[00:00:05] Del Bigtree
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[00:00:50] Del Bigtree
Good morning. Good afternoon. Good evening. Wherever you are out there in the world, it's time to step out onto the Highwire. For years and years, many of us have really wanted to trust the science and believed that, brand new products that were going to be released by the FDA or the CDC would go through massive testing, billions of dollars of R&D would be involved. But what if you started finding out that the FDA and the CDC were spending much, much less money on the actual science around the product and a lot more of it on the propaganda selling it, That appears to be what's happening with the new Covid booster that they could only afford to test on ten mice, but they could all hit the radio waves to say this.

[00:01:32] Male News Correspondent
New vaccine booster shots could be available next week.

[00:01:36] Female News Correspondent
The CDC has issued its recommendation for the updated Covid booster.

[00:01:41] Female News Correspondent
The CDC recommended this evening that all Americans six months and older should get a new booster.

[00:01:47] Male News Correspondent
Moderna and Pfizer say their new vaccines appear effective against the new BA 286 variant, which has appeared in Michigan, New York, Ohio and Virginia.

[00:01:57] Dr. William Schaffner, Vanderbilt University School of Medicine Infectious Disease Professor
What this booster will do is protect us against severe disease, hospitalization, and the data so far indicate that the booster is well matched to those strains.
Robust,

Del Bigtree

Well, offering backed are the

Hey, Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

DeSantis recommends goes widespread but

[00:02:59] Dr. Ashish Jha, Former White House Covid Response Coordinator

I going I Dr. Natalie Azar

Kathy Hochul, Governor of New York would

[00:02:37] Dr. Ashish Jha, Former White House Covid Response Coordinator

found 50 CDC informed annual year.

To everybody.

[00:02:10] Dr. Ashish Jha, Former White House Covid Response Coordinator

going I Dr. Natalie Azar

we're obviously, to you making decision, something different. That's Cohen says, this is backed by robust data and science and information when we know that ultimately this current booster, if you will, but especially look, I mean, I think the fact that they want to call it a new vaccine means actually it should probably have more testing. If it's not just a booster of what we've seen before, it's something different. It's made for this year. And what are we talking about? Something like ten Mice was the study that was done on it. And you've done a lot of research in science, in medicine. That's part of your background. Do mice actually like, are they a good representation for human beings when it comes to efficacy and safety of a vaccine? If it's good for mice, is it good for the gander, as they say?

[00:05:11] Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

Because sovereignty matters. Because data and truth matter and because people have every God given right to make decisions that are informed and not by coercion and not by misdirection and not by making things up and twisting the language so that, yes, they're backed by clinical trials, as the director of the CDC said, but with clinical trials, not ones of the products that your doctor is then offering you in the office. There's there's a lot of sleight of hand and dishonest communication that is being used to get people to make to do not even make a decision, to make the decision that they want you to make, which is not proper.

[00:00:10] Dr. Ashish Jha, Former White House Covid Response Coordinator

If you get Covid after getting vaccinated, it's going to be much milder. You're less likely to miss work. You must less likely to miss school. Second, you're less likely to spread it to others. So maybe you're not high risk. Maybe grandma is.

[00:02:22] Mandy Cohen, Director of the CDC

This recommendation was based on extensive data and clinical trials as a doctor, a mom, a wife, a daughter, and head of the CDC, I would not recommend anything to others that I wouldn't recommend for my own family.

[00:02:44] Dr. Natalie Azar

I think we're going to start hearing the terminology changing as well, Chris, rather than calling things boosters, I think that the CDC is going to try to communicate that this is going to turn into possibly an annual vaccine, much like the flu shot.

[00:02:59] Dr. Ashish Jha, Former White House Covid Response Coordinator

Your annual flu shot. And so it's time for your annual Covid shot. Get them together. It makes the fall, the winter, the holidays just much safer, much better for everybody.

[00:03:10] Del Bigtree

Well, obviously, we've reported a lot about the Covid vaccine and the booster shots. We have been critical of the science behind this, but we're not alone. A recent post coming from the Health Department in Florida, written by Surgeon General Joseph Ladapo, said the CDC and FDA continue to push Covid vaccines that are not backed by clinical evidence, but blind faith alone with zero regard for widespread immunity. The American people deserve the truth, but the Biden administration only wants to control your behavior. It goes on to say in this letter, Based on the high rate of global immunity and currently available data, the state surgeon general recommends against the Covid 19 booster for individuals under 65, individuals 65 and older should discuss this information with their health care provider, including potential concerns outlined in this guidance. And, of course, the mainstream media that tends to side with the pharmaceutical industry almost 100% of the time has had some shocking headlines on this. New York Post "Florida Surgeon General Goes On Anti-vaccine Rant Against New Covid 19 Booster." Other headlines "Former Florida Surgeon General rebukes DeSantis Administration's claims on Covid vaccines," "Florida's Big Lie on vaccines, a scary preview of how GOP would run America." Well, it is my honor and pleasure to be joined now by the author of Transcend Fear A Blueprint for Mindful Leadership in Public Health, Dr. Joseph Ladapo. Dr. Ladapo, thank you for taking the time to join us today.

[00:04:44] Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

Hey, thanks so much, Del.

[00:04:46] Del Bigtree

Now, I know it's not lost on you that putting out this recommendation from from the health department in Florida would be met with some pushback. So why do it? Why put yourself in that level of controversy? As far as I know, you're the only surgeon general in in the 50 states, the United States of America, coming out and making a statement against getting the Covid booster. So why do it?

[00:05:11] Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

Because sovereignty matters. Because data and truth matter and because people have every God given right to make decisions that are informed and not by coercion and not by misdirection and not by making things up and twisting the language so that, yes, they're backed by clinical trials, as the director of the CDC said, but with clinical trials, not ones of the products that your doctor is then offering you in the office. There's there's a lot of sleight of hand and dishonest communication that is being used to get people to make to do not even make a decision, to make the decision that they want you to make, which is not proper.

[00:06:06] Del Bigtree

I found it shocking, too, when Mandy Cohen says, this is backed by robust data and science and information when we know that ultimately this current booster, if you will, but especially look, I mean, I think the fact that they want to call it a new vaccine means actually it should probably have more testing. If it's not just a booster of what we've seen before, it's something different. It's made for this year. And what are we talking about? Something like ten Mice was the study that was done on it. And you've done a lot of research in science, in medicine. That's part of your background. Do mice actually like, are they a good representation for human beings when it comes to efficacy and safety of a vaccine? If it's good for mice, is it good for the gander, as they say?

[00:06:54] Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

Well, don't forget, Del we're not just talking about mice. We're talking about ten of them here. Right.

[00:06:58] Del Bigtree

Robust, huge.
[00:07:05] Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

This whole thing, it's really it's like a it's just like we're in a in a parallel dystopian universe. I mean, the whole thing is completely ridiculous. You know, the notion that clinical trials that were performed three years ago when there was no immunity and we were dealing with a very different form of the vaccine pardon me, of the virus in terms of its virulence, how sick it was making people is somehow applicable to where we are now, when some people have already gotten more than half a dozen shots and the landscape is completely different. I mean, that is just completely ridiculous. And you don't need to go to medical school or have a PhD to be able to see that one for what it is. It was possible to do clinical trials. Covid is always around. It was completely possible to do clinical trials, but somehow the CDC and the FDA did not force pharmaceutical companies to do that. And now they want to have people believe things that there is no evidence for. And I just want to add one other thing about this guidance that we put out here in Florida. Yes, we don't recommend it for people under 65, but we don't encourage it for people over 65 either. There's so much uncertainty and at least at older ages, you can have more of a discussion. But it's it's really it's not a product that based on its safety, really, that anyone, in my opinion, should be taking.

[00:08:38] Del Bigtree

You said a lot of science in your letter. There's a bunch of studies on this. In your opinion, if someone's going to be talking to a friend or a relative about this issue, what would sort of be the top three points that you think your average person should get across about this booster, the science behind it? Or what do you think is where do we start with this conversation when we say maybe you want to do a little bit more investigation?

[00:09:03] Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

We can talk about how cute the mice are. That would be one place to start. But after that point number the remaining points would be. First, it is really so many people think that there are clinical trials for these for these boosters. They do not exist. There are no clinical trials that inform their safety or their efficacy, let alone the tiny, minuscule clinical trial data we do have from Moderna. There were safety events and we don't even know what those were. So there's no clinical trial data for these about safety or efficacy. People need to know that I mean, so many people who are in doctor's offices receiving it do not know that. The second is that there appears to be a concern about negative vaccine effectiveness with a biological route. And what that means is that now there are multiple studies that show that individuals who receive the vaccine studies from all over different countries, different parts of the world, that people who receive the vaccines are eventually at an increased risk of contracting Covid 19. This is completely abnormal. It's never been acknowledged by the CDC or the FDA, and that's wrong. Multiple studies now are showing this. It's unclear. I really do believe it's probably a biological effect. I don't think it's a it's a it's an analytical finding or an anomaly. I think it actually is a very real finding with with implications for health. That's a that's another important, important point.

[00:10:38] Del Bigtree

And to be clear, we've been looking at the Cleveland Clinic study on exactly that, which was done on doctors and nurses. Cleveland Clinic, I think, knows what they're talking about. They reported a negative efficacy and increasing with the amount of vaccines, the more vaccines they received as doctors and nurses, the more likely they were to be infected versus not getting the vaccines at all. So those are really troubling findings. And it is shocking to have Cleveland Clinic. I think one of the top research facilities in America and the CDC and FDA refuse to even acknowledge that study and all the other ones you're talking about. So, it's right there. It's right. It's right under our noses. And yet the CDC acts like they're they're sticking their hands. They are sticking their heads in the sand.

[00:11:20] Dr. Joseph Ladapo, MD. PhD, Surgeon General of Florida, Author, Transcend Fear

It's that it's that is absolutely true. And Del it's just it's another example of how the norms, things that really should happen that aren't happening are somehow being continuing to happen. And forgive me for the eloquence there, but it's just it is you know, it's eventually well it'll be at a point where it will be obvious that so many things that shouldn't have happened happened and somehow people allow them to happen. But we're not there yet, at least not widely enough. I do think more Americans do recognize that something's going on and they're not getting a straight story. But still, you've got the FDA and the CDC doing these things. And then the third point I would say Del is that something else in that guidance is the fact that this subclinical myocarditidis, we don't understand it. Well, now there are at least two studies that show it's quite common. You know, we're talking two, three, 4% of people potentially higher. And while the studies that have been performed show a low level of inflammation, they're actually not optimal studies because these studies are catching the inflammation when it's on the way down, which is to say that we don't know how high the troponin peaks. That's the that's the protein. That is the measure of cardiac inflammation. It is so obvious that that needs to be studied. It's spellbinding. It's unbelievable that that's not being studied. It's completely normal, this finding. And again, something that the FDA and the CDC are totally silent on. So it's it's upside down. It's twilight zone. But Americans absolutely have a right to be able to make an informed decision. And you can't do it when they're showing it down your throat and not giving you a full picture of the of the risks.

[00:13:20] Del Bigtree

It's really amazing. My last question, because I know you're on the run. You're busy. I really appreciate the time. When you see these headlines attacking you and, I do some of these interviews, too, but you're doing these interviews. Is just are they impervious to reason? How do the journalists you're talking to listen to a study of ten mice feel confident that they can attack you on being against that robust level of science?
Dr. Joseph Ladapo, MD, PhD, Surgeon General of Florida, Author, Transcend Fear

Right. Right. I'm the unreasonable one, right? Not the not the billion billion dollar drug companies that are that are trying to pass on ten mice as evidence that something's going to make you healthier. Yeah, I actually it's interesting because my wife and I, Brianna and I talk about this. And I think we are at a point now where there really just seem to be some people who are completely impervious, completely impervious to reason to to thought, to data. And I hate to say it, but I'm not I don't I don't think that there's I don't think that there's much hope for those people at this point in the in the post pandemic period. Fortunately that that that that movable middle, if you will, since the beginning of the pandemic that move movable middle has only gone one direction. Right. They've only gone from either believing or doubting the FDA, CDC and all the doctors on television to to to solidly doubting it and even believing data and believing arguments that seem to be coming from a more benevolent place, a place that's looking out for your interests rather than for some agenda or for profits. And those people are moving and they keep moving. And I don't think we're going to see much uptake. And I'm glad to say it because and I'll be glad to see it, because these are really terrible products that that shouldn't be absolutely shouldn't be in human beings. And the safety news, I'm sure, is only going to get worse.

Del Bigtree

Well, I appreciate that Under the circumstances that you are speaking out, you're in a position of both knowledge, contact with the science. You're aware of it. It's a part of your background. And you're using a very important pulpit, I think, to bring the truth out. So thank you for your courage, thank you for your great work. And I know that it's one of the reasons why all we see is just red tail lights pouring into Florida as more and more people are moving to a place that still believes in freedom and certainly freedom of choice and body autonomy. Dr. Joseph Ladapo, thank you for taking the time to join us today.

Dr. Joseph Ladapo, MD, PhD, Surgeon General of Florida, Author, Transcend Fear

Thanks so much, Del.

Del Bigtree

Alright. Take care. Alright. We'll have a huge show coming up. And as we're talking about, it's one thing that thing doesn't work at all or even worse, causes you to be more infected more often, as is the case in all these studies of the negative efficacy. But if that was the only problem I know, I guess it would be okay to go out and make yourself more vulnerable to the virus. But what if it's causing cancer? Or even worse, turbo cancer? I'm going to speak to an oncologist that has been looking at these cases around the world, and he's very alarmed. Dr. William Makis is coming up in just a few moments. But first, it's time for the Jaxen Report. It's amazing. Jeffrey as we sit here, you know that anyone can believe in the science. I mean, we know that the CDC and the FDA confidence in these regulatory agencies are at an all time low. But seriously, to stand in on television and say it appears that this is going to be good against the virus from you, ten mice or our thoughts are it's just it's literally science has been reduced to wishful thinking.

Jefferey Jaxen

Yeah, it's interesting because Dr. Mandy Cohen came in from North Carolina to lead the CDC in the wake of Rochelle Walensky. And her job was to bring back integrity, bring back trust. And it doesn't appear that that's really happening. And let's build on some of the things that Dr. Ladapo just just stated. Let's take a deeper dive into this booster. We've been covering these booster releases now for over a year. They're basically chasing variants at this point, and they're always late. They're always late to the punch. Let's go to the collateral global.

Del Bigtree

Which is, by the way, is exactly been the problem with the flu shot right. So now we have two shots that will probably be less than 10% effective as people. Again, same thing, just chasing the new variant and getting it wrong almost all the time. So. So now two of those terrible vaccines.

Jefferey Jaxen

Low efficacy, can't test the safety data when you're uploading these new variants in there in time, as we saw with this booster. So we go to Collateral Global. This is an outlier. It's been doing some great reporting. This is the headline here. "Cdc goes it alone with universal Covid booster recommendation." So the CDC's position is a global outlier. So they're contradicting the European Union. They're contradicting the W.H.O., who who's guidelines are only focusing on high risk individuals. So we're now the US is now a global outlier. And you can see in that news package at the top of the show, they're trying to massage this message now and saying they're not going saying this is the sixth booster, this is the seventh booster. They're not using numbers anymore because obviously when you start saying that, the question is why so many boosters isn't this thing working? So they're saying, hey, just like the flu shot, you're just take it maybe in the same arm if you want to. It's just a yearly shot because covid's always with us. And you have Ashish Jha. He's really the point man for this. He's out there. He's the former White House Covid response leader. He's out there saying this this new booster will reduce hospitalizations. It will keep you from having long Covid. The likelihood you won't spread the vaccine, the transmission, none of this. So he looks like a doctor. He has the credentials of a doctor, but he's not talking like a doctor because it's not it's not supported by science, as Dr. Ladapo just said. So let's jump right into Acip. So this advisory committee on Immunization practices, the Acip committee, and this is the CDC committee that's responsible for making these recommendations continually on these booster. Let's go right to their slide deck that they were looking at when they presented this data and they voted 13 to 1 to push this booster out on six months and older.
Jeffrey. Let me just take a second because I know we have a brand new audience here to understand what we’re talking about when we talk about the advisory Committee on Immunization practices. Everybody, we all know the FDA, the CDC, the FDA is the one that decides if a product is safe enough to be on the market at all. Like does it even get to be on the market? So that’s the FDA does they have a body of professional scientists and doctors are supposed to be objective that come in to look at all the science being presented by the manufacturer and saying, you know what, it looks like this thing works. We’ll put it on the market. Then it moves over to the CDC. And the CDC has a similar advisory committee of professional scientists and doctors that take in all of the again, Pfizer or Moderna or these three companies manufacturers will make the product. We’ll talk about all the great things it does and tell us that the science they did made it look like it’s really effective. And these ten mice show us that this product’s going to be really effective. And then that committee then takes it all in and they vote. And that vote goes then to the body of the CDC. They can overturn it. They never do. They go with whatever that advisory committee is. So that’s what we’re talking about. What are they voting on? The Acip, this group of scientists all sat and listened to Pfizer or Moderna or whoever the products made by and all that they claim the vaccine could do. And then they decide if they’re going to add it to the recommended schedule by the CDC to either children or adults. Alright. So that’s what we’re looking at. I just want to make sure that everyone understood how this works.

Jefferey Jaxen

Yeah. And for the public who probably isn’t really paying attention too much of that stuff, it really pops through the surface. When Acip gives it that thumbs up, that’s when the handoff happens to the newswires. That’s when the politicians pick it up in each state and start saying, This thing is recommended. That’s when the schools pick it up, put it on the schedule. So for admission in schools. So this is where it really breaks through and gets some some traction in the public space. So let’s go to the slides, some of the slides that they’re looking at. And this one in particular, a lot of people are talking about in that in that green box right in the middle, it says per million doses in 12 to 17 year olds over six months, they’re saying the estimated Covid 19 hospitalizations prevented versus potential. Myocarditis cases for every million doses. So you have per million doses from 12 to 17 years old. 0 to 1 deaths per prevented. Okay. So it’s that’s interesting because you’re giving a million doses and they’re saying in that dose range, we’re going to prevent 0 to 1 deaths. So which is it? Because those are that’s a big gap between we’re not going to prevent any deaths or we’re going to prevent one. That’s a huge conversation.

Jefferey Jaxen

Look at all those numbers. I mean, honestly, folks, look, look, let’s look at the math. If we think we know what we’re talking about, over a million. This is the problem with studies of ten mice. It’s a giant guesswork shown by here. We think it’s going to prevent 19 to 95 hospitalizations. Do you realize how gigantic a gap that is, 5 to 19 ICU admissions out of a million? I mean, that’s guessing, folks. It says it right there. It should be so much tighter than that. If you’re doing well-powered studies, you would have a much better understanding of what you’re talking about. But zero, maybe none at all. Maybe one, I don’t know. But we think it will stop somebody from dying if we give it to a million people.

Jefferey Jaxen

Let me reintroduce a term here, Reactogenicity. So we saw this with the vaccination. When you get the vaccination, there’s a scale of reactogenicity. These are just reactions one gets and it’s a categorization of these reactions after a vaccine. So it goes from zero, which is no reaction. You can see here the chart one, two, three and four. Four is the highest. It’s a life threatening reaction. Definitely don’t want that three severe still probably don’t want that incapacitating unable to perform usual duties requires absenteeism or bed rest. You know we saw that when the vaccine first came out. People are saying, boy, it really you know, people are in bed for a day or two. The arm is really sore. You have a fever for a couple of days. But remember how the media spun that? They said, well, that’s how you know, it’s working. This is the first vaccine we really saw that really pack this punch here. So remember, we have this idea of Reactogenicity 1 million doses 0 to 1 deaths. So now let’s look at another slide. The Acip, the Acip doctors and scientists were looking at when they made this decision for the boosters. And it’s this slide here, Reactogenicity. And this was this was taken from Pfizer and Moderna’s biological license application.

Jefferey Jaxen

So this was their data. This was their their gold standard data that they gave to the FDA to say, we want this thing approved. Here’s our best take at this. And if you look at this data, Pfizer is 12 to 15 year old and Moderna is 12 to 17 year old. It’s pretty much that same age range as that first slide saying if we give a million vaccines to this age range, we can prevent maybe 0 to 1 deaths. Well, if you crunch these numbers, you get something interesting. And former New York Times reporter Alex Berenson, he did that and he put this tweet out by looking at this looking at these two slides. He said this again from at CDC. Gov’s own data, “1 million mRNA Covid shots for teens will prevent 0 to 1 Covid deaths. And cause 100,000 to 200,000 severe side effects. Yes, you read that right.” So we crunched the numbers as well. We had pretty similar numbers. We had about 90,000, 200,000 depending on Pfizer and Moderna’s vaccine. So you have a grade three or higher, severe reactogenicity if you’re getting this vaccine in that age group from their own licensing data from Pfizer, their own licensing data. So you expand that out back the chart.

Jefferey Jaxen

Let’s let’s leave deaths out of it for a second. Let’s say that 5 to 19 look it, they say that you’ll prevent 19 to 1995 hospitalizations prevented. But honestly, if 1 to 200,000 are so sick, severe, how many hospitalizations is that going to be? It’s going to be well over. They got to think 100,000, I don’t know, at least upper tens of thousands. So literally, this vaccine is making more people sick than it’s preventing anything.
And we're seeing this in other data, too. So, again, this is the Acip slide. There should have been some scrutiny there. There should have been some people stopping asking questions. There wasn't obviously, really this thing gets the vote gets pushed through. But a study came out during this time and it was available for the Acip conversation, but I didn't hear anybody bring it up. So this is the study here. It published in September of this year by the Journal in the Journal for the Royal Society for Public Health, titled "Inability to Work following Covid 19 vaccination." And it says "a relevant aspect for future booster vaccinations." And they say "the results among 1704 health care workers enrolled 595, or that equates to 34.9%. So over a third of the health care workers were on sick leave following at least one Covid 19 vaccination, leading to a total of 1550 sick days. Both the absolute sick days and the rate of health care workers on sick leave significantly increased with each subsequent vaccination."

Now is this coming out are these numbers coming out of England or is this an American? So it's out of England that we're seeing these percentages?

Correct. Yes.

Okay. Alright.

And it's dose dependent. So it says the sick leave significantly increased with each subsequent vaccination. So, again, you're getting a dose what we.

Exactly what we saw with the Cleveland Clinic study, same thing. The more they got, the sicker they got with those health care workers.

And so what we do here on this show is we're always trying to link data. We're seeing. We're saying, well, that sounds a lot like this, this sounds a lot like that. And what's really interesting here is we sued the Informed Consent Action Network attorneys, sued the CDC two times in order to get a court order for the CDC to release their V safe data. The V Safe Data was a smartphone enabled data system for people to enroll in after they receive their Covid vaccine, and they could log updates, daily updates of any type of safety issues, reactogenicity, things like that. So remember this study we just looked at said 34.9% of health care workers after the first shot had to have were on sick leave. Now let's look at our V-safe dashboard. We created using that information that we received from the CDC. And you can see here what we have is the adverse health impacts on this dashboard. And we have the adverse health impacts. It's that color bar starting with the yellow color and then going into the red and you have.

Yellow being unable to perform normal activities, which is exactly what that category three they're talking about is missed work or school. And then the worst case required medical care going to a hospital or an urgent care facility. So those three groups, you're saying.

Exactly. And that's over 3 million people there. The total number of people, total individuals that use this, the data we received from was just over 10 million. So if you crunch these numbers into a percentage, that gets us 32.6% of people with these adverse health impacts. Well, that's interesting because the study we just showed you in with the health care workers with 34.9%. So within about a 2% range of accuracy here. So this is a .

Well over a year ago when we provided that v-safe data, which we said was the most robust data you could imagine. Remember, folks, you don't have controls when you have the VAERS system, the vaccine adverse event reporting system, you have nothing to compare it to. In this case, we had all 10 million people that received it that were on it. We know who did well. We know who didn't. And we're able to come up with a percentage saying of those that enrolled in this system, over 30%, 32.6% found themselves unable to go to work, unable to or maybe needing hospitalization inside that category. And now, well over a year later, across the, the ocean in the UK, this vaccine is having the same outcome with health care workers, which tells us that science repeating itself. I think you can bank on that now and you can say that this product is causing severe illness in over 30% across the board no matter where you are in the world. That's devastating. And why anyone would submit themselves to that is beyond anything we can imagine. They knew about.

It. Absolutely. And Del, you and I have been journalists in this space as vaccine space, as medical space for almost a decade. And we've seen we've seen this conversation play out. And in legacy media and mainstream media, there's just basically two talking points that they use to say the injuries are 1 in 1,000,000 and vaccines are safe and effective. That's always repeated. Boom, boom, boom. When Covid happened, they tried to keep doing that and it really backfired on them. And now it's pretty much out the window. You have people like now Paul Offit, Dr. Paul Offit. He's a a vaccine creator. He's a member of the VERBAC Committee for FDA. He's a very vocal media voice that they go to quite a bit for conversations. Even he now is saying, look, we need to change our messaging. Take a listen.
[00:30:41] Del Bigtree

Alright.

[00:30:41] Dr. Paul Offit, Director of The Vaccine Education Center at Children’s Hospital of Philadelphia

I completely agree with you that the absolutism worked against us. You can see where it comes from. I mean, you're having, you know, thousands of people dying every day and you want them to use this product. And so you tend to be absolute about it. You don't want to show any evidence that you're wavering because if it looks like you're wavering, then people won't get that product. And, you know, and I've seen the pushback on that with when the Bivalent vaccine was presented to our committee. I mean, I'm on the FDA vaccine Advisory Committee back in June of 2022. It didn't look very good. I mean, the data in terms of whether that Bivalent vaccine, remember, this was the data we were presented was with Ba1, which was the original Omicron Strain. And then compared with the Wuhan vaccine, those data were pretty unconvincing. Plus, by the time we sat down, Ba1 was gone. So okay, well, let's use ba4 ba5, right? Because that's what was current then. So we had no human data, we had no human data on b4 b5. We said, okay, well Ba1 maybe is analogous this, although even those data weren't very convincing. And so the government bought 171 million doses and recommended it strongly without any human data. When the human data finally came around, you know, from David Ho's lab at Columbia or Dan Lab in Harvard.

[00:31:52] Dr. Paul Offit, Director of The Vaccine Education Center at Children’s Hospital of Philadelphia

You didn't get any better of a neutralizing antibody response to b4 b5, but by the time the vaccine was finally available, B4 was gone and B5 was sort of being overtaken by other Omicron Subvariants. And so I was on TV, you know, with the because I was on TV a fair amount, you know, on CNN or less commonly on MSNBC. And so you're asked to sort of, you know, you're asked to be honest. I mean, I just I felt the compelling need to be honest. And I you know, I remember it was Pamela Brown on CNN who showed a clip of Ashish Jha saying this is a much better vaccine than what we had. This is much better than the original strain, the ancestral strain. You need to get it because it's better. So then she turns to me after showing this clip and she says, well, was he wrong? Well, the answer that question is yes, it is wrong. But, you know, you can't say that exactly. So what you say is there was just two papers in New England Journal of Medicine that showed this was no better than what we had it boosters boost this will boost and but realize it's no better than what we had so I just contradicted somebody who was the coronavirus task coordinator, Ashish Jha, at the White House, and he wasn't happy about that and others weren't happy about that because you have to have this unified front because when you show that you're in any sense questioning it, that it looks bad, but it's the only way science works.

[00:33:09] Dr. Paul Offit, Director of The Vaccine Education Center at Children’s Hospital of Philadelphia

I mean, that's the only cauldron in which science works is you're constantly questioning, right? I mean, that's your scientific training. Is that to get the best data, you constantly question the quality and validity and robustness and internal consistency of data. That's how it works. I mean, I'm also I'm also not paid by the White House, so it makes it much easier for me to say it. Nor am I paid by the FDA, right? We're an advisory committee. So so that's what you know, The other one other other I want to make, though, is that our training as scientists is the opposite of the training for being a science communicator. I mean, to be a good scientist, you never go beyond the data in front of you. Never. That's the worst mistake you can make. You feel you have to reduce uncertainty by having caveat after caveat after caveat. That does not work well on television or the radio. I mean, you have to you can't really say MMR vaccine doesn't cause autism. You can only say that with all the studies that have been done, it's extremely unlikely. You can't prove never. You can't reject the null hypothesis. And you always know that in the back of your head, you know, you can't say that, but you say it anyway because it's true. Mmr doesn't cause autism, it's just that the I mean, these aren't mathematical theorems. You don't have proofs. It doesn't work that way.

[00:34:20] Del Bigtree

I mean, he really lays out exactly what the problem with this whole system is. And for people that don't know who that is, one of the great pharmaceutical shills of all times, it's amazing when one shill starts calling out another that they've gone too far. But clearly what he's saying is exactly the problem we have in the industry around vaccines. They know these things are not as perfect as they're saying, but they have to give it a really big, smiley, happy face because if they show any weakness whatsoever, people won't use it. And this is what is behind all of the brainwashing and cover up of every issue of every vaccine they've ever had. Where is the scientific community that's allowed to speak out and say, I don't think this product is working? I think this problem is causing other side effects. And when he talks about, well, we can't say that vaccines don't cause autism, because we just we can't prove the null hypothesis, which is this statement they make. But the truth is, is we've shown time and time again on this show they refuse to do any decent studies. There is barely a handful of decent studies on the vaccine autism connection. They're all done by people that are being funded to disprove the issue. Everybody that sets out objectively to look at it shows a 4 to 5% increase in neurological disorders like autism amongst those that are vaccinated compared to those that are not. But, Paul Offit will continue to tell you just as he did there, don't worry, vaccines don't cause autism. And don't worry, ten mice is just enough. I might I might press on it a little bit. But he doesn't call him out. He doesn't say, actually, that's a lie. That's not true. There's no science to prove what is he just said. But they're all protecting each other. And the only people that aren't being protected, us and our children.

[00:36:01] Jefferey Jaxen

And as you heard right there, this was a booster from last year. That's where he was talking about. There have been pushing through these boosters with really not great evidence. It's interesting because he said I felt a compelling need to be honest when I was being interviewed and I was presenting.

[00:36:14] Del Bigtree

Must have been a rare moment.
Jefferey Jaxen
That was presented with this data. And the the interviewer said, Is this true? And he said, Well, of course it's not true, but you can't say that. And then he was kind of shocked that he had to step on jaw his feet. He just contradicted the White House response. This is what we do every week on this show, folks. We actually do step on their feet. We don't massage the message. We show you the data. And we're going to be honest with you and we're going to step on these people's feet. And so this is some data we're going to show right now that probably won't be talked about in the mainstream news. So when it comes to this vaccine, the overarching point of this, it's an experimental vaccine technology. Sure, it's approved, but this is something that's never been done before, especially on this many people. And the big question here, the one thing this vaccine does is it gives a message to your body to create a spike protein. And this spike protein is what is floating around in your body. The question now with a lot of these issues, myocarditis, cancers, thrombosis, even anaphylaxis, these these grade three reactogenicity, grade four seconds, what the heck is this spike protein doing after after a while and this is Pfizer's data. Now, this data was sued to get this is their non clinical overview submitted to the FDA's Center for Biologics Evaluation and Research. So non clinical overview, this is kind of all the rest of the nuts and bolts past the efficacy. And they say this in here, they said the protein, that's the spike protein "encoded by the RNA in Pfizer's Covid vaccine is expected to be proteolytically degraded like other endogenous proteins. Therefore, no RNA or protein metabolism or excretion studies will be conducted."

Del Bigtree
Oh my God.

Jefferey Jaxen
End of story.

Jefferey Jaxen
And we're making a total mutant protein, but we're just assuming it's going to work just like natural proteins and of course it will degrade. And since we've made that assumption, we're telling you right up front we are not going to look at it all. Forget the fact that every animal study we did on these products prior to getting into this warp speed, the animals were dying. They were having all sorts of issues with antibody dependent enhancement. And all we can tell you is we have no idea why those animals were having that issue. But we aren't going to look into one of the things that would have been what if the spike protein doesn't degrade and floats around all of your body and lands itself in your heart and other organs? We're not going to look at that. My God, people. I mean, I don't know what to tell you. This is the state of affairs in science and your regulatory agencies accepting this and not only accepting it, mandating on you, having your president of the United States tell you if you don't get this product, that they refuse to even do a study on the protein, whether it degrades in your body or not, you don't get to work. You don't get to have a job in the United States of America. You don't have to have business. You don't get to go into a store. You've got to stay outside. You've got to stay in six feet apart. This is insane.

Jefferey Jaxen
This so and this is before the vaccine starts going into arms in a widespread basis in the United States. So imagine this, your Pfizer, you present them with this document and say and it says that and the FDA looks at this and it's saying, oh, this is an experimental vaccine technology. It creates spike protein. You're not going to study the spike protein. What it does, it just you think it's going to downgrade? Great. Stamped, get it in arms. It's gone. So this conversation now gets gets kind of communicated in a way into the media. So two years later, after the vaccine, the first ones are in 2020, 2022 comes along and you're still seeing headlines like this. How long do mRNA and spike proteins last in the body? You go into this article, it says "The Infectious Disease Society of America estimates that the spike proteins that were generated by Covid 19 vaccines lasts up to a few weeks." Like other proteins estimates the body estimates. We're just guessing. Kind of like Pfizer. We just guess so. That brings us to the booster conversation that Dr. Offit was talking about last year at the Acip committee. So we have professor of pediatrics, Dr. Pablo Sanchez. He's a professor of pediatrics for Nationwide Children's Hospital, Columbus, Ohio. And he's talking to the therapeutic head of respiratory vaccines at Moderna. You don't get much higher than this. And this is actually the person during a chose to be the spokesperson person at this Acip meeting to field questions. Listen to what Dr. Pablo asked. Again, this is 2022.

Dr. Pablo J. Sanchez, ACIP Voting Member, Professor of pediatrics for Nationwide Children's Hospital, Columbus, Ohio
I've asked this before and I just don't have a clear idea of how long the spike protein that the messenger RNA in our bodies produce. How long has it been detected in in patient serum or tissues and maybe even in animal studies? You know how I know that it is said that the messenger RNA disappears quite quickly, but do you know a first of all, how long it may persist in blood or serum or tissues? And also, do you know what is the molecular weight of the spike protein that our bodies do produce? And I guess I say that with respect to Transplacental transfer as well. But I mean, this is a separate issue. But those are those are issues that have, you know, that have brought up previously. And I'm not and I really don't have an answer. I don't know if it's if if anything new has been developed on those. Thank you.

Rituparna Das, MD, Vice President of Covid-19 Vaccines Clinical Development at Moderna
You know, thus far, you know, we have looked at the the persistent, the detectability of of spike protein as well as the the mRNA. You're absolutely right. The mRNA degrades quite quickly. The spike protein availability, I believe, is on the order of days, but like less than a week. But I will will confirm that with our tox folks as well.
[00:42:49] Del Bigtree
Meanwhile, you did make $100 Million on this product, did you not? Could we throw about $0.25 over into a little bit of science around it? Tell us, where is this stuff in the body? I don’t know. At least try it on ten mice. Let’s see where we get with that.

[00:42:33] Jefferey Jaxen
I believe I’m not sure how he voted in 2022. I believe a lot of those were unanimous. So I’ll have to double check that. But I believe it was unanimous or perhaps an undecided. But, it’s interesting. He asks, do you have anything? Animal studies, human studies, anything? Just ask him for anything at this point.

[00:42:25] Del Bigtree
The bioweapon, by the way, of this, all of the fear, all of the panic, all of the rage by every single news outlet in the world saying it can kill you. It’s it’s deadly. We got to stay six feet away from each other. Is this spike protein? So when you make a fake one and it’s floating around your body, you kind of want to know how long is this deadly toxic substance going to last in the body that we’re putting there on purpose?

[00:42:50] Jefferey Jaxen
Essentially, it’s the business end of the virus. And so we go to this study here because this is why it’s a problem “circulating spike protein detected in post Covid 19, mRNA vaccine myocarditis.” Remember, hey, we don’t know how myocarditis works. It just happens in some people. Well, this study says “a notable finding was that markedly elevated levels of full length spike protein unbound by antibodies floating around were detected in the plasma of individuals with Post-vaccine myocarditis, whereas no free spike was detected in asymptomatic vaccinated control subjects.” Well, that’s a pretty big deal. But now we have this study, which is a new study showing even something further than that. And this is kind of the latest data on this, the “detection of recombinant spike protein in the blood of individuals vaccinated against SARS-CoV-2,” 40 subjects. They took 40 people, 20 vaccinated, 20 unvaccinated. They looked at their blood using a mass spectrometry analysis in that the researchers could distinguish between the synthetic spike proteins that originated from the translation of the mRNA vaccines compared to people that had natural infection and just had this thing circulating in their body fluids. And this is what they write. They call it the spike. That’s the unnatural synthetic spike protein. They say “the specific spike fragment was found in 50%. That’s 50% of the biological samples analyzed. And its presence was independent of the SARS-CoV-2 IgG antibody titer The minimum and maximum time at which Spike was detected after vaccination was 69 and 187 days respectively.”

[00:45:24] Del Bigtree
So they’re saying hold on, 69 and 187, she said. Maybe less than a week. That would be six at most seven days. This is saying at the bottom end of the 50%, 69 days it was in and at the top end, we were seeing it 187 days. A half a year later, you have got this, as you said, business end of the virus floating around in your body that the the CDC and FDA decided to put in you on purpose.

[00:45:52] Jefferey Jaxen
And it says in the study here, it says independent of SARS-CoV-2 IgG antibody titer. So one of the arguments could be, well, you know, some people might have a problem clearing the infection. So these spike proteins are still attaching these. No, regardless, whether you have you get the vaccine, whether you have this virus or not, whether it’s expressing in your body or not, whether your immune system is is reacting or not, this thing is there. And so let’s go to some of the graphs and some of the images from this study. And you can see here this image is really telling. So that blue straight up bar line right there, that’s the the spike protein. That’s that’s the synthetic spike protein detection after vaccination. But what’s more interesting here, if you go to the right, you see this little tiny sliver of an orange, an orange line at the bottom. That’s the detection of the spike protein after infection in non-vaccinated individuals blood. So it’s literally a couple days this thing shoots out and then you don’t see it anymore.

[00:46:50] Del Bigtree
This is the end of the argument. Just looking at this right here, for anybody that thinks it’s smarter to get the vaccine, just let’s just say that it’s cyanide. Let’s say that blue line is cyanide. The vaccine basically puts cyanide in your body to do the job to create some immunity. The only problem is the cyanide lasts for over 180 days. If you get vaccinated, if you just get infected, it lasts for about two days and then clears the body. Which one would you want? Which one do you think is the better way to go for your health?
[00:47:17] Jefferey Jaxen
And so one more image we'll show from this and this actually has implications for our next guest. So the researchers hypothesize the possible molecular mechanisms for this persistence of this synthetic spike protein. And they say starting at the top, they say, well, it could be integrating in cells. So integrating into the host genome, your your cells. And then it's basically steady producing a steady production of spike protein. It says, well, it also could be doing something called constitutively active. So a spike protein. So it just could be floating around active or it could be integrating in the bacterial cells, which again, gives this steady production of this spike protein. So in two of these scenarios, there's an integration into the body's chemistry, the body's cells, whether bacterial or cellular. And so it leads the researchers. Again, the Acip committee had this study to look at and it led the researchers to conclude this. And as far as clinical relevance, "the presented method allows to evaluate the half life of the spike protein molecule and to consider the risk or benefits in continuing to administer additional booster doses of the SARS-CoV-2 mRNA vaccine." So they're saying, look, we really need to check out the wisdom of continually giving this vaccine booster when we know that this spike protein is not being cleared from the body, in like a couple of weeks, as Moderna said.

[00:48:37] Del Bigtree
Yeah, unbelievable. This is really, really shocking. And the most shocking thing, as you've pointed out, Dr. Ladapo just pointed out, is where is the CDC and the FDA on recognizing this? How are they allowing the pharmaceutical company that is making $100 billion from selling us this product to tell us, Oh, we kind of think maybe it lasts less than a week? Well, when the science is done, it last a half a year. That's a problem. That's a serious, serious problem.

[00:49:08] Jefferey Jaxen
So that's a that's a deep segment Del. It's kind of heavy. We're going to take a direction that's a little different than vaccines right now. And we're going to talk about a company that's spraying a film on your food after it's picked on fruits and vegetables. You may have seen this in the news. It's been going around for about a year. But if you haven't, this is how it's being reported. Take a look.

[00:49:27] Male News Correspondent
This is a real game changer.

[00:49:29] Male News Correspondent
Future of fresh,

[00:49:30] Female News Correspondent
The biggest revolution since refrigeration.

[00:49:33] Female News Correspondent
A brilliant idea to fight hunger.

[00:49:36] Male News Correspondent
You could also reduce food waste.

[00:49:38] Female News Correspondent
Southern California startup called Apeel Scientists says its product can extend the life of fruits and vegetables by up to five times.

[00:49:47] Male News Correspondent
Here's how Apeel works. Produce is either dipped or sprayed with an edible coating that keeps oxygen out and water in dry, automatically slowing the decaying process.

[00:49:55] Female News Correspondent
This time lapse shows the difference between a normal avocado and one treated with Apeel. The secret to appeal lies in an invisible coating consisting of purified monoglycerides and diglycerides. The fatty acids commonly found in the peels and pulp of fruits and vegetables.

[00:50:14] Female News Correspondent
and the thin layer it leaves behind is edible and tasteless. It would replace the wax that is often used on grocery store produce.

[00:50:21] Male News Correspondent
Most parts of the world foods treated with Apeel can still be labeled organic.

[00:50:26] Male News Correspondent
The company hopes their product will help with global hunger in places without access to refrigeration. You're going to have some people who look at this and say, This is frankenfood. I don't want something sprayed on my food.

[00:50:38] Male Speaker
Taking stuff that you're eating already in every bite of your produce. And we're just reapplying exactly where it is on the produce.

[00:50:45] Female News Correspondent
Its ingredients are already consumed daily as part of a normal diet. And so they are designated by the. As a generally regarded as safe.

[00:50:55] Male News Correspondent
It's FDA approved.
Female News Correspondent
Fda approved.

Male News Correspondent
The FDA has actually approved this.

Female News Correspondent
This natural innovation is so popular and game changing that it is supported by the Bill and Melinda Gates Foundation.

Male News Correspondent
So why did Oprah and Katy Perry invest in Apeel?

Jefferey Jaxen
And for the people out there, the young journalists coming up, if you're watching this show and learning how to, like, analyze media, you start your investigation. When it says FDA approved, that's where you start. Let's open the book now and then Bill Melinda Gates funded this thing. Alright. Plus one. Let's dig into this. So as it said there in 2012, Bill Melinda Gates gave $100,000. Bill and Melinda Gates Foundation to fund this startup. And a second round of funding was in 2020. You had people like Oprah. Katy Perry jump on it and they raised at that point appeal. The company raised $250 million, became $1 billion company. Let's talk about this. We've had a lot of viewers contact us to do a really deep dive into this because this is a really big conversation all over social media. TikTok, Instagram. People are really diving into this. So let's go to Apeels website and get some basics. So this is the global regulatory approval scope. So what is this stuff on? Well, you can see here the rest of the world versus the EU. The European Union typically has a little stronger regulations when it comes to pesticides, stuff that touches GMO foods, stuff that touches your food like this. So in those countries, in the EU, UK, it's basically citrus, avocado, pineapples, papaya, banana, mango, pomegranate melons. But in the rest of the world, that's us. That's the United States. In capital letters, all fresh fruits and vegetables without restriction.

Del Bigtree
So basically the EU is only things that already have appeal that you have to take off. So something with a rind. But we're going to get this stuff right on food. And it doesn't wash off, right? Isn't that the entire point of it? It's just like the peel itself. Only this one doesn't breathe, can't be penetrated, doesn't let out moisture like the natural peel does. But don't worry, it's really good for you.

Del Bigtree
Yeah. And a health blogger just in May did an article on this and she wrote she actually took a screenshot from Apeel's website and where people asked there's a question and answer part on the appeals website. Can I wash a peel off? And on the website at that time it said you could likely remove some of appeal with water and scrubbing, but it's unlikely that you'd be able to remove all of it without damaging the fruit or vegetable. And it goes on to talk about it. That's all changed now. That wording is all changed. They don't say anything on the website now about you can't remove this. It just just talks about how great of a barrier this is and everything. So we're going to, peel the onion here in this conversation and really get down to layer upon layer upon layer of this thing and do a deep dive. So the Organics Material Review Institute, this is a nonprofit that looks at all the things that are in food, all the products that are coming out to see if they are in fact organic. They this is called the Omri. They label this thing, they classify it as a crop pest weed and disease control, and they also categorize it as a fungicide. So this is this is where we're going to start. Now, it's interesting because the world the reason so many people are questioning this is because we have lived most people have lived through the GMO phase.

Jefferey Jaxen
Hey, it's all safe, glyphosate, paraquat, all this stuff, even back to way back to DDT. People are very weary about things being sprayed on their food, especially after they're picked. It's one thing when they're sprayed while they're growing, which still has a lot of issues with them, but after they're picked, right before they go into your mouth, essentially, you have I mean, this was the glyphosate conversation. This is the headline from last year. The "new report alleges mass contamination of foods from use of glyphosate to dry crops." That's because glyphosate was used off label. It is used off label as a desiccant. After wheat is sprayed, they spray or wheat is cut. They spray it with this glyphosate to dry it faster. So any time people are getting these things on food, these film, we want to know what's going on. So let's look at EPA's own product label for this. This is the what it what appeals submitted to the EPA. And we look at the ingredients. So they have their product here. It's called Organic Peel. And you can see the active ingredient is citric acid, 0.6, 6%. Now, technically citric acid is a fungicide, but it's 0.66%. The other ingredients are 99.34%. Well, it doesn't say what the other ingredients are. Those are

Del Bigtree
Why would you? Why would you, if it's going to be approved by the FDA, they don't need to know what 90% of this thing is made out of.
Right. And so we're trying to get a feel of maybe what's going on in that other 99 plus percent. So we go to back to Apeel's website and it asks us a little bit about that. It says Apeel is made of purified mono and diglycerides that have been derived from plant oils to mimic the natural protection of peels. Okay, mono and diglycerides. Now we're getting somewhere. We don't know how much of that. 99 is mono and diglycerides. We're assuming the rest of it is. But we go to this website here and it talks about it asks the question, "what are monoglycerides and are they safe to consume?" It says this "which foods contain, monoglycerides mono and diglycerides can be found in processed foods such as coffee creamers, frozen dinners, ice cream, frosting, whipped, topping candy, soft drinks, chewing gum and a bunch of other things, but not something you would really associate with the most organic, clean natural products in the world." But then the website goes on to say this, which is really telling "Mono and diglycerides contain small amounts of trans fats. They're classified as emulsifiers and not lipids. So the FDA ban doesn't apply to them. As trans fat is phased out, food companies may turn to mono and diglycerides as low cost alternatives." So they're really saying, remember those trans fats that were causing so many health issues that the FDA, which, you know, normally doesn't do this, had to step in and ban them off the market.

Well, these things, these mono and diglycerides are kind of a low cost alternative. And by the way, they still have a little bit of trans fats in them. That's what we're talking about here. And so we go to what Apeel's submitted to the FDA in order to get the approval for this product. And this is the paperwork here. It's almost 100 pages. You look in this page here and it shows a flowchart of how they isolate this mono and diglycerides. It starts with grape seeds. Hey, great. Then it goes to the Expeller press. We have this flowchart, you get the oil out of that, but then they start adding things. Those are those little boxes coming in from each side. We have glycerol catalyst, but then you have a neutralizing agent, a solvent. What are those catalysts again? Neutralizing agent all the way down. You go to that asterisk and you see the neutralizing agent is either heptane or ethyl acetate that says may be used interchangeably as the solvent. So let's just take one of those. Let's take ethyl acetate. Ethyl acetate is it causes serious eye irritation, has a highly flammable liquid or vapor. It has a classification specific target organ toxicity from single exposure.

Central nervous system. Category 3rd. May cause drowsiness or dizziness. So this is obviously if you're dealing with the raw liquid here. But again, this is being used as a solvent to extract this oil. So the question is, is this is it still in there? What's going on with this? Are they purifying that at that point? But now let's keep going a little deeper. Let's just keep going down layer by layer. So we go to the actual patent. So this is appeals patent for this product. And you read the abstract, it says "described here in our methods of sanitizing and preserving produce and agricultural products, for example, for consumption as ready to eat." Wait a minute. We heard about preserving produce, but sanitizing. We didn't hear anything about that. You're not hearing about that in the media. So it goes to say "the methods can compromise, can comprise treating the products with a sanitizing agent and forming a protective coating over the products." So it goes on. So there's a two step process here. We're not really in in the light about what's the sanitizing process. It says "the sanitizing agent comprises an alcohol oil or comprises ethanol, methanol, acetone, isopropyl propanol or ethyl acetate." So there it is again. So there's they're putting that thing.

You take your nail polish off with. We like to wrap around your vegetables and fruit. You were planning on getting some health benefit from. And then we wrap it in a plastic coating just to make sure it lasts forever, like the spike protein that's floating around in your body right now. Right. And what could possibly go wrong?

So here's the questions now. So let's stick with this FDA document. So this is from appeals information they sent to the FDA to get this get this approved. And so what else is in this? These oils, They extract these oils with these catalysts, with these solvents. You get this oil at the end, the end result of this oil. Well, it also has a couple of things in it. Heavy metals, palladium, arsenic, lead, cadmium, mercury probably don't want that. So we have and by weight, palladium and arsenic are the top two there. And so these are a question, too, and it's clearly it's in small doses. But if we're talking about capital, all vegetables and fruits in the United States, how does this add up at this point? What are we talking about when we eat these over a lifetime? Does anybody do the tests on that? Well, we know these heavy metals, arsenic, lead, cadmium, mercury. You're not you really don't want any of those if you if you are trying to live a healthy life. So there are there are just a few grocery stores that are pushing back on this. And one of them is natural grocers. So this is one of the signs here you're actually seeing at natural Grocers. They're putting up signs on their produce. You can see it right there. They're not carrying appeal products. And if you go to their website, they actually they actually make a statement here on this product and they say their conclusion "produce sprayed with this material. Mysterious coating leaves us with unnecessary exposure to the ingredients themselves, which still haven't been made clear and to the byproducts of their processing. Fruits and vegetables are nutritionally gems best kept organic appeal and organic appeal do not meet our high standards. Therefore you will never find produce coated with it at any of our stores."

Good for you. Natural grocers, people go ahead and support those companies that are still actually blocking things from getting into your body so that you can trust what's taking place. I'm impressed.
[01:01:42] Jefferey Jaxen  
Yeah, So there's a split here. A lot people like Wal Mart, Whole Foods, they're actually boasting that they use this Costco, but you have natural grocers and some other small stores as well that are saying we're not going to use those. And this is a selling point. So this is there's actually a big divide in society right now. The information is out there. So this the grassroots movements around food like we saw with hormones in milk, like we saw with GMO, with glyphosate, these things have spark points that can move very quickly and affect a product line. So this is where the consumers at this point can make a choice. Natural grocers are you support who carries this or who doesn't carry it?

[01:02:20] Del Bigtree  
It's amazing when I think about this. It puts this seal around it. So now imagine we're talking about organics. How about all of those vegetables and fruits that are already being sprayed with glyphosate or all these herbicides and chemicals? And then they put this barrier that wraps and locks that into the product. So not only are you eating a peel, you're eating everything that was sprayed on it throughout its existence. It's clear that they don't want to do any proper safety studies of any of these things. And I think I have a solution. Like, you know, I see the guy on there like being interviewed by the news saying, Oh, no, it's just like, what's on the it's just what the peel is made of. And put it in places that we get to control. I think instead I'll go ahead and just forgo, proper safety trials, double blind placebo trials. But any spokesperson has to get on the news. I want them to drink an entire glass of whatever it is they plan on putting on my food. And let's just see how you turn out over the next month or so. Just drink a whole glass of this stuff. Let's just test it on you.

[01:03:14] Jefferey Jaxen  
Right? That's I think that's right. And I think someone tried that with glyphosate as well. And the person that was talking about that walked out of the interview. So that does seem to be a good technique.

[01:03:24] Del Bigtree  
Right. And think about how much of this stuff collectively will be in your body. I mean, if it coats the vegetables, what happens when the insides of your intestines, your gut biome starts being coast coated by some non-washable protective plastic, synthetic acetal, whatever coating. I mean, amazing when you think about all we know, the interviews we've done with Zach Bush on the biome, the serotonin, how delicate this balance is of what's going on in your stomach, affects your mood, affects your health. All throughout. More and more, we realize that digestive system is deciding everything about your health. And now let's just put, un dissolvable coatings on everything that you're eating on a daily basis three times a day. My God. This is what this show. It can be a little bit disheartening at times because it just feels like the insanity is coming from every direction. Certainly everything that calls itself science.

[01:04:21] Jefferey Jaxen  
And it's a great goal to end food waste, to stop food spoilage. But can we do it without chemical companies getting involved and spraying our food? That's the question that we have to ask.

[01:04:30] Del Bigtree  
Absolutely. Well, I think we have to do more shows on how to grow your own food. So let's get focused on that. Jefferey. Amazing reporting, as always. Keep up the good work. Thanks for keeping your eyes out on these very important issues that are affecting our daily lives. Alright. Take care. I'll see you next week.

[01:04:45] Jefferey Jaxen  
Alright.

[01:04:46] Del Bigtree  
Well, slowly but surely you can only tell so many lies, I suppose. And then people like Dr. Paul Offit, it just goes a step too far. But that's why we're here. He's like, science is supposed to be able to ask the question. That's the heart of science. There's a difference between like being a science, spokesperson and actually being a scientist. Well, that's what the Highwire does, right? We do what Paul Offit has been avoiding doing for a very long time until recently. We do what no other science appears to be doing right now, which is challenging the status quo, asking appropriate questions, and where we get bad answers. We bring lawsuits when the FOIA doesn't add up or they try to hide things thinking, well, we're the government of the United States and we're going to hide it from you. We say, Oh, no, no, Oh, hell no. You actually work for us. You're the dog on our leash, not vice versa. So sit, boo, sit. Let's go ahead and see what you have to say. And we get that information. We're suing for you and it's becoming obvious to a lot of people that we're not going away. Even Dr. Paul Offit, who is answering a question about us, I guess he was asked about what he knows about what the Highwire does. And remember, this is the guy that just said you shouldn't get the most recent vaccine. Sounds like he would love the opportunity to be able to opt out of a mandate. Something like a religious exemption could come in handy, Paul. Except that look what you're saying to the press about us.

[01:06:12] Dr. Paul Offit, Director of The Vaccine Education Center at Children's Hospital of Philadelphia  
An anti-vaccine group called Informed Consent Action Network. Not a religious group at all has set about trying to to establish religious exemptions in states that don't have them. So this was their first effort in Mississippi. The ruling was basically, if you can have a medical exemption, why can't you also have a religious exemption? And that was it.
[01:06:36] Del Bigtree
And that was it. And that’s how we won it. And that’s why we’re going after all the other states that do not give you a choice. Paul Offit might tell you he doesn’t think you should get the booster, but in those states in the red, you may not have the option if you’re going to a university or a school there and they decide to mandate it. So Paul probably won’t live in states like that because when his intelligence kicks in and he says, I don’t think this thing was properly safety tested, guess who will suddenly get really religious and rely on a religious exemption if it’s needed? And guess who will have achieved that for him? Yours truly, Paul. That’s why we work for everybody. It doesn’t matter that we may be on different sides of this conversation. We don’t care. And about that pejorative you like to lay on us as being anti-vaccine from the horse’s mouth. That just said, I don’t think you should get the Covid booster. I’m not getting it. I don’t see that it’s any better than any of the other ones that we’ve already gotten. And we’re on number seven. They don’t seem to be working. And I would rather have it tested on more than ten mice. So this guy is telling us not to get it. So does that make him a I don’t know. Let’s look at Webster’s Dictionary. Anti-vaxxer a person who opposes the use of some like the current booster shot or all vaccines, regulations or mandating vaccination. Doesn’t sound like he would want this vaccine mandated for sure. He’s not for that. And he’s telling you you shouldn’t get this one. So guess what, Paul?

[01:07:55] Del Bigtree
Welcome to the party. The water’s warm and you are now an anti-vaxxer. See what we did to you. See what happens when the science runs away from you and guys back yourself so far into the corner and you try to, like, work your way out, say, Hey.

[01:08:08] Del Bigtree
Let’s just call everybody an anti-vaxxer. That’ll scare them away until you yourself end up being one. Oh my God. Sometimes stupidity has a way of backfiring. Folks, we are fighting for you. This is the truth. Paul Offit knows about us. Why? Because we’re the most successful nonprofit that has ever fought for your freedom. It’s true. We are not a religious organization, though we do believe we’re a part of a spiritual war. We’re fighting in the space of science and more importantly, liberty and freedom, which is what is truly endowed on us by God. You decide what religion you want to attach to that. We just want to make sure you’re free to practice it and that your body made in the image of likeness of God can be treated the way you see fit, if that makes sense to you. In fact, that’s the world you thought you were living in and are shocked to find that there’s more and more states trying to take that away from you.

[01:09:01] Del Bigtree
And you just watched covid shut everything down and tell you that you had to ramp things up your nose or poke yourself full of five, six, seven boosters in order to have a job or go to school. And none of that seems like it’s the right way to go. Then maybe you want to help us do the work that we do, which is fight for you when nobody else does. Paul Offit is admitting to you that most of the pundits are lying to you on television. And all of these scientists are not actually talking about science, because if they did, they would talk about the problems with the science. Instead, they’re just going to make it sound really good. Well, where are you going to go when you want to know the truth about Apeel? Where are you going to go when you want to know the truth about a new Covid vaccine? And when many of your family members start getting sicker and sicker or having myocarditis as children or cancers and you want to have something you can show them that actually has science attached to it, and isn’t some Yahoo just making things up or feeling like, it’s in the wind. You’re going to want to tune to the Highwire and you’re going to want us to be there and we want to be there for you. And by the way, we have a bunch of lawsuits sitting in the queue waiting to go. And we can’t launch, not yet, because we don’t have enough of you supporting us.

[01:10:15] Del Bigtree
So please help us expand the work that we’re doing. We’re working for you. Just go to The HighWire. Go to the top corner, donate now. It’s on all of our websites. Super easy to find. And then when you’re in there, go ahead and decide to be a recurring donor. Think about what would I be able to volunteer or give up one a month in order to make sure that I have freedom to decide what happens to my body in this crazy world I’m going into? We’re asking for $23 a month. But for some of you, I know you get a Starbucks coffee probably 1 to 2 to maybe seven a day. How about we just cut back on one per month and send that into the Highwire? $5 a month? How about that? Think you can do it? And imagine what it feels like when we talk about winning back religious exemptions so no one to Mississippi can ever be forced to take a vaccine. They can say, no, you know what? I’m against it and I’m not getting it. We’re going after all the other states. We’re working on a plan. For all of them. We’re in discussions right now on issues in California. We’re in West Virginia with a case in Connecticut, New York. All of this is in the queue. We really need your help. We want to win. We’re going to make it easy. You want to use your cell phone. Just text us at 72022 and type in the word donate and you’ll get a link.

[01:11:30] Del Bigtree
You click on it and you’re off to the races and changing your world. It starts with you. It starts with all of us. Alright. So now we just had a whole conversation about the fact that the CDC and the FDA want to avoid the entire concept that the the Franken spike protein that they created. Right. They changed just the DNA structure using Pseudouridine. They made this mutant version of the spike protein. They told us, as we just showed you, we are going to assume this will degrade in the body the same way the natural spike protein would have. We’re not going to do any studies on it. What we have shown you, studies over the last several years that show that that’s ridiculous. In fact, why this is it’s amazing. Why did they actually change that that element out, that pseudouridine in the spike protein? Because it was dying too fast. It was getting killed the way all other natural proteins do, which wasn’t giving it enough time to get into your cells because it really needs to be able to turn your cells into a virus manufacturing plant. And it can’t do that if the immune system can kill it too quickly. So they actually designed it to last longer. That is what’s so incredible about these statements that we think it’s going to be a lot like the natural protein would have been a few days. No, you don’t know. You clearly don’t. You designed it to not be that.
[01:13:58] Female News Correspondent
There was a seemingly healthy 16 year old athlete who dies suddenly.

[01:14:02] Female News Correspondent
14 year old girl is battling stage three brain cancer.

[01:14:05] Female News Correspondent
She was diagnosed with breast cancer that spread to her lymph nodes. Sadiya is only 36.

[01:14:12] Female News Correspondent
At the age of 34, she was diagnosed with stage three breast cancer and with no family history.

[01:14:18] Male News Correspondent
According to the numbers from a newly released study of a growing trend of younger people who are being diagnosed with late stage cancer.

[01:14:25] Female News Correspondent
Researchers say they're finding more people, some as young as 30, with late stage colon cancer.

[01:14:32] Female News Correspondent
A new study finds that late stage cervical cancer cases are on the rise in the United States.

[01:14:37] Male News Correspondent
Kyle Limper was seemingly a healthy 16 year old. He complained that his back was hurting, and when the pain didn't go away, they took him to urgent care and then over to Jefferson Hospital. And that's where doctors broke the news to Kyle's parents that his organs were shutting down due to leukemia. And within 24 hours of diagnosis, Kyle passed away.

[01:14:57] Female News Correspondent
Just a month ago, Macy and her family found out she was diagnosed with grade three anaplastic meningioma, an aggressive brain tumor.

[01:15:04] Male News Correspondent
My life is normal. And then a month ago, they found the mass.

[01:15:08] Male News Correspondent
Colon cancer at 40. It turns out Jones's was bigger and had spread farther than doctors first thought. His story is becoming more common.

[01:15:18] Female News Correspondent
It's the faster rise, especially in these colorectal cancers and bile duct cancers and breast cancers.

[01:15:25] Female News Correspondent
Colon, esophagus, kidney, liver and pancreas along with others.

[01:15:30] Female News Correspondent
The scariest thing about that is that we actually don't know what is driving this uptick.

[01:15:35] Female News Correspondent
All in the health care community going what's going on here?

[01:15:41] Del Bigtree
What's going on here? I don't know. I have a hint. We've been hinting it every single week on The HighWire since this began. Now, I've been lucky to have some of the greatest scientists and doctors in the world. We've had Dr. Peter McCulough, one of the most published, I think the most published heart doctor in the world, Dr. Paul Marik, a second most published ICU doctor in the world, Dr. Robert Malone, has been here, one of the inventors of the mRNA vaccine technology. And we've talked about cancer, we've talked about mycarditis, we've talked about all of these things. But the truth is, is I have yet to have an oncologist on the show. And that's why I'm really excited to have Dr. William Makis joining me now. It's really a pleasure to have you here.

Thank you very much for having me.
[01:16:25] Del Bigtree
This is something that we've actually been covering for a bit of a time, this concern that, there's bunches of studies looking at many different mechanisms that either are shutting down the immune systems. It's not going to recognize things like cancer cells and things like that. But you as an oncologist and you're from Canada, have been very focused and are sort of bringing this new term, I think, to light, which is turbo cancer. What does that mean?

Turbo cancer? It's a recent term. It arose in the public domain, and it really describes aggressive cancers that are arising in Covid vaccinated individuals. It's showing up in young people, people in their 20s, 30s, 40s. The youngest case that I've reported was a 12 year old boy who had one Moderna vaccine four months later develops stage four brain cancer and then six months later he died. And so this is something I've never seen before in my career. I've diagnosed probably 20,000 cancer patients in my career. I've never seen cancers behaving like this. And they grow very, very rapidly and they present at a late stage. So one of the features.

[01:17:35] Del Bigtree
What does that mean? Present at a late stage? Because I feel like everything has an evolutionary pattern, right? Like certainly why is it just people don't feel it till it's too late? Or how would it get to that late stage without being recognized?

I think it's the rapid growth of the tumors and they don't seem to be causing symptoms, so they only present when the tumors are quite large already and they're pretty much stage four, stage three, stage four. That's when they're presenting. And some of these tumors can grow quite big. They can get ten centimeters, even 15cm. Some of these masses, tumor masses and oncologists are just shocked. They don't know what to do with these cancers. They struggle to treat them even if they try to surgically excise them. And they think that the tumor hasn't spread yet. They'll do the surgery. And then after the surgery, they'll find out that the tumor has actually spread already. It grows that that quickly.

[01:18:32] Del Bigtree
Wow. When we think about cancer, I suppose is part of it, probably because it tends to be a long process. You're sick. Something's not right. You go to your doctor and that's when you discover it. If it's happening really quick, you're just not probably sick for a super long period of time where you decide something's wrong with me.

Well, the other and the other issue is that it's it's showing up in very young individuals. And so you have cancers showing up that you don't expect in young people. Young people probably are not going to feel symptoms or they might blow these symptoms off, you know, some minor aches and pains. And we're just not used to seeing these cancers. You know, these breast cancers, stage four breast cancers and women in their 20s and 30s or colon cancers in men, women in their 20s and 30s. We're just not used to seeing seeing these kinds of cancers show up.

[01:19:21] Del Bigtree
Now, in your work, what you've been doing is looking, in some very unique places for this rise in cancers. And one of them is you've been sort of looking over Go-fund-me pages, is that right? So these fundraising pages to talk about, to look at how many people are raising funds all of a sudden from cancer, and you sent us a stack and I think it's just from May, this list just goes on and on and on. Folks, look at these young people. And I want to say, when we look at this list here and, the montage that we gave you, we have no way of really determining whether or not all these people got the vaccine right. There's a bit of an assumption there. But the thing that I say on this show that we ask the question is, when do we remember this many children and young people getting cancer all at once? When do we remember this many athletes collapsing with heart attacks on fields? When do we remember this many teachers and nurses, as we've reported, that are unable to go to work because they're so sick from a product that was supposed to make them healthy? And then so many of these are nurses and teachers that are in these gofundmes. And so when you look at this, is it always in science? It's like, well, that's anecdotal, right? And so what do you say to that? The people that are saying, well, this is anecdotal?

I first discovered this phenomenon when I was tracking the sudden deaths of Canadian doctors, and I'd noticed that Canadian doctors had to take Covid vaccines to keep their jobs. So we had mandates all throughout Canada. You had to take two shots by a certain date or you'd be out of work. And I noticed that the doctors who abided by the mandates kept their jobs. They started dying suddenly. But there was also this group that were developing very aggressive cancers. And that's where I first noticed this phenomenon. And so, you know, this seems to be an issue with professions that were mandated Covid vaccines. And that's why when I look at these GoFundMe pages and you look at the professions of these individuals, it's very often professions that were mandated vaccines, nurses, doctors, other health care workers, teachers. You see police officers, firefighters, military, sometimes flight attendants, anywhere where there was a vaccine mandate, Covid vaccine mandate, you know, you're going to see this this explosion with these cancers.

[01:21:45] Del Bigtree
What are your thoughts on the mechanisms? I mean, this is this is your area of specialty. So cancer is something that you've looked at your whole career When you are looking at the Covid vaccine, what what do you think are are potential causes? Why would it be causing cancer?
William Makis, MD, Radiologist, Oncologist & Cancer Researcher
You know, this is a very complex topic. A number of mechanisms have been proposed in the literature and are starting to get backed by publications and findings in the literature. The main one you'd mentioned it earlier, the modification of the mRNA, the methylated pseudouridine that they inserted into the mRNA. That seems to dampen the innate immune system through toll like receptors, and that has downstream effects, downstream effects that haven't been studied. One of those possible downstream effects is you damage cancer surveillance. And if you're damaging cancer surveillance now, you increase the risk of someone developing a very aggressive cancer because it is really your immune system that's keeping these cancers in check. And so there are a number of mechanisms by which the mRNA vaccines seem to be altering the signaling of immune cells of T cells and other cells in the immune system. And that translates to an impaired cancer surveillance overall. There's other mechanisms, though, that have come up. There's always the risk of the integration of the mRNA into our genome. So a reverse transcription. There's been recent discoveries of DNA contamination in the Pfizer and Moderna vials.

Del Bigtree
We actually have a video of a top rated scientists. I believe it's out of Virginia. Take a look at this, folks. This just happened last week.

Phillip Buckhaults, PhD, Molecular Biologist & Cancer Geneticists
My name is Phillip Buckhaults. I'm a have a PhD in biochemistry and molecular biology. I'm a I'm a cancer gene jock. Basically, I do cancer genomics research at the University of South Carolina. And what that means is that I'm kind of an expert on all the ways that the human genome can get fussed with during your lifetime and which of those things cause cancer and which ones don't. The Pfizer vaccine is contaminated with plasmid DNA. It's not just mRNA. It's got bits of DNA in it. This DNA is the DNA vector that was used as the template for the in vitro transcription reaction when they made the mRNA. I know this is true because I sequenced it in my own lab. The vials of Pfizer vaccine that were given out here in Columbia, one of my colleagues was in charge of that vaccination program in the College of Pharmacy and for reasons that I still don't understand. He kept every single vial, so he had a whole freezer full of the empty vials. Well, the empty vials have a little tiny bit in the bottom of them. He gave them all to me, and I looked at them. We had two batches that were given out here in Columbia. And I checked these two batches and I checked them by sequencing. And I sequenced all the DNA that was in the vaccine. And I can see what's in there.

Phillip Buckhaults, PhD, Molecular Biologist & Cancer Geneticists
And it's surprising that there's any DNA in there and you can kind of work out what it is and how it got there. And I'm kind of alarmed about the possible consequences of this, both in terms of human health and biology. But you should be alarmed about the regulatory process that allowed it to get there. So this DNA, in my view, it could be causing some of the rare but serious side effects like death from cardiac arrest. There's a lot of cases now of people having suspicious death after vaccine. It's hard to prove what caused it. It's just, you know, temporally associated. And this DNA is a plausible mechanism. It's different from RNA because it can be permanent. This is a real hazard for genome modification of long lived somatic cells like stem cells. And it could cause theoretically this is all a theoretical concern, but it's pretty reasonable based on solid molecular biology, that it could cause a sustained autoimmune attack toward that tissue. It's also a very real theoretical risk of future cancer in some people, depending on where in the genome this foreign piece of DNA lands, it can interrupt a tumor suppressor or activate an oncogene. I think it'll be rare, but I think the risk is not zero. And it may be high enough that we are to figure out if this is happening or not.

Del Bigtree
This is something that's getting a lot of attention. We had Kevin McKernan on the show just a few weeks ago talking about how he was I think he was one of the ones that really discovered this plasmids hanging out, this DNA material in the vaccines. Obviously, this is a man who studies cancers. Also, he's very alarmed about this. And I have a question for you. I think some of us are a little bit confused when he's like, this is DNA. This shouldn't be there. This really has the potential to land in the wrong place, cause cancer. It seems that he's more concerned than he would be if it was mRNA, because obviously there's supposed to be mRNA in this vaccine. What is the difference between mRNA and DNA and why is one more problematic than the other?

William Makis, MD, Radiologist, Oncologist & Cancer Researcher
So it's a lot more difficult for the mRNA sequence to get integrated into our genome. It is a lot easier for the DNA to be integrated. And these are these are small rings of DNA. So they're called DNA plasmids. It arises out of the manufacturing process that Pfizer and Moderna have in mass producing these vaccines. The other danger of these DNA plasmids? Well, first of all, there's a lot of there's a lot of them. So the contamination, it's not minute amounts. It's I believe Kevin McKernan had reported up to 30% of the genetic material in the vaccine vial. Could be this DNA contamination. So you have a lot of it. And, you know, these DNA plasmids, these very small rings, can be integrated not just into our DNA, but it can be picked up by our gut bacteria or it could be picked up by other bacteria in our body. And then these bacteria could be theoretically producing spike protein.

Del Bigtree
Wow. So they start just reproducing. Exactly. And then then I think about the fact that when we look at and we think about like gene splicing or all this work that was going to try and just make DNA inserts and that would be the future of medicine and science. And it just seems that a lot of that work is held up. We've been decades waiting for products that could somehow go in and cure cancer. And I think similarly, one of the things they found is no matter how we try to put that insert in, if it doesn't land exactly right. It tends to always cause cancer is what I feel like is a side effect of all of that work in the future of science. And in many ways this is sort of the accidental side of that, right? We're using a DNA mRNA product. It's floating around. And wherever it lands, it could just wreak havoc. And you're actually your DNA and your immune system.

There’s a lot of work being done right now to try to alter the outside of the lipid nanoparticles to be able to direct them to certain locations in the body. I know that now they’re looking at integrating Crispr technology into lipid nanoparticles. You know, this is this is dangerous work. But the problem with rolling out this technology, this lipid nanoparticle mRNA technology with these Covid vaccines was that there were no modifications to the lipid nanoparticles. And they told us that it would stay in the arm. And this goes systemic. And I think that really is where all the injuries, vaccine injuries that we’re seeing stem from, including the cancers, is that this goes systemic. And then you’ve got tremendous effects on the immune system. You know, are another mechanism, possible mechanism of cancer arising is this what we call antibody shift; this IgG for antibody shift. And that again is a feature of our immune system where if you’re getting repeatedly exposed to the same antigen, then your body starts to produce a different kind of antibody called IgE that actually gives you tolerance to that antigen.

[01:29:41] Del Bigtree

So it kind of gives up on killing it. It’s just like I just want to like live and let live. I’m just going to let it hang out in the body now and not fight anymore.


Exactly. So another discovery a few months ago, there was a discovery that if you’ve had two Covid vaccines, you start to produce a little bit of this new antibody, this IgE four. But if you’ve had three vaccines, if you had the booster shot, your IgE four levels go up 500 fold. And then suddenly it goes from 0.04% to 20% of the antibodies you’re producing and that shifts your immune system completely. You’re not producing IgE one and three anymore. And these are the antibodies that actually handle the viral infections, but they also handle cancer surveillance. So you’re more likely now to get infected not just with Covid 19. So you see people who’ve had their booster shot, three vaccines, four vaccines, five vaccines. They keep getting reinfected with Covid 19 over and over, or they get sick very often with influenza. But you’re also reducing cancer surveillance as well because you don’t have those IgE one and three anymore. So you’re impairing cancer surveillance. That could be another mechanism by which all these terrible cancers are arising in people who’ve had three or more shots.

[01:30:55] Del Bigtree

Tell me a little bit about I want to talk about your career for a minute because, people think it’s always amazing to me that cutting edge scientists are finding themselves looking at this, asking the right questions. But you’ve already dealt with, I would say, some corruption inside of medicine and certainly government. A top researcher working in a new space in cancer, in cancer research in Canada. Just tell me what happened there.


You know, I ran one of the largest medical isotope cancer treatments in North America. And this is called targeted radionuclide therapy where we attach radioactive molecules so radioactive radioactive atoms to certain molecules to deliver radiation specifically to tumor cells. So you’re not irradiating healthy tissue. We had a very large program. I had several hundred cancer patients under my care. And unfortunately, the government didn’t like the program. We were curing about 85 to 90% of stage four end stage neuroendocrine cancer patients. We had just discovered that we could use this technology to treat end stage prostate cancer and end stage breast cancer, and the government decided to shut my program down. They came after my medical license, and then they’re rebuilding this program in Vancouver, in British Columbia. But it’s all under the federal government control with several hundred million dollars of federal funding. So now it is fully in the hands of the federal Canadian government.

[01:32:18] Del Bigtree

So your own government basically came and stole the technology, patents and everything and just ran off with it. That’s the beauty of socialism, I suppose. It’s amazing to think that that can happen. And so you’re left struggling to I think they’ve put an attack on your license in order to do that?


Yeah, they’ve come, they’ve come after my license. You know, I’m one of the few doctors who can actually speak out about the breadth of the Covid vaccine injuries that I’m seeing. And especially now with the turbo cancers, I’m trying to report as many of these cases as possible, try to alert people, look, these terrible cancers, they’re happening in pregnant women, They’re happening in young kids, as I said, as young as 12 years old. But but high school kids are coming down with these cancers. The turbo cancers I’m seeing lymphomas, I’m seeing brain cancers, stage four, brain cancers and then breast cancers, colon cancers, lung cancers, the leukemias that are showing up in the Covid vaccinated individuals, they can kill in a matter of days or even hours. As I’ve reported, several cases where young kids, 13 years old, 16 years old, they feel unwell, they go to emergency and the doctors discover that they have leukemia and then they die a few hours later. These are tragic stories. And oncolgists are they’re not talking about it. You know, there’s only a Professor Dalgleish in Saint George’s University in London, United Kingdom, who is sounding the alarm, and he has seen his patients who are stable cancer, stable cancer patients who took a Covid booster shot, and suddenly he their cancer is growing out of control. And so he’s sounding the alarm. But, you know, doctors are being persecuted for speaking up and for causing vaccine hesitancy.
[01:34:02] Del Bigtree

How bad do you think it is? I mean, when you look at it, even even in that video, he said, look, I think it'll still be rare, but it's going to probably be high enough. We should be looking at it. What is your sense? Are we we're seeing all cause mortality sort of skyrocketing worldwide? We're not sure what our numbers are here because somehow America doesn't know how to collect data. But when we look around, somewhere between 10 to 40% rise, especially in this group, you're talking about young people 18 to right around 24 or yeah, I think it's like 18 to 24 is the highest rising group of all cause mortality around the world. Do you feel when I watch the booster being rolled out and I see them just everybody go out and get it? And the idea of everybody getting it, how many millions? I mean, what is the vaccine uptake in Canada? Is it I think it's like 82, 83% or something.

[01:34:56] William Makis, MD, Radiologist, Oncologist & Cancer Researcher

It's about 84, 85%.

[01:34:58] Del Bigtree

So what does our world look like five years from now?

[01:35:02] William Makis, MD, Radiologist, Oncologist & Cancer Researcher

Well, so here's the interesting situation. The uptake of the booster shots has cratered. So in terms of Canadians taking booster shots, it's only about five, 6% of Canadians have taken a booster in the last six months. So that's the good news. Yeah, The bad news is that these long term effects that we're now seeing and I truly believe that this turbo cancer is going to be a long term effect because the trend seems to be increasing. So although the booster uptake has dropped these turbo cancers, there's more and more of them that I'm seeing. I'm reporting hundreds of them. There are probably thousands, tens of thousands of these cancers. You go on any of the social media platforms and you just see endless cases of people reporting these cancers. So my worry is that this is going to be a long term trend that we're going to be stuck with and we're going to be discovering more and more. There's more and more cases being published of turbo cancers. And so that's, you know, making people aware of the problem. But we're not we're not even researching really the mechanisms of what is the exact mechanism causing these cancers. And if we don't know the mechanism, we can't treat, we can't treat these cancers. So right now, oncologists have no treatment to offer these patients. They try standard chemo, they try standard radiation therapy treatments, and they're not working. So these terrible cancers are resistant to conventional treatments. Doctors usually have nothing to offer. And if the prognosis is so poor that the patient dies usually between 6 to 12 months from diagnosis, they have they have no treatment options available to them.

[01:36:43] Del Bigtree

I know you've you've been you've written over 100 papers in your career on the subject of cancer. You've been doing some work with Doctor Peter McCullough. He has a recent paper out with some photos I thought were pretty really shocking. Let's take a look at this. Is Bell's Palsy or an aggressive, infiltrating basaloid carcinoma post mRNA vaccination for Covid 19. This just look it. This is, I guess, the ear and face of this gentleman where this is the mechanism, of how it works. It sort of gives you the flow chart and everybody you're going to get this if you are signed up to our newsletter so you can get all the data. But, you know, it starts out with this. Paul, like his eyes drooping, his face is drooping. Clearly there's issues. And then it kind of just seems to get worse and worse and worse, as you're saying. It's just this is like a horror movie. What happened to this guy that's inside of his head? You can see it's, obviously growing, swelling, all sorts of issues. It's just really it's just amazing to me that there's so much detail in this. Now we're seeing images like this, studies being done. These aren't, it's not some crazy group of people, like really top scientists. I think, there was one other study we've shown before, which was just a before and after the of the accumulation of cancer. This was the rapid progression of Angioimmunoblastic T cell lymphoma following the Pfizer vaccine booster shot at case report. And in this look at this, folks. Look at the before and after those little black dots represent the cancers and just it explodes inside this person's body.


So this was a very important case because this was one of the first cases of turbo cancer ever published. And it was a 66 year old man who had two Pfizer shots five months later develops lymph nodes in the neck and they diagnose him with a lymphoma. And at the time, the doctors didn't realize that there could be any connection between the two Pfizer vaccines he took and his lymphoma. And so in preparation for his chemotherapy, they said, we're going to give you a Pfizer booster shot. And so they gave him the Pfizer booster shot to protect him during chemotherapy. And within a few days, he feels his neck nodes just swell up:

[01:38:57] Del Bigtree

So I see. So that's why you see cancer in him in the first one. That's after two shots. No one knows that he gets the third one and it just explodes overnight throughout his whole body.


And so they decide, you know, I mean, we've done imaging recently, but let's just do another image just in case to have a good baseline just before we start your chemo. Therapy and they do the second image and they see to their horror that the cancer has just exploded. And this is eight days after his Pfizer booster shot. And the cancer, So the original tumors grew to a much larger size. And then there were new lymph nodes in the axilla in the abdomen and in the groin area as well. So the cancer had spread all over his body, in a matter of eight days, and they published it. And it's really it's the first example and first imaging example that we had of what these turbo cancers look like and what they could do.

[01:39:51] Del Bigtree

When when we think of timing, eight days. How long would you normally if you were going to watch somebody that was going to evolve into this position? How long should that take for a cancer like that's in your lymph node?

Well that could take I mean, that could take a couple of years. Certainly it would take many months. When you look at the first image, it took five months to get to the first image. And he already had had two Pfizer vaccines. But then you add the booster into the picture and that's just eight days his cancer explodes. And, you know, this is we come back to this this idea of the more shots you take, the more damage your immune system takes. And I think that was what the Cleveland Clinic study showed so well. Yeah, more doses, more immune system damage. And, you know, the more aggressive your cancer can be now that you've completely destroyed your immune system's surveillance of cancer.

[01:40:44] Del Bigtree

Amazing. I mean, it's really shocking. And I just think as you watch these people promoting it and it's hard to not just think, man, so many people are just going to walk off a cliff on this. They're just listening to the experts. Luckily, as you said, the booster shot is I think here, I think we're under 10% receiving boosters. But that's also why they're trying to change the language. Right. Let's get back to calling it a seasonal vaccine. Do you think that's going to work in Canada? I imagine it's going to try and do the same thing. Let's get off of calling it a booster. It's your seasonal. It's just like your flu shot.


You know, there's probably going to be a subset of the population who will take, you know, these new booster shots and will take them every year. But I think the more we expose the dangers of these of these vaccines and of these shots, hopefully the more people will realize, you know, there's something very wrong here. And part of what I'm trying to do is I'm trying to alert people to what these vaccines are doing, you know, especially on the cancer side. This is a tsunami of of problems that that we're facing. And most people don't realize that this is a risk. And even oncologists are not realizing this is a risk because oncologists are giving the new booster shots to their cancer patients thinking that they're protecting them. Meanwhile, they're probably accelerating their underlying cancer.

[01:42:08] Del Bigtree

Unbelievable. Just real quickly, as we sit here and look at I think I've said before, Neil deGrasse Tyson sat in that seat, promoting the vaccine. And I said, look, science is dying here. We've lost the ability to have the scientific method. No one's allowed to ask questions. You're attacked in Canada if you ask questions. I think when you take science under attack, when you listen to Paul Offit saying we've got to just put a happy face on everything, even if behind the scenes we know that there's problems. But it just seems like a perfect storm up in Canada. You add socialism to that mix and then suddenly Trudeau is just running. Just you just bulldozing over people's lives. It is as bad as it appears from those of us watching the news in Canada?


It is, unfortunately. You know, I've been locked out of my office, so I really can't do cancer research officially. You know, under the government. Dr. Byron Bridal, the famous virologist from Ontario, he's been locked out of his lab, I think, for over a year and a half.

[01:43:09] Del Bigtree

Wow.


By his by his university. And so, you know, those of us, those handful of us who are raising concern about these products, about these vaccines, we're being persecuted really quite heavy.

[01:43:22] Del Bigtree

And it works because everyone else is just hush hush. Like, why am I going to say anything? I lose all the great work I'm doing.


And, you know, we're still trying to do the research. You know, I've still published a peer reviewed article on the IG4 Shift and showing that, look, it could lead to autoimmune issues, it could lead to myocarditis and it could lead to cancer. You know, we managed to get that published. But really, you know, it's such a struggle to do this with one hand tied behind your back and the government breathing down your neck, threatening your license, you know, suspending your hospital privileges, for example. It's very hard to do this kind of work. You know, I wish we could get the support we need because, you know, people are getting injured. More and more people are getting injured. More and more people are dying. And for these terrible cancers, oncologists have nothing to offer their patients. And that's just a tragedy.

[01:44:11] Del Bigtree

Really, is if we want to follow the work that you're doing, you're doing a lot of writing on Substack What's your substack?


MakisMd.substack.com.

[01:44:19] Del Bigtree

Okay. Very good. Anywhere else Twitter or anything like that or is that where we sit.


@MakisMD on Twitter.
Okay. I really appreciate the fact that you're speaking out on this. It's great to have someone with knowledge in the oncology space and I too am talking oncologists. Many of them behind the scenes are saying I'm seeing something like I've never seen it before. And obviously a cancer doctor doesn't want to go out and say that their patients are dying. Right? It doesn't make for good business practice. So you have that too, as they struggle, I think, to figure out what's really going on and then to watch the news sit there saying, man, cancer is on the rise in children, we just can't figure out. Scientists are baffled.

**William Makis, MD, Radiologist, Oncologist & Cancer Researcher**

It's frustrating. It is so frustrating as a physician to watch, you know, because we have some answers already. You know, with Kevin McKiernan's work and confirmed by Professor Philip Buchholdt just recently in the Senate testimony. That's incredible work. That is very, very important work. Even before that, even just a few months ago, we didn't know that there was DNA contamination in the Pfizer and Moderna vials. And on top of that, Kevin McKiernan discovered that there was an Sv40 promoter. It's this oncogenic virus, a piece of it in these DNA plasmids that shouldn't be there. And yet this is another.

That's crazy SB 40 being the contamination that caused cancer in the polio vaccine.

Yeah, exactly. So this is very important work, but it's being done by independent researchers, independent researchers like Kevin McKiernan, like Dr. Peter McCullough, like myself, Dr. Aseem Malhotra. Yeah, this is independent research that's that's pushing forward and trying to, you know, alert people to the to the dangers of the vaccines. And we, you know, we need more support on that front.

Well, we're giving you all the support we can any way we can help out. I really want to thank you for sharing this story here. I recognize great science and doctors are literally under threat. You're being persecuted, which I think in many ways is a perfect word because it's almost like this is a religion. It's like a religious cult that is attacking science and stopping, the very space and the questions that are needed to save us from this disaster. So keep up the good work. We're going to continue following the work that you're doing. Thank you so much. And thank you for joining me.

Thank you. Really appreciate it.

Alright. Well, we were at Freedom Fest and for many of you, you've been watching we've been getting some extra content out there. On Mondays, we're dropping to New Freedom Files. This is our tour Laffer and David Bonson, which are both, big finance people. There's a lot of discussion about finance, freedom, taxes, How should our money be working? This is if you're one of those people that's really fascinated by the corruption in our financial system. You're going to want to see this week's Freedom Files. Take a look at this.

The truth is, we don't have the best health care in the world because we do not use markets the way we do. We should have the best market in the world, but we're the least free market country in the world on health care. And once we get back, I mean, have you seen what's happened to our costs as a share of GDP versus the OCD from 1970? It's gone way, way up. Have you seen what's happened to our life expectancy relative to the OCD? It's gone way, way down. I call it La Croix de Santé, which is the cross of health, which is now we just have to reverse that and really get free markets back in. We can increase our life expectancy in this country by five years just by putting in markets into health care.

Well, it's becoming I hope it's becoming obvious to all of you out there that your support is making it possible to do great science, to bring lawsuits. It's also making it possible for us to bring on bring on doctors like Dr. Makis to tell you the truth and share it with you so you can share it with everyone you know. So please, this we can't be just a tree falling in the forest, right? Just because you're seeing this happen and you're tuned in the Highwire doesn't mean we can save our brothers and sisters and aunts and uncles and fathers and future generations. It's really a time we're all going to have to step up here. This is a horror show. It is absolutely horrid. And to think that they're promoting this vaccine with all of these known side effects, all of these issues which we have been talking about literally since day one, we've been talking about the pseudo uridine and the potential that it could lead to cancers. We've had Ryan Cole pathologist, talking about the blood clots. You're seeing all of it. And, I say to you, do you really think you're going to be able to just go on with your life as normal and just put on your blinders and say, I've just got to go to work? I got to just keep feeding my family and eventually this is all going to go away.
[01:48:50] Del Bigtree
These people are not only wrong and lying and persecuting those that are telling the truth at the exact same time, they're infiltrating our government. They've taken control of all of our regulatory agencies. And if it wasn't bad enough, they're making hundreds of billions of dollars to launder and buy more and more of our political system to put weight and energy behind the W.H.O.. So the W.H.O. out powers all of the constitutional declarations in three countries around the world. This is all going on right now. And Silicon Valley is jumping up to the plate to say, hey, we got technologies where we can track and trace every human on this planet if they try to get out of line and not get this cancer causing vaccine, we'll know where to find them and how to stop them. We can even shut down their bank accounts. This is all that's going on right now. This is happening in your lifetime. It's time to wake up to that reality. I don't think it's depressing in many ways. I've said it before, you know, the ancient proverb may you live in interesting times. Well, we've done it, folks. We have overachieved. We live in the most interesting times that have ever been. And in interesting times, heroes are needed. And that's what I think you are.

[01:50:05] Del Bigtree
I believe the entire audience out there for the Highwire. I know what you're tuning in. You need the truth. You need to be able to share it. You want to know what to talk about. Every one of you should definitely be signed up to our newsletter. If you're not, I don't know why you're not taking use of the one great free tool we give you, which is the body of science from our international body of scientists doing work. Our legal team, all of it gets put in your inbox, in your email every Monday after our Thursday show. All of it, the evidence so you can read it or you can not read it. Even if every once in a while you're like, That was a really great study and I want to be able to show my brother, sister, father, mother, whatever the case may be, it's right there for you to share and say, look what the CDC look at what we had today, what the CDC looked at, Look at the numbers that they looked at to approve this. Here's the science where you can say to your friend, I'm not making this up. This is the document that says ten mice is what is decided that this vaccine works for the entire world. Ten mice. They made $100 billion. You don't think they could afford to do a little bit deeper study than that? Or maybe they don't want to know.

[01:51:17] Del Bigtree
It's time to reach down and find your inner voice. I want you to start finding a couple of the talking points every week and say, let me try this on. A couple of friends start practicing on what gets through to people. I always say maybe asking a question is better than making a statement. Ask some questions and say, if you want some answers. Here's a little a couple of studies I found this week on this subject. We've got to do our part, our nation, the United States of America. This is also an international show. So all of your nations, all of your families, the future of our planet and of our species is in our hands right now more than ever. And here is the reality. A very small group of morons are trying to destroy your life. We outnumber them. We're smarter than them. Clearly, as they go, we just can't figure out where all this cancer is coming from. You know where it is. And you need to tell everyone you know, so that we can go bust down the gates of this castle and kick these morons out. That's the goal of The HighWire. I hope you're going to join me in that and I'll see you next week.

END OF TRANSCRIPT