said the HPV group, we'll just cancel those deaths out, because the people that were getting a totally inert substance, as we thought it was supposed to be, since so many of them died, let's just cancel off the ones that died from HPV and call it a wash. Now let's look at the benefits of HPV. This is how the study was done. We literally had a placebo that killed just as many people as the HPV, so they erased each other from the study. But let me give you the numbers as they actually break down. To do this, I'm going to bring in some vases here, can we see that? Alright. So, how did this go down? Let me put it this way.

[00:10:31] Del Bigtree
The average deaths in women in Europe and America and Canada, where this study took place, is right here. 114 women die every year. Is it every year? Every year, 114 women out of 100,000, so it's a percentage. 114 out of 100,000 die every year of just random causes, from car accidents, you name it, getting shot, you know, eating the wrong food, whatever it is, 114 women die. Now how many women died that were a part of the study? And I'm talking about both the placebo group and the vaccine group together. The study itself, if you were a woman in the study, this is how many people died in the study. Oh, wait, there's more. 114 women die naturally. If you were part of Merck's study looking at the HPV vaccine, then 367 per 100,000 would die. That's astronomical. This is how you die naturally, living your life. This is how you die, this is how many die if you're a part of an HPV study. Not making that up, those numbers are horrific. Obviously, this is a very scary study to be a part of. How did the boys do? Let's talk about the boys, because they did even worse. Even though we have HPV, which is supposed to be protecting women from cervical cancer, we decided let's give it to boys, too, and they were a part of the study also.

[00:12:13] Del Bigtree
So how many boys die every year? They say 83 boys die per 100,000. That's that many. How many died, in a percentage, in the HPV study? Get ready for this. Oh, wait, there's more. And it just keeps going and going and going and going. 467 per 100,000 was the rate of death if you were a part of this study as a male. This is how you die in regular life. If you're a part of the HPV study, this was your risk of death. So what do we get from this? How effective is the HPV vaccine? Well, I'll tell you what we definitely have learned, that being a part of an HPV study being done by Merck, whether you're in the placebo group or you're in the vaccine group, has about the same safety as jumping off a 10,000 foot cliff in a winged suit. Okay. You don't want to be in one of these studies because what do you think it said on the release form for this study? I'm curious. Do you think the release form said, if you're a part of this study, you will either get the HPV vaccine, which could prevent your cervical cancer in the future, or you were going to inject it with poison. Those are your two choices. I mean, who would ever sign up for that? Usually it's, you may not get the drug, but if you don't, you'll just have a saltwater injection and it won't do anything.

[00:13:42] Del Bigtree
But in this study, not only are you getting the benefits of the possible benefits of the vaccine, you're going to get a deadly toxic poison injected into you. That's how it went down on the HPV study. Scientists keep saying that they support science, that we're anti science. This is not science. Do a real placebo study. How would the HPV vaccine that kills, I think, 17 girls and boys in the study, how would it do against a saltwater injection or a sugar tablet? That's what the study should have done, that's how real studies work. But after you look at this entire mess that we've created here, with HPV, people being poisoned in the study, what did the FDA finally decide when they looked at this study and said, hey, let's put this on the market? Here's what the FDA ruled. "Efficacy in prevention of high-grade cervical cancer was NOT ESTABLISHED..." Meaning, this study did not prove that it could stop cervical cancer in any way. Are you shocked? That's the FDA. You have to ask yourself, why did they put it on the market? Well, we keep seeing this revolving door of industry going in and out of the FDA. So the FDA said, this study did not prove that this vaccine even works. Is that what they told you in the commercial you watched on your television? Check it out.

[00:15:12] HPV ad, woman speaker
I have cervical cancer from an infection, human papillomavirus. Who knew HPV could lead to certain cancers? Who knew my risk for HPV would increase as I got older? Who knew that there was something that could have helped protect me from HPV when I was 11 or 12, way before I would even be exposed to it?

[00:15:32] HPV ad, girl speaker
Did you know? Mom? Dad?

[00:15:41] HPV ad, male speaker
I was infected with HPV. Maybe my parents didn't know how widespread HPV is. While HPV clears up for most, that wasn't the case for me. Maybe they didn't know I would end up with cancer because of HPV. Maybe if they had known there was a vaccine to help protect me when I was 11 or 12. Maybe my parents just didn't know.

[00:16:02] HPV ad, boy speaker
Right, mom? Dad?

[00:16:05] HPV ad, woman speaker
What will you say? Don't wait. Talk to your child's doctor today.

[00:16:55] Del Bigtree
Notice they didn't even list any side effects, you know, and the side effects are astronomical. There's girls getting seizures, there's girls having early menopause. Children are dying, being paralyzed. The list goes on and on and on. I think HPV will prove to be one of the most dangerous vaccines of all times. In fact, there's been several scientists involved in actually creating and studying HPV that have come out and said exactly that. Of course, they lost their jobs after saying it, but this HPV vaccine is a disaster. It started out as a disaster as soon as they put up a fraudulent vaccine safety study. I have the amazing Dr. James Lyons-Weiler with me here today. Thank you for joining us. Let's check out this t-shirt, what's this about?

[00:17:40] Dr. James Lyons-Weiler
This is, Because Science.

[00:17:42] Del Bigtree
Because Science. So look at, you've looked at this HPV study, too. I mean, am I making this up? People, I mean, I always get these, I'm sure on Facebook they're saying, he's a liar, this guy is out of his mind. Is that, is that or is that not how this study went down on HPV?

[00:17:57] Dr. James Lyons-Weiler
That's exactly how the study went down on HPV and every other HPV study except for one. So they used, they used aluminum as a placebo or control group as opposed to saline or an innocuous agent in all but one. And then there was the one that they did use saline, they took all the healthy kids out. They left the healthy kids in, they took all the kids out that had an adverse event after the first round of vaccination, and then the second and third round and then lo and behold, they decided, hey, you know, after two rounds of vaccination, after we took all the kids that had the adverse events out, look, it's safe.

[00:18:34] Del Bigtree
Wow. Amazing. I even heard that they used that saline placebo group, which was a smaller group, they put it into the other aluminum group just to try and lower the death rates and numbers because it was looking so bad.

[00:18:46] Dr. James Lyons-Weiler
Right. Well, the justification that they used on that was that they said that we have to vaccinate everybody to protect them against HPV, and so any adverse events in the long run were just wiped out by that step.

[00:18:57] Del Bigtree
It's amazing. I mean, you know, and you think about, this is a vaccine that's being, honestly, it's being pushed all over, all over the world. And one of the things, there's a lawsuit right now in New York State that I know of, because they are actually giving HPV to children without parental consent. It's happening in multiple states across the country. I think, didn't you guys just knock down something like that up in Pittsburgh?

[00:19:20] Dr. James Lyons-Weiler
Yeah, in Allegheny County, they tried to pass a mandate for HPV vaccination. And I handed the Allegheny County Board of Health. It was through one of these administrative shifts, instead of legislation, they dare not pass legislation, because if they do, the people will rise up and speak. I handed them all the studies that showed that HPV vaccine, because it only focuses on nine vaccines, can't possibly protect against HPV infection.

[00:19:44] Del Bigtree
So it's only, it only deals with nine strains. How many strains of HPV are there?

[00:19:48] Dr. James Lyons-Weiler
Last count by the Institute for Pure and Applied Knowledge is 209.

[00:19:52] Del Bigtree
There's 209 strains of HPV. The current vaccine is, it covers nine of them. And they have commercials that you just watched saying, we're going to prevent your, you know, daddy, why didn't you tell me I could have stopped, you know, and prevented myself from getting cervical cancer. And by the way, we won't even know, even if the vaccine works at all, we're not going to know for like 20 or 30 years.

[00:20:14] Dr. James Lyons-Weiler
It's going to take a long time. And the claims that HPV vaccine actually have decreased rates of cervical cancer or any other kind of cancer are absolutely incorrect. They do reduce the rate of neoplasia, so a change in the tissue, but like you were saying earlier, 97% of those clear without any incident and then those that don't clear many of those don't even come down with cervical cancer or any kind of cancer. So if there's 209 types of HPV virus circulating, and many of them are much rarer than the nine common ones that are targeted by the vaccine and the vaccine wipes out those nine common ones, the rare ones increase in prevalence, and who knows what effects they have. Some of them that were thought to not cause cancer in fact do cause cancer. And as an evolutionary biologist, I know that viruses that are more dangerous and more lethal tend to be rare. And so what are we really doing with this? We're shifting prevalence and all the studies that have looked for shifting in prevalence of the rare types to become more common have found it, but the CDC says that that's not true. And they did a study.....

[00:21:19] Del Bigtree
So let me just understand this. So essentially our bodies, you know, get certain viruses and the one we're most used to, sort of that takes that position is usually the weaker form of a virus. When we have a vaccine that fights and beats that out, it then gets replaced by something more rare and can often be more dangerous and, you know. It's sort of, HPV is fighting each other in your body, don't these virus fight each other?

[00:21:41] Dr. James Lyons-Weiler
Maybe so, maybe not. They don't have to compete for. Think about it this way. If the most common one tends to be benign, it just sticks around longer, right? Because it sticks around longer, it has an advantage, where here's one that's more lethal, and it kills off its host, it's not going to stick around. So a lot of the science on this question has focused on whether or not the viruses actually compete for like insertion sites into the genome. You don't have to have that level of competition for type replacement to occur. The CDC study that looked at whether type replacement occurs is an outlier. They didn't find type replacement, statistically. Every other one that has been conducted has found it. They also found this, but the CDC's own study found that before and after the vaccine came on the market, there was no net change in HPV infection. So how can you have no net change at a population level before and after a vaccine unless you have type replacement? And they just fudged their statistics, they used univariate statistical analysis instead of multivariate.

[00:22:43] Del Bigtree
It seems to me that they're trying, I mean, I think this HPV vaccine is sort of like the industry is trying to say, look, we have found a cure to cancer. Because that's always the thing, like what's taking so long? Don't you guys have any talent, can't you come up with a cure to cancer? So they're acting like this is a cure for cancer.

[00:22:59] Dr. James Lyons-Weiler
It's interesting that you mention cure because there are treatments that are FDA-approved for cervical, for HPV infection. There's a cream. It uses a silencing RNA, which means that there's a molecule that's a lot like the DNA from the HPV, and it binds to it and it silences it and it shuts it down.

[00:23:19] Del Bigtree
So we could have used a cream instead of 2 or 3 vaccines for every, we, and by the way, the CDC wants to be giving this vaccine, 9- to 26-year-old boys and girls. To get, you know, I always say follow the money. So when you follow the money of HPV, it actually costs around $450 on average to get the three shots of HPV that they say it takes to achieve immunity. Well, if 9- to 26-year-old boys and girls, that group is roughly around 70, 75 million kids. So if they all get this vaccine, if the pharmaceutical industry was able to get the politicians to write laws and add this to the childhood schedule in order to get into school, they're working on it in every state around us, if they did that and every 9- to 26-year-old boy and girl got the vaccine, HPV, Merck would make over $30 billion in one year in the United States of America alone. I always say, when you're looking at that kind of money, you can usually find corruption, especially if a safety test is involved. What do you think?

[00:24:23] Dr. James Lyons-Weiler
Well, no doubt about that. And you know, the institute that I work at, the Institute for Pure and Applied Knowledge, also has some unpublished studies so far that we found peptides in the protein for HPV that map, that has matched perfectly proteins that are expressed by developing ovaries. And so if you immunize, like you just did this great segment on aluminum. Aluminum is an adjuvant, it keeps the antigen around longer, and it really pisses off the immune system. So it gets, activates the immune system, and so when you end up with aluminum in your body and anything else that's a foreign protein, it's going to develop an immune response, a stronger immune response. And so if part of that viral protein matches a human protein, you're going to develop autoimmunity against your own tissues. And we're seeing premature ovarian failure, menopause basically in 14- and 15-year-old girls who get the HPV vaccine. And I'm pro-immunization. You know my position on this very well. I want to work towards biomarker safety screens so we can determine who's going to be most at risk, I want to do the work to pull out the unsafe peptides from vaccines, work on ways of doing immunization that don't involve aluminum and mercury, and, you know, let's really talk about doing some science instead of this baloney.

[00:25:38] Del Bigtree
So when you're talking about this protein, is this when I read about cell mimicry or something about...

[00:25:43] Dr. James Lyons-Weiler
Molecular mimicry.

[00:25:45] Del Bigtree
Molecular mimicry. Let me see if I got this right just for the lay people out there. So essentially, there's a protein strand inside this HPV vaccine that looks very much like a protein that we find in the ovaries of girls. So they look identical. So when we put this vaccine in and we're telling the body, fight this protein, beat this, kill this, this is a disease, it also looks, well, it says, well, geez, here's this protein down here in the ovaries, I've got to attack that, too. And therefore, it starts attacking the ovaries simply because they have a protein that looks just like what was put into the HPV vaccine, and therefore an autoimmune disease, meaning your body starts attacking itself.

[00:26:25] Dr. James Lyons-Weiler
And as a scientist, I have to say that that is at an early stage. Our understanding there still has to be tested, you have to look for what are called cross-reactive antibodies. So if there are kids who are coming down with ovarian failure, they should talk with their doctors and their lawyers about getting what are called cross-reactive antibodies. Can you find an antibody in your body right now that attacks both the protein that you're encoding, that you express, and the protein expressed by the pathogen? And this should be a matter of routine and we want to get the word out on that.

[00:26:54] Del Bigtree
So you mean, so these are the types of things you're, I mean, we've talked about this, sometimes we've even argued about this. You're a little, you know, you're really into, you know, you believe in immunization as long as it works. And you also work, part of your science is you're trying to make these things safer, figure out ways to do this, because I'm always complaining, look it. If, when people describe what a vaccine is, if you stop someone on the street, you say, how does a vaccine work, your average person is going to say, well, it's just a tiny little bit of a virus in some saline solution or inert substance injected into you. Because it's so small, your body recognizes it, fights it without you getting the disease, and therefore you're immune. I always say they're kind of describing homeopathy. But the problem with the vaccine is it doesn't work that way. It's not in a saline solution, it's not in a, it's not a sugar tablet. It's got aluminum and mercury and polysorbate 80 and formaldehyde. And people will say, well, you know, they always argue online, I'm sure they're saying it right now, it's all about the dosage, it's all about the dosage. The low doses, you know, it's so low in the vaccine, it doesn't matter.

[00:27:55] Dr. James Lyons-Weiler
But you know what's funny? These pharmaceutical companies are the same players. You can have a conversation, you can say, you know, these drug prices are too high for seniors. Oh, yeah, I know, they're ripping us off. Oh, you know, these drug manufacturers, they're being sued or, you know, for this drug or for that drug. Oh, they're corrupt. Or you look at the bonuses of the executives and oh, my God, everyone will agree, up to a point. You mention the word vaccines, a wall goes up. They wouldn't do that. They wouldn't, they couldn't possibly do that. So listen....

[00:28:23] Del Bigtree
So they're criminals and, you know, they're a crime family is how most people look at when you look at OxyContin, and the fact that everyone's addicted, and we know that they're pushing, you know, all sorts of drugs we don't need on all of people. But my point being, people will argue about all those things, but they act like there's a room full of angels somewhere in the back room of that same pharmaceutical company making vaccines.

[00:28:43] Dr. James Lyons-Weiler
The profit motive is a very, very dangerous thing. With any medical thing that's mandated by law, the profit motive is very dangerous. One of the problems with vaccines is that when you do intramuscular injection, you're bypassing the normal way that an antigen or a pathogen gets into the body. Normally it would go through your skin or your membranes in your mouth and your intestine and so on. And they have to touch, interact with, what are called dendritic cells. Those dendritic cells then report to the rest of the immune system. If you do an intramuscular injection, you're bypassing that and that's why you don't have long-term immunity. So you use the word belief. Listen, I'm a scientist. I only know what I know based on science. And so I don't have faith or confidence in anything. But I do know that, let's talk about HPV vaccine. I told you that the HPV vaccine does, in fact, clear the vaccine targeted....

[00:29:40] Del Bigtree
Yeah. So it does. If you have those nine strains, it's going to, it's going to beat those nine strains, you're not going to come down with the nine strains of HPV.

[00:29:45] Dr. James Lyons-Weiler
But if we talk about chickenpox, when we talk about mumps, we talk about measles and anything else like that, you really should get a good dendritic cell response, then you don't have to do a booster. Well, that undercuts your profit, right? And so there's no incentive to do it, you know there's no incentive to do it because of the law. You know, we can't hold vaccine manufacturers accountable, and so if we were successful in creating an artificial means of immunization, it would look like something like a patch or something with some silica, you know, crystals on it that would cause subdermal micro abrasion. You'd wear it for about a week, you'd get a little swelling there. No aluminum, no mercury, no preservatives, just antigen, and the antigen would be screened to make sure that those proteins don't match human protein. Would it work? I don't know. Is it safe? I don't know. That's the best that...

[00:30:31] Del Bigtree
Someone should be, isn't this what we should be doing? I keep saying, science should be evolving. I mean, we, literally, it really feels like we're still in, like, sort of, you know...

[00:30:40] Dr. James Lyons-Weiler
Medieval.

[00:30:41] Del Bigtree
...medieval science.

[00:30:42] Dr. James Lyons-Weiler
It is medieval, right. You take a metal out of the earth that our, organismally and evolutionarily, our lineage was never exposed to aluminum. It was stuck up in aluminum silicate.

[00:30:54] Del Bigtree
It was hidden, too far away.

[00:30:54] Dr. James Lyons-Weiler
Mercury, same thing. We never saw it. And then you take it and inject it into babies with developing brains? It's something like a sci-fi horror film. Now, you know, I was just.

[00:31:03] Del Bigtree
Well speaking of brains, let me get on to my next subject. I got a new section of my show. It's called I Told You So. I want to roll a clip from, I think almost a whole year ago, I was speaking to some people about the Zika virus and the scare that was taking the nation. We started spraying pesticides in cities all across America. Look what I said a year ago.

[00:31:29] Del Bigtree
How long did it take the CDC and the WHO to jump from Zika virus may be causing birth defects because we found Zika virus, it was four of the babies. Four out of the 3000 they tested had Zika virus, we think it may be the Zika virus causing the birth defect. Do you remember? On the other hand, an herbicide or a larvicide being sprayed, almost every doctor in Brazil now believes that's what's causing the microcephaly.

[00:32:00] Del Bigtree
I really got a kick out of Zika because what I've been saying all along is a lot of the things that you investigate as a journalist looking at vaccines, what's really taking me on this journey, out of The Doctors television show where I was a producer and into vaccine science, which I say is, it's an abomination. But it's all past tense., I have to keep saying, well, this doctor said this, or if you read this study or if you look at the vaccine insert. But Zika happened real time.

[00:32:26] Del Bigtree
One of the fascinating things about Zika virus to me was all of a sudden, we had never heard of Zika, no one ever talked about Zika in America, and then overnight, every news station, Zika virus, Zika virus, all because roughly 3,000 babies were born with microcephaly in Brazil. The definition of microcephaly is, do I have it here? Essentially, the head and the brain do not develop correctly and they end up being small. So it's sort of a shrunken baby head, not to put it too crass. So 3,000 babies suddenly had small heads in Brazil and the world went nuts. What happened? Well, what I say to people is, when you get food poisoning, what is the first thing you ask yourself? You ask yourself, what did I eat last night? That's right. So when we have 3,000 babies that all of a sudden have microcephaly in a place that they've never had it before, we have to ask ourselves, what happened in Brazil in the last 9 to 12 months? Well, one of the things that I look at as a journalist, is several things. Zika virus. Let's talk about it just for a second. Zika virus has been around for over 80 years. Most of, you know, most of the outbreaks in South America and Africa that happened, we never saw microcephaly as a side effect, it wasn't an adverse event. It never really caused microcephaly as we know it.

[00:33:53] Del Bigtree
But then all of a sudden we're saying that Zika virus did cause microcephaly in Brazil, all of a sudden. So what that would mean was that the virus must have mutated. And what I found fascinating, and I ask doctors all the time is, how long does it usually take to prove that a virus has mutated? Because I remember, President Obama was asking for $1.8 billion to investigate this crisis down in Brazil because these mosquitoes were going to come up into America and shrink all of our babies heads. And we were terrified, we need $1.8 billion. Well before that, $1.8 billion ever even got approved, we started seeing headlines that said CDC proves Zika virus causes microcephaly. WHO, World Health Organization, Zika virus causes microcephaly. The science is settled. We did this in like less than three months. In less than three months, we were able, without the $1.8 billion that Obama was trying to get to the CDC and WHO, we were somehow able to do the studies and the autopsies to prove Zika was the reason these kids heads were shrinking. I tell you, there's no way, science doesn't move that fast. It cannot be done. You cannot prove unequivocally that this virus was causing microcephaly in less than three months, especially when you didn't have any funding. So what really happened? This was a scare tactic. This was yelling fire in a crowded room, except that it was the entire world.

[00:35:23] Del Bigtree
There were athletes that dropped out of the Olympics in Brazil because they were so terrified of getting microcephaly or having a baby with microcephaly because of the Zika virus. But what did I say a year ago? I made in that point, I made the point that, well, one thing we also know is that because the Olympics was coming, we decided to put a larvicide all over the waterways to kill the mosquitoes. We also used, there's a ton of agriculture going on down in Brazil, and we used pesticides and larvicides that these workers, they don't wear masks, they're being paid $0.05 a day. So we don't take care of them, they're walking, breathing this pesticide, inhaling it, and then they're having babies with small baby heads. Now, I'm not saying that pesticides cause Zika. I'm not saying that the Zika virus, I mean, that caused microcephaly, and I'm not saying that the Zika virus doesn't cause microcephaly, But what I was saying a year ago is there's no way that science has actually proved it. They've jumped the gun. Science is always the first one saying that, you know, it's anecdotal. It's anecdotal that your child got autism moments after getting the vaccine, that's an anecdotal response. Well, so is looking at 4 or 5 babies and testing them and finding out they have Zika virus and then saying, that's why they have a shrunken baby head.

[00:36:37] Del Bigtree
Science takes longer and it has to be more methodical and it wasn't here, and now this just came out, out of Brazil, the doctors are now saying that they believe what caused microcephaly and the outbreak in Brazil? It was the larvicide by Monsanto that's been poured on all of their waterways because they don't have good running water, literally in the water tanks that they drink from, in order to stop the mosquitoes from growing there, they poured pesticide and larvicide all over it. And what is one of the adverse events listed in the larvicide itself? Microcephaly. I mean, seriously, where was Sanjay Gupta on this? Where was the entire news media saying, well, shouldn't we be looking, how have we jumped all the way to saying that Zika virus mutated in Brazil? Why aren't we looking at the pesticides? There's also another issue we're going to look at, but first, I want to talk about this discovery with you. James, you were looking at this, right? You and I spoke right in the middle of this Zika virus outbreak. Now, suddenly the scientists down in Brazil are saying it's the larvicide. What's that going to do to the CDC and the WHO, who basically staked their name and their claim, saying that the Zika virus is what's causing microcephaly? What do we do? Are we just let this go away?

[00:37:55] Dr. James Lyons-Weiler
Actually, it won't do anything to them. I'm a cynic on the fact that it will do anything to their reputation because people aren't paying attention. But what we have in Brazil is a timeline that doesn't match the narrative at all. Zika virus came in with the World Cup tournaments, right? Brazil launched a nationwide vaccination program two years before, called the Stork Program, and microcephaly was found to start one year after that. So there's something going on there. And the public loves little snackable pieces of knowledge, right? It's either the, it's either the pesticide or it's Zika or it's vaccine or it's something else. But in reality, when you have a population that's exposed to so many multiple exposures, so many different factors, then you really have to wisen up and you have to start asking questions about interactions.

[00:38:53] Del Bigtree
Let me ask you this. Am I wrong? It took like three months, I think, for the CDC, like this, you know, Ken, is there any way you could prove that a virus has mutated and that it's causing microcephaly, is the, it's the singular cause? Could you do that? And I think they maybe did like one autopsy or something like that, and they didn't even test all of the babies for Zika.

[00:39:16] Dr. James Lyons-Weiler
Right. So the actual Zika infection in the, past Zika infection, evidence of past Zika infection, in moms who gave birth to microcephalic babies, would be the way to go, and that was missing. The data just weren't there. When they went to look at it, they couldn't find women, most of the women didn't have past Zika infections. And then, I can answer the question in terms of for a specific infant or a specific person. If I die from something and I've got encephalitis and they search for a virus, you can say this person died from this. So the baby's body that was shipped over to Belgium, that the autopsy was done....

[00:39:52] Del Bigtree
One baby.

[00:39:53] Dr. James Lyons-Weiler
One baby.

[00:39:54] Del Bigtree
One baby.

[00:39:54] Dr. James Lyons-Weiler
...may have had Zika in the brain and may have had microcephaly from Zika. So, you know, my institute actually looked at it. Zika is a flavivirus and there's other kinds of flaviviruses that are known to cause microcephaly. And we found some genomic elements in there, some parts of the way that the virus operates that could plausibly lead to microcephaly. But earlier you said, it went for 83 years from Africa, right? The Velvet Monkey, it was isolated from Velvet Monkey in Africa. During a scan of what viruses might harm humans, they injected human subjects with these viruses to find out if they will harm humans, believe it or not. That's how it got....

[00:40:33] Del Bigtree
Do you get paid for a study like that?

[00:40:35] Dr. James Lyons-Weiler
I didn't do it.

[00:40:37] Del Bigtree
Who would do that, yeah.

[00:40:37] Dr. James Lyons-Weiler
I didn't do it, it sounds familiar.

[00:40:38] Del Bigtree
Yeah, I want to be injected with some foreign African viruses.

[00:40:42] Dr. James Lyons-Weiler
Right. Live viruses just to see which ones. And so then it traveled all the way across the world, through Polynesia and Asia. My institute, we...

[00:40:51] Del Bigtree
I mean, they did all of this, and nowhere along that path did we see microcephaly.

[00:40:54] Dr. James Lyons-Weiler
We didn't. We saw maybe a hint of microcephaly in Polynesia. We looked at the genomic sequence and we found is a mutation that's specific to Zika, but you ask, does that prove that a mutation could then lead to microcephaly? No. The burden of proof is much higher than that. You have to take that mutation, put it into virus, and have another virus that doesn't have it, do animal studies and see. That takes time, you're right about that. The sheer level of evidence, the thin layer of evidence, and then say to the whole population, you know, this is what's causing. The data weren't there.

[00:41:25] Del Bigtree
And on top of that, not only did, so the moment the CDC and the WHO said, we all got to be terrified of Zika, Zika must be stopped, cities, Miami, New York City, you know, Houston, these cities started spraying pesticides and probably larvicides all over their population of their pregnant women in order to stop the mosquito....

[00:41:46] Dr. James Lyons-Weiler
So New York City started spraying for these mosquitoes when there was not a single case of Zika in New York City, using a pesticide that in the state of New York, by a University of Cornell study, was found to increase the risk of autism.

[00:42:00] Del Bigtree
Wow. I mean, sometimes I swear I'm like, is this nation being run by third graders? But there was also another issue, and I brought it up, we didn't get it in the video, but later on in that discussion a year ago, I brought up one other thing that I thought was really interesting. What did I say? When you have food poisoning, what'd you eat last night? Well, we know we were using pesticides. There was also one other development that nobody in the media wanted to cover, and that's that Brazil had recently, just about a year earlier, had mandated the DTaP. Is that right, DTaP?

[00:42:31] Dr. James Lyons-Weiler
Tdap.

[00:42:31] Dr. James Lyons-Weiler
Tdap. Tdap vaccine for all pregnant women. So once you're pregnant, you've got to get a Tdap vaccine, that's tetanus, diphtheria, and acellular pertussis. Now, this has never been tested on pregnant women, but now every woman that got pregnant in Brazil had to get this vaccine, and suddenly that year, all of a sudden we had this outbreak of microcephaly, you know, heads that hadn't developed in roughly 3,000 babies. Now, I'm not saying again that the Tdap vaccine causes microcephaly, but what I want to know is how did that, how was that never a part of the discussion? I never saw CNN mention it. MSNBC, Fox. I mean, as a decent reporter, look it, it should all be on the table, as a decent scientific body, it should have all been on the table. We're all in this assumption that the world's scientists are working with each other. You're brainstorming, you're throwing things against the wall, what sticks and stays. We're throwing it out, let's get outside the box, we have a crisis here. And yet to me, what would have been one of the most obvious elements was never even on the table. Am I wrong?

[00:43:37] Dr. James Lyons-Weiler
You're not wrong. In fact, during the outbreak of microcephaly, during the increase of microcephaly, I called Suriname. There was Zika infection throughout the country, no increase in microcephaly. I called Colombia. Same story. When I called...

[00:43:53] Del Bigtree
So Colombia had Zika all through their pregnant women, not a single shrunken baby head. So not only was the virus mutating, somehow they built a wall around Brazil, these mosquitoes, and they kept themselves and their mutation only in Brazil.

[00:44:06] Dr. James Lyons-Weiler
Right. So then when I called....

[00:44:07] Del Bigtree
Crazy. Well, I'm not making this up. I know you're saying, this guy's a crazy man. He's a lunatic. You're writing it right now. And by the way, if you're watching one of those trolls write it, today is Love your Troll day. Pass them some love, tell them we thank them for being here, but this is actually science we're talking about.

[00:44:23] Dr. James Lyons-Weiler
So when I called Brazil, I got in touch with a woman scientist called Dr. Waldid De Levara Diaz. So Dr. Diaz was kind enough to communicate with me by email, and I asked about the pertussis problem and as a disease circulating and I asked about the vaccination program. And she told me that they had used whole cell pertussis, not Tdap, not DTaP, whole cell pertussis.

[00:44:51] Del Bigtree
DPT.

[00:44:52] Dr. James Lyons-Weiler
Whole cell. So just straight-up, whole cell, went on the poor women in the slums of northeastern Brazil specifically because they couldn't afford the fee to go in the clinic to get acellular. Now, geographically, the microcephaly was clustered right in that same area.

[00:45:09] Del Bigtree
Same area.

[00:45:10] Dr. James Lyons-Weiler
Same area. So....

[00:45:11] Del Bigtree
Let me just insert, DPT, by the way, we used to use the DPT vaccine. A lot of people say that's actually why we created the Vaccine Injury Compensation Act because it was, there were so many lawsuits because of the dangers of that vaccine, kids were having a really, really bad time....

[00:45:27] Dr. James Lyons-Weiler
It certainly is why we have acellular pertussis.

[00:45:28] Del Bigtree
...and we developed acellular pertussis. Explain that. So you had a whole cell pertussis that was really dangerous. We recognized it, we said we got to change this vaccine. Too many kids are being destroyed by it. What is acellular pertussis mean?

[00:45:41] Dr. James Lyons-Weiler
Acellular pertussis is a component of it, it's a fractionated component of it. It's not the, it's not the entire organism. So the pertussis organism has proteins that match human proteins, and you get an autoimmune reaction or you get maternal immune activation. You mentioned earlier that pertussis vaccines weren't tested during pregnancy. They were, but the outcomes on the babies and the fetuses were not tested. The outcomes on the parents, on the mom was tested, so yeah, and some of the outcomes on the mom included something like a 20-something percent increase in fetal death. And so the CDC published that and it was not a big deal.

[00:46:20] Del Bigtree
That's fine. This is okay.

[00:46:21] Dr. James Lyons-Weiler
Not a problem.

[00:46:21] Del Bigtree
Yeah.

[00:46:22] Dr. James Lyons-Weiler
So if they're using holes, I talked to Dr. Diaz in Brazil and I said....

[00:46:27] Del Bigtree
I mean, this vaccine is essentially outlawed in America, but now we're taking DPT wholesale and giving it to poor women in the exact area where....

[00:46:34] Dr. James Lyons-Weiler
Experimenting on poor women in Brazil. It's on the health ministry website there, that they're doing this, and they see this uptick in microcephaly and everyone gets scared. That was that year. The next year, they still had the same increase in Zika virus infection that happened seasonally, no increase in microcephaly. Something changed. And this was before they took the pesticide out, Del. So if they changed the vaccination program, that would answer the microcephaly.

[00:47:04] Del Bigtree
And you'd already reached out, you'd told them that they shouldn't be using the whole cell, this doctor, you said don't be using the wholesale pertussis, we got rid of it.

[00:47:11] Dr. James Lyons-Weiler
I didn't tell her that, I said, you do realize that there are anecdotal stories from North America that the wholesale pertussis was causing microcephaly, and she got a little bit defensive and reminded me how terrible pertussis is and it's important to get it under control. But to her credit, she came back around and was discussing things further with me. It's an open book, I've sent you the emails, and we wrote up a manuscript, a group of seven scientists and I wrote up a manuscript, and it explained all of this with a timeline. And I submitted it to PLOS One thinking, oh, you know, they might actually publish this. It was returned without review because they found it too complex.

[00:47:52] Del Bigtree
Too complex.

[00:47:53] Dr. James Lyons-Weiler
Too complex.

[00:47:54] Del Bigtree
It didn't fit on a bumper sticker the way Zika causes microcephaly fits, so therefore we can't publish it because scientists wouldn't read the journal and be able to understand it. I mean, these are the crazy things that happen. So you're kind of new to this. I mean, there's people that have been, you know, I mean, first of all, everyone's lumped into this anti-vaccine, you know, group, and I actually, I heard you, and I've been using your statement, which is, we're really into vaccine risk awareness.

[00:48:20] Dr. James Lyons-Weiler
Absolutely.

[00:48:21] Del Bigtree
Right. I mean, that's really what we're all doing here. That's what brings us all together. Some people, you know, are totally anti-vaccine, will never vaccinate. Doesn't matter if Ebola is running rampant through the country.

[00:48:30] Dr. James Lyons-Weiler
And they're entitled to that.

[00:48:31] Del Bigtree
And they're entitled to make that choice and take that risk. But there's a lot of people that are being grouped into this that just simply maybe don't want another booster of Tdap. Feel like, hey, my kids got the titers, I don't need it, or they want to space them out. Just many, many different places. But what brought you into this? I mean, I'm assuming you're a scientist, you're a doctor. Were you at one point just pro-vaccine, head over heels about these things?

[00:48:53] Dr. James Lyons-Weiler
Oh, yeah, I used to lecture my sister, who was a born-again Christian, about how she was going to destroy the world by not vaccinating all of her children, you know? And she's forgiven me, like Christians do. I'm an evolutionary biologist, and so. You know, that was when I was younger, and then when Ebola took off, right. I wanted to understand what was going on, so I decided to write a book on Ebola, and I chronicled the events. I mean, it was October, I started writing in November, I got a book contract right away. And I started doing research. And one of the first things that tipped me off that something was wrong with the CDC was, I was studying 696 mutations that existed in the virus in Ebola in Zaire, not in Zaire, in Guinea-Sierra Leone and Western Africa. And I had them on my laptop while Tom Frieden, the ex-CDC director, who was apparently asked to leave...

[00:49:45] Del Bigtree
Was director then, though.

[00:49:46] Dr. James Lyons-Weiler
Director, yeah, then, was testifying to Congress under oath, and I think it was a Republican senator asked him, what's the probability, now that Thomas Eric Duncan has come here and brought Ebola and we have another doctor that came and he had Ebola, of an outbreak here in the United States, and Frieden said something that was totally unexpected, I couldn't believe my ears. He said he was confident there would be no outbreak of Ebola in the United States unless there was a mutation in this virus, and there are none. And New England Journal of Medicine had already published these mutations, and I was studying them to see if there were any functionally significant mutations that could change. Maybe this would explain why, excuse me, maybe this could explain why Ebola was spreading so fast. And then I was on a secret White House conference call where they got the scientists of the country together and said, people respect you. Why in the world, you know, would anybody listen to you? You got to tell them what CDC wants you to say, basically. And they offered some questions at the end, they took some questions at the end. The first question was from a sociologist who said, we've been studying these cultures and these civilizations, you know, these countries, sorry, and how these societies work for the past 75 years, you know, and a lot of it's funded by NSF.

[00:51:05] Dr. James Lyons-Weiler
Why didn't you come to us and talk to us about how to approach these people rather than show up in your spacesuits and scare everybody? And so I got to ask a question, I asked the question, could somebody explain to me whether any of these, you know, mutations that are published in New England Journal of Medicine, did they functionally change the virus, does that explain why it's spreading? And the answer that I got came from a guy named Stuart Nichol at the CDC, and he said that I was obviously misinformed and that there were no mutations in this virus, it was 99.9999% similar to the virus in Zaire from 1995. Absolute untruth. That's when I knew there was something wrong with the CDC. And then I found out later in writing a chapter in my second book, Cures Versus Prophets, I was writing a chapter on vaccines, vaccines, I was celebrating the biomedical successes of our civilization, our society. And the first part of the chapter reads like this. Vaccines are great. They save millions of lives. They're very safe and effective. Oh, by the way, Andy Wakefield. And then I stopped. And I said, whatever became of Dr. Wakefield? And I started doing some research....

[00:52:12] Del Bigtree
Right, cause if you're talking about vaccines, you've got to bring up Andy Wakefield because this is the one doctor on the planet that's ever existed that said that vaccines may be causing autism.

[00:52:20] Dr. James Lyons-Weiler
And it's the only study ever published.

[00:52:22] Del Bigtree
Right.

[00:52:22] Dr. James Lyons-Weiler
Not the 2000.

[00:52:23] Del Bigtree
It's the only study...

[00:52:24] Dr. James Lyons-Weiler
Not the 2000 other studies, right.

[00:52:25] Del Bigtree
The one study that ever showed this has been debunked, that's what you've all heard. But you looked into it.

[00:52:30] Dr. James Lyons-Weiler
Yeah, I dug into it quite extensively. And I decided in writing that book, if I found something that was untoward, I would just chronicle everything. And so the rest of the chapter is just kind of like me falling down the rabbit hole, into the fact that, you know.

[00:52:43] Del Bigtree
So in real time. So we watch you starting out all pro and then your chapter changes as you're investigating it.

[00:52:48] Dr. James Lyons-Weiler
Yeah. The CDC actually omitted data. Brian Hooker's p-values were identical to the original p-values from CDC's data. You know, I listened to the videos and the transcripts, I sent in the manuscript, and then your movie came out, Vaxxed, the movie came out. And I said, wow, this is going to be huge. So that's a chronicle of, you know, a scientist's journey from ignorance. And that was about three years ago, I was writing that chapter. And so, you know, the CDC committing fraud, in study after study. Thompson didn't just say the DeStefano paper was fraudulent, he said that they repeated it in many other studies. And so as a scientist, I can go and I can look, trained to do multivariate statistics, are they using covariates correctly? It's just gibberish to the general public, but are they doing the analysis correctly? And what they would do, study after study would be to analyze the data one time, find association, and then spend a lot of time trying to cook the data until the association went away.

[00:53:45] Del Bigtree
I'm glad you brought that up because this is a question I have all the time. I mean, you know, we see these studies, and sometimes they tell you it happened. To me, shouldn't a scientific study have to be totally transparent? Shouldn't you have to be able to say, we first found this in the study, we found that that there was an increased risk of autism in, you know, in Chinese women, or whatever it ends up being, you know, and say, we found that. But then we ran and we said, well, we looked at other, you know, different co-founders or, you know, confounders, things like that, and then we removed it by running this different process. But we should have seen that there was this spike, and then we see the process of how they got rid of it. A lot of times these studies never show you they found it, you just find out the results after they jiggered and reworked. But here's my question. Time and time and time again, these studies early on see increases in autism. And then they always say, like in the last flu shot, there was a study in JAMA that was looking at the flu shot given to pregnant women. And it actually says in the paper, there was an uptick in autism when the mother got the vaccine in the first trimester, but we were able to use scientific computation to get away with it. Here's my point. Isn't it, I mean, isn't it outrageously coincidental that the very thing you don't think exists, that autism being caused by autism, keeps appearing, like it keeps popping up in every one of these studies? I mean, that's not random.

[00:55:18] Dr. James Lyons-Weiler
We call that validation.

[00:55:19] Del Bigtree
I mean, it has to be validation. You can't keep explaining away the same problem that's appearing in every single one of your studies.

[00:55:26] Dr. James Lyons-Weiler
Now, people are going to disagree with the characterization of what we're talking about because they're going to say, well, obviously Dr. Lyons-Weiler doesn't know how to appropriately use covariates. You have to control for confounders and everything else. But the serious problem here is if you control for something that is a co-factor, that with vaccines, interacts with vaccines and contributes to it, and you remove that variation, but don't report the interaction. So I've got them busted there. Look at my seven major flaws in this Erbo study article on Age of Autism, it's all there.

[00:55:57] Del Bigtree
Really quickly, we're running out of time. So you have IPAC. What is IPAC and what are you guys up to and what should we be watching out for?

[00:56:04] Dr. James Lyons-Weiler
Okay, so IPAC is the Institute for Pure and Applied Knowledge. We do a pure public charity, we only exist on public donations. It's a pure public research institute. We do biomedical and other research without profit motive, it's written into our bylaws. So I can't have any profit motive in what I do. Nobody's, no scientists working for me can.

[00:56:23] Del Bigtree
What a, what an idea, right?

[00:56:25] Dr. James Lyons-Weiler
Well, that's what I like to do, I just like to know things, right. What you should be looking for are studies in HPV pathogenesis. Which ones of those HPV strains out there, types out there actually share specific features with other kinds that cause cancer, and so we're trying to map out the future. There's two conferences I'd like to mention. One is in Spokane, that's this coming, Spokane, Washington, Saturday. We're doing that with...

[00:56:50] Del Bigtree
This Saturday?

[00:56:51] Dr. James Lyons-Weiler
This Saturday.

[00:56:51] Del Bigtree
This Saturday, Spokane. Washington.

[00:56:53] Dr. James Lyons-Weiler
Right. We're running an all-day conference with Informed Choice Washington, a great organization, extremely informed citizens, some of the most informed citizens who are supporting informed consent, which I support, strongly.

[00:57:05] Del Bigtree
You should have a choice.

[00:57:06] Dr. James Lyons-Weiler
Right. That's going to be a great conference all day. And then in mid-June...

[00:57:10] Del Bigtree
How do we find it? Is there a website we can go to or.

[00:57:12] Dr. James Lyons-Weiler
Yeah, if you go to the IPA, IPAknowledge org or just put in the Institute for Pure and Applied Knowledge and put in Washington, you'll find it, google it. It's The Future of Immunity Conference. And then in June we have the Vaccine Safety Science and Science Integrity Conference. It's the first of its kind ever. It's not run by WHO, it's not run by CDC, it's run by my little institute, okay. We're bringing in some of the best speakers from around the world. We've got Gotti, Doctor Gotti from Italy, who found micro contaminants in vaccines, she's going to come and tell us what that's all about. We have Mary Holland coming, and speaker after speaker is just going to tell us everything. That's June 15th, 16th and 17th. The big day is the 16th. So come down to Pittsburgh, have a great time. There's plenty of things to do and we'll we'll learn together.

[00:58:01] Del Bigtree
Well, I really appreciate you joining me today. Obviously, we could have gone on for hours. It's really great to have a scientist in here because as I've told you, this show is not about, I didn't pre-interview James Lyons-Weiler here. I want you to see how I come to my understanding. I go and visit doctors. I visit scientists, and I ask them questions and I try and get to the bottom of the information for myself. That's how I learn. I read the real study. I meet the real scientists. That's how I come up with my information. I'm not spouting bumper sticker slogans. And if you are, if you say he's lying because you've heard it, you've heard doctors say vaccines are safe and effective, please do your research, get out there, read the study. They're right there. You don't you mean, I mean right there.

[00:58:41] Dr. James Lyons-Weiler
I have one thing to add, Del.

[00:58:41] Del Bigtree
Yeah.

[00:58:42] Dr. James Lyons-Weiler
Any scientist in the United States that's capable of understanding multivariate statistical analysis, if they're, if they hear this broadcast or if they've watched the movie VAXXED, they have a moral imperative to look for themselves. They know better than the population. And, Del, how could scientists get a hold of you to come on the program?

[00:59:00] Del Bigtree
Well, I mean, you can go, obviously, just if you're watching right now, you can lock onto our Facebook and you can just go ahead and say, I want to be on the show, and we'd love to have you on the show. I'd love to hear from the other side. We could have you back on and have a debate. Look it, this is something we should be debating. Obviously, real scientists are coming to different conclusions than the CDC is giving you. We have corruption everywhere. It's your job to investigate. All of the things I told you about HPV were actually just wrapped in the insert themselves. You can open it up. It's not hard to find. You can go online and say, I want to read the HPV insert, vaccine insert, and it'll tell you about its placebo studies. It'll tell you, you know, a lot of this information. Some of it you have to do the math yourself. I mean, they won't tell you that we killed 30, you know, kids right up front. But that is what you do. You go and you do the investigation. Now, look it, it's about choice. Where there's a risk, there must be a choice. HPV is really, really hurting a lot of kids. Go on YouTube and just say HPV injury. I want to tell you that we're going to keep investigating. I care about everybody. If you want vaccines, you believe in vaccines, I want them safer for you. We're all in this together. We all need to be, you know, dealing with science. Real science is simple. Simple placebos, saltwater tablets, you know, saltwater injections. Why are we making it complicated? That's what we have to ask ourselves. Why did they need to put a poison in a placebo study for the most popular vaccine of our time? Ask yourself that, and then come back next week on Thursday for HighWire. We're going to be here every Thursday, 11 a.m. Pacific Time. Thanks again for joining us.

END OF TRANSCRIPT