[00:00:05] Del Bigtree
Did you notice that this show doesn't have any commercials? I'm not selling you diapers or vitamins or smoothies or gasoline. That's because I don't want corporate sponsors telling us what to investigate and what to say instead. You're our sponsors. This is a production by our non profit, the Informed Consent Action Network. If you want more investigations, more hard hitting news, if you want the truth go to ICANdecide.org and donate now. Good morning, good afternoon, good evening. Wherever you are out there in the world, it's time for us all to step out onto the Highwire. Today's show, a lot of it is about sort of looking back and seeing how far we've come, how many things have changed, have we made a difference in this world? And sometimes when you look back, you can look back at some of the tragic moments in your own life and say, My God, I'm glad I'm still here. And that is the case of the first story today. It really starts for me in a personal level, which is if you've been watching the Highwire for over two years, then you know that I had a major health crisis that happened one Thursday morning. I was supposed to be on this show back in May of 2021, and suddenly I got a call that morning. I'd gone in for some tests, and I got a call saying, you better get to the E.R. because your hemoglobin level is at 4.8.

[00:01:46] Del Bigtree
It was supposed to be somewhere between 15 and 17. That's the amount of red blood cells carrying oxygen through my body. And it had all but almost disappeared. It was a very scary moment, but the first thought that I had, since this was in the middle of the Covid pandemic and the Covid vaccine rollout was well, and they said, you need to go to the E.R. and get blood transfusions immediately. And I just thought, I don't want vaccinated blood transfusions if people have gotten this vaccine. We were still doing some due diligence and looking at that, but I didn't know what was in it. And we were starting to see things about spike proteins. Now, I still think it's like the greatest decision I ever made to not rush to an E.R. and get those transfusions. But I was looking around, what options do I have? And here in Austin, Texas, I was told that nobody giving blood is being asked whether they were vaccinated or not. And so I reached out to some friends, a friend of mine down in Mexico that has a clinic down there and said, do they chart, vaccinated or not, in the blood bank in Mexico? And as it turns out, they did. And in Mexico, unlike Austin, Texas, I could actually choose to have unvaccinated blood transfusions. Of course, they did go to Mexico. And I went down there and found out what was going on, and it wasn't as sexy as you would hope, especially, you know, this is one of those things, is you live a life like mine.
[00:03:15] Del Bigtree
I live in front of the cameras. Most of you know everything that’s going on in my life. I talk about it on stages, I talk about it on this show, and when I don’t show up, it certainly doesn’t go unnoticed. And so I had to come back to the show and explain what had happened. There was plenty of rumors the CIA got to me and everything else, but in the end, it was really quite a simple explanation and it made some headlines. Let’s just go through how some of the naysayers or haters, if you will, want to report on this story because it tells the story and I think you’ll get the gist. This was in the Daily Beast. “Top anti-vaxxers unhinged quest for unvaccinated blood leads him to Mexico. Del Bigtree desperately needed a transfusion, but first he had to track down the blood of a donor who hadn’t been vaccinated, and his doctor friend in Mexico is ready to oblige.” Another article came out from Dr. Gorski, a guy that likes to really rip into me as off as often as he can. “Del Bigtree could have died because he refused transfusion from donors vaccinated against Covid 19.” It goes on to say that I almost bled to death due to my own stupidity. Gorski got involved with a couple texts. He got really focused on what was ultimately was my behind because in the end, this is really about a hemorrhoid issue I had been dealing with, and he wanted to make sure the whole world knew that “anti-vax obsession with purity of the blood can go to ridiculous extremes, such as when at Del Bigtree almost bled to death because he would not accept a transfusion of hashtag Covid 19 vaccinated blood.”

[00:04:48] Del Bigtree
And then there was a debate on whether I’m a liar or not. Is Bigtree operating in good faith? Does he believe in what he’s selling to his subscribers and affiliates? What are his choices about dealing with his near-fatal hemorrhoids? Tell us about his altruism. It’s a new article. And then what? The decision. I felt good about this. If at Del Bigtree wasn’t lying about his search for unvaccinated blood, and I don’t think he was who’d make up a story as embarrassing as almost bleeding to death from hemorrhoids. I think he’s a true believer. So there it is. Gorski has many times, I think, tried to say I am a liar, and I think that he finally at least come to the realization that I do believe what I’m talking about. And as a side note, there’s been times where newspapers will infiltrate and get to a private event that were happening sometimes with undercover cameras, and people will call me. We just found out that we were infiltrated at this party and there was undercover cameras. And I honestly, I’ll tell you, I don’t care.

[00:05:47] Del Bigtree
I say to the people that call me like, what would they possibly what would I be worried about them catching on or a hidden camera of me? Because here’s the truth. The only thing that someone like me should be worried about at all is if I was actually lying to you. If I didn’t believe the things I was talking about, I was doing it as they say, I decided to leave my CBS career. I guess this is how the story goes. I left my Emmy winning career at CBS as a producer. That was quite lucrative, and I was doing very well and climbing into all the spaces you ever dreamed you’d be in that career. I left that to hop on the gravy train, if you will, of the anti-vax story where I get attacked by every paper there is. But that was a good business decision. Clearly it wasn’t. But behind it all, one of the things that I think that this story, at least about my hemorrhoids made clear was, I believe what I’m talking to you about. I don’t tell you what to do with your own life. I want you to come to your own conclusions. But I have been very honest and transparent about what I do with my life. And in this case, I risked everything. I had 4.8 hemoglobin to go up to altitude and get to Mexico. Ultimately, just to fill out the story, my doctor friend did end up finding one person.

[00:07:04] Del Bigtree
There was one unit of blood here in Austin, Texas, that got back to the blood bank and said, I didn’t get the vaccine when I got back, when I before I had got given the blood transfusion. And so I had one unit that night while they were looking for a plane. The next morning, I was going to be able to get on that private jet, but I got one unit of blood that night that didn’t have vaccine in it, or spike protein or any of the things I was concerned about. I’ll tell you what, one unit sort of takes you from 4.8 to 5.8. And boy did I feel like a million bucks. I ended up getting on that plane. I had oxygen and all these things so that I could make that trip. If you want to know what it looks like when your blood is at 4.8, here’s the before and after blood transfusions. There I am on the left. That is a guy who can’t walk across the room. Didn’t know why. As it turns out, I was my my heart was going from. It was a steady sitting rate of 90 beats per minute, and it’s going up to 140 just to walk across the room. Well, the reason was I didn’t have enough blood to move oxygen through my body. You can tell by my complexion that’s the case after about ended up being I think it was seven blood transfusions.

[00:08:14] Del Bigtree
There’s what you look like when you have blood back in your body. I say all of this because at that moment there was nothing to do but go to Mexico. But now there may be options. So many of you reached out to me and said, what do I do know? Do I store my own blood? Well, blood only lasts so long and things like that. And also many of you have come up to me and said, thank you for being honest about the hemorrhoid story. I also have been neglecting that situation and didn’t know that it could be, that precarious or death defying. And as it turns out, don’t let those things go. I was working really hard, traveling really hard, and it had taken its toll. Anyway. feeling much, much better now. But what I feel even better about is there now is an option for people that might find themselves in this same situation. I’m talking about Safe Blood. This is a company that is now creating an option to get into a database where people will be able to share their blood based on blood types. I’m joined now by Clinton Ohlers, who is an executive from Safe Blood. He joins us now to talk about this great advancement, I think, in the future of medicine and personalized medicine and actually being involved in our own choices. Clinton, thank you for joining us today.

[00:09:31] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Well, Del, it’s great to be here. Thank you for having me.

[00:09:34] Del Bigtree
To begin with. I’m sure it wasn’t my personal story that started this program. Where does where did Safe Blood originate from? Who had the idea and how does it work?
[00:09:47] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Well. It started with our founder, George Della Pietra, who is a Swiss naturopath, and he was had led clinics internationally and was now back in Switzerland, entering retirement when he and other colleagues in the field in Europe began looking at the unvaxed versus mRNA VAXXED blood under magnification, and were quite alarmed with what they saw. Yeah, and that.

[00:10:17] Del Bigtree
We have some B-roll. We can look at this really quickly. You see on the right, I think that that's the unvaccinated. Here's what vaccinated this is this from your videos. So I haven't had the opportunity to sort of really investigate where this comes from. But this is on your website. This is the vaccinated blood. And I think we have what your blood is supposed to look like. There's unvaccinated right there. And so in comparing these two he realized that there was clearly a difference.

[00:10:46] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Yeah, absolutely. And a couple of things to point out is that and you can see it in the video, if you watch the whole thing, it is in German for viewers to take a look. But the you see the people sitting down getting their pinpricks and having their blood examined. Now, what was remarkable to me because I asked this when I first got on, I wanted to know, well, how many cases, what percentage did this represent? Were these just severe cases right? Was this 20%? What was this was 100%, 100% of the blood that they were looking at. Yeah. Was showing this what you saw there, that stringy, you know, stacking of the blood cells. That's called rouleaux. There's other things that they also looked for. And they saw this over and over and over again. And George was very concerned that the cumulative evidence from these multiple examinations was looking more akin to something that he hadn't seen, except in late stage cancer patients. And these were people who were not presenting symptoms necessarily. So they became very concerned that this would have a long lasting detrimental effect on the global blood supply. And George founded Safe Blood in September of 2021, a month after seeing this.

[00:12:04] Del Bigtree
Wow. And so so Switzerland, is that what you said? Where does he live? Where are we talking about?

[00:12:09] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Yes,

[00:12:09] Del Bigtree
Switzerland. And so it starts in Switzerland, but it's made its way to America. How does the program work?

[00:12:17] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Well, what we primarily do is we match unvaccinated un mRNA vaccinated donors with anybody, whether they're, say, mRNA vaccinated like myself or like you, or, say, people who've had the mRNA vaccine and don't want re-exposure. You know, for example, my parents at the time, early on, it sort of seemed like the risks might outweigh the benefits. And so they've been vaccinated, but they wouldn't want further exposure. So if they went into the hospital, we would connect them with a non mRNA vaccinated donor in their area. Now another thing that we do is we're really big on education. We want people to know that the best thing you can do is not have to receive blood at all. And so we really encourage our members and the public to ask for autotransfusion first, where you are put on a machine, where you donate to yourself, that's far and away the safest way to get blood. It's less convenient for the hospitals, but it's your right to ask for that. And so all of our members have a living will where that's one of the first options on there. And of course, you can also, if you have enough lead time, donate to yourself ahead of time.

[00:13:29] Del Bigtree
So if you're going in for a surgery or something in the future where you think you might need it, you can donate and you can set up those facilities. Now, one of the things here in Austin that I found surprising was that under the circumstances, I was b negative, my wife was o negative, so she was able to donate to me. But the issue was here in Austin, Texas, the minimum amount of time they told me to turn that donation around of hers to get it to me was like 14 days. Obviously that wasn't convenient. So I would imagine you've probably developed partnerships with companies that can turn this blood around in a quicker time than two weeks, because in Mexico, by the way, my wife came down and I got her blood four hours after she'd donated. I didn't realize that even though we may be compatible, they still have to check for different antibodies and things that might not line up. So there is a process there. How are you handling that process?

[00:14:29] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Yes. Well, that's that's just it. I mean, the blood has to be processed and the, the about the fastest that we've done has been four days. Now it's much better to have prior lead time. Right. And that's one reason we encourage people to become members, even if they don't know that at any point in the future. Going to need this, right? Because they may and any any person who joins is helping to really secure that future blood supply in the future by being a part of what we're doing. And so, yeah, so that typically you'd want more like seven to 10 to 14 days lead time to get matched and so forth. You know, so many people get Ahold of us because they just found out that they need surgery and they need it quickly and they need to have blood available. And so we do everything we can. But one of the big challenges that's going on right now, and is akin to what you faced, is that, and I want people to be aware of this for emergency situations. Say you are in a car accident and you go to the hospital and you need blood right now, and and you need it, right. You can't do autotransfusion or you've got internal bleeding, kind of like what you had. You had internal bleeding, so you had to have a transfusion. There is no path for emergency medicine right now. You have to take what comes off the shelf, which we estimate has a 70 to 80% chance of being from a vaccinated donor. And so one of the things we're working very hard on, we've established a safe blood foundation. We are really working on getting the kind of rapid and accurate testing that can be done. So it will become available to people who need blood in an emergency situation to say, hey, I want that that unit of blood tested before you put it into me. So I know if it's carrying spike protein or other markers of mRNA vaccine.
[00:16:18] Del Bigtree
Interesting. So that's another part of what you're working on now. I think we have a map for people that I mean, you're brand new. So this is and this is a part of I think and what I love about this story is building that medical system in the future. We want to change the way that we're doing things. We want to be more involved with the decisions that we're making and the part of the choices of where things are coming from, especially, and the medical choices we're making. And I think the hospital systems are going to change. But those first people out, companies like Safe Blood, you're really going into uncharted territories. And so there's a road ahead. But I was impressed to see the map that you've got going in America. When we see how many people like if you all of this is my blood type, but when you go through it, you can see the map, see all over the map, all the places where you can find blood type near you. I mean, that's across the world. It's not everywhere, but certainly in the United States, there's a lot of options there. So you're doing a good job of having things available across the country in places that can work this out. So how much does it cost? How does it work as a membership? Do I have to donate or can I just be a person that's a part of the membership that only is going to use it for myself if I need it. What are the rules?

[00:17:37] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Well, yeah, the way it works is we've got three different levels of membership. For one, if all you're concerned about is being available to be a donor, that's wonderful. There's a lot of people who have not had the vaccine who have step up every day to us and say, hey, I'd love to be a donor, okay? And and people don't understand how important that is, because by being a donor, that means there's another person in someone's area. We're in every state in the country and we're in, you know, in the United States, and we're in over 55 countries internationally. And so if you know someone in Austin, Texas, steps up to the plate and says, I want to be a donor, they may not ever actually be called on to be a donor. But now that means we have one person in their blood type who is available. And whenever we do a donation, we need redundancy, right? We need multiple people available because what if something happens to the first donor, they get sick or they're indisposed and they can't come.

[00:18:37] Del Bigtree
Or you need multiple transfusions as I did, I think I needed I couldn't even get endoscopy colonoscopy done until they got me to a blood level of I think it was ten hemoglobin level above ten, so that I was at 5.8 when I got there. I needed, I think, five more transfusions before I could even find out what was going on. And so in that case, you would want more than one person available to you.

[00:19:04] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Yeah, absolutely. That's the other side of the coin. Yeah. Now our our second level of membership is for people.

[00:19:10] Del Bigtree
So do you pay to just be a donor. Like if I just want to donate how does that work okay. So no just I just put myself on okay. Got it. Alright.

[00:19:17] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Being a donor is completely free. If you, you know, ideally, you should also want to put yourself in a position to be able to receive and receive quickly. And so we do have a monthly subscription with an introductory rate that we've priced it at at $10 a month. Okay. You know, certainly if you know, if you get something in a few months that doesn't cover costs, but you know, so we we also have a system where if somebody is a donor and then needs it right away, there's a larger fee to cover our obviously our expenses, but. So $10 a month. And then if you want to just be like a founding member and do a one time fee for $1,000, you can basically have it for life. If you need a transfusion. You're already paid up. You're ready to go. And that also does a lot by way of helping us to expand our reach and our research to, you know, really improve the safety of the blood supply.

[00:20:13] Del Bigtree
Wow. It's really an important work, and it's something that a lot of people have asked us about. And so I'm really happy to be able to say that someone cares about this. Someone's working on it. And I think that this is, with all the things that we spend money on in medicine and the costs that are out there, that seems very reasonable to get involved. $10 a month, I mean, so for anyone out there, for those of you that have asked, I would say we've got to support these, these pioneers, if you will, that are trying to build new ways that those of us that don't want the CDC dictating our lives and how we get to live it, or these giant hospital mall systems that are having no choices. It's a one size fits all. If you want to get involved, then we're going to have to go outside of our comfort zone and actually sort of invest in our future. So, Clinton, I want to thank you for taking the time today to introduce introduce us to Safe Blood and all the best. I'm sure we have a very dedicated audience. I know a lot of them will love to get involved here, and certainly be available to give blood to those people that are in need. This is a part of a community, right? This is a part of developing a community around health in a new way of looking at health. And so I think this is a really cool thing.

[00:21:30] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Absolutely. Well, thank you very much.

[00:21:32] Del Bigtree
Alright. Take care. I look forward to. We'll have you on again soon to see how all the developments and any new changes or or abilities that you develop over safe blood, let us know.

[00:21:43] R. Clinton Ohlers, Ph.D. director of media relations for Safeblood.com
Absolutely. We'll keep you posted.
Okay. Take care. Thanks. I mean, look at that. You have a problem. And then somebody always steps up with solutions. This is why I always have hope in the world. Because though we can't do everything here at the Highwire, I know that when we talk about things and we all make it, get vocal and express issues and needs, then we start to see a shift and somebody decides, hey, wait a minute, there's got to be something we can do. I really know a lot of us were going through financial hard times. So I'm not trying to say everyone needs to invest, but if you're a person of means or if you are, want to be directly involved in the future of changing medicines, we know that these are the types of things that I think we should be investing our time and energy in, and then we'll create a need for competitors and diversity and all of those things. We're a part of it. We vote with our dollars. I think that this is an important way to look at what could my dollar do to future a world that I want to, to move forward in a world that I want to live in to.

I've got a huge show on this, and I've got Dr. Peter McCullough coming up in a little while. Talk about a guy that has been monitoring what happens to your blood and your heart after you get the vaccine. Peter McCullough is been on an incredible journey, and now he is making some very powerful and dramatic statements, not just about the Covid vaccine, but that's right, you guessed it. He's starting to look at the entire childhood vaccine program and saying, I think everybody should pause for a second. We need to do an investigation. I'm going to talk to him about that journey and what he means by that. And for all of you that are new to the Highwire. They're asking questions. And I know you're out there. Well, I know the Covid vaccine sucks. What about the rest of them? This is going to be a very important interview coming up. But first, it's time for the Jaxen report. Alright. Jefferey, what do you have for us today?

Well Del, now, this story is really good. Right on the back of the Safe Blood conversation, because what I'm about to present is something that's been in the background for quite some time, and it's broken into the public debate in a big way in the last month. And to properly tell this story, we have to go back to 2021. And during that time, the public was able to look at confidential documents. These were leaked from Japanese regulators. Pfizer gave these documents. This was a study. They did and they gave it. They submitted it to the Japanese regulators. And it was regarding the lipid nanoparticles that were in the vaccine. Now, the lipid nanoparticles are this sphere. It's a sphere of lipid. It's a drug delivery system. And what it does is it encapsulates the fragile mRNA. So it can travel basically from the injection to where it needs to go and drop its payload. So it's it's something that was really tested with this vaccine, this mRNA vaccine. And a lot of people didn't really understand it, didn't know what was going on until these documents came out. So let's take a look at those really quick, because the conversation was these lipid nanoparticles. They typically just stay in the arm at the injection site. No big deal. But what these these confidential documents that Pfizer submitted to the Japanese regulators showed was this. Let's look at these tables. So it showed that there's some highlighted areas here within 0.25 hours. That's 15 minutes. You're having distribution of these lipid nanoparticles to the brain. Obviously the injection sites get in the liver. And you can see across the top one hour to hour, four hours, eight hours, up to 48 hours. This thing is distributed distributing throughout the body. And this is a big deal. Now the way this was done is with a tracer dye. And they had this tracer dye on this lipid nanoparticle. They put it into intramuscularly into the into these mice. And then they just basically imaged it to see where it distributed and accumulated.

Yeah. We've heard about that process. I mean we use tracer dyes. You lock it on to some element, you want to track through the body and see where it goes.

Absolutely. Very common method. And you can see here and then the second picture to the second graph is it also bioaccumulated pretty big in the ovaries. And that's always been a conversation about what's this doing and why is it really safe to give to pregnant women. And we've covered this a lot. But really no one's really been no regulator or government officials really been nailed to the wall with the hard questions on this until now. So we have senator from Queensland, Malcolm Roberts. He was able to question the Australia's chief medical adviser, Professor Robin Langham. She's the she's the head of Australia's Therapeutic Goods Administration. And that's kind of like FDA's center for Biologics Evaluation. So this is a pretty big deal. Take a listen to how this turned out.

Alright.

Reference the liquid lipid nanoparticles. Sorry. In earlier conversations around Covid vaccines suggested the nanoparticles stay near the injection site, then passed out of the body. My remembering them correctly.

Senator. That's correct. And we've dealt with this on a number of occasions on other questions on notice as well.

Thank you. Documents released in the FISA gate court ordered document dump showed that Pfizer knew at the time of seeking approval for their product that the lipid nanoparticles not only collected at the injection site, but significant concentrations were also recorded in the adrenal glands from a table in the FISA test, data accumulate in the ovaries, the liver, the kidneys, the brain. They go all over the body and the adrenal glands. Did you know that? Did you know at the time of the Pfizer application that lipid nanoparticles collected across the body?
[00:27:29] Prof. Robyn Langham, Head of Therapeutic Goods Administration
Senator Roberts, what you're describing is a particular aspect of the preclinical studies by which an element of the lipid nanoparticles was labeled with a fluorescent label. And so what's seen in those studies is the fluorescent label, and not necessarily the lipid nanoparticles.

[00:27:47] Malcolm Roberts, Senator of Queensland, Australia
Is it still your position, then, that this build up does not have an adverse health effect?

[00:27:51] Prof. Robyn Langham, Head of Therapeutic Goods Administration
Correct.

[00:27:53] Del Bigtree
That is like having your brain sucked out of your eyeballs. I mean, she just said we did a study where we label it with a fluorescent dye. Then when we saw that dye all over the body, that just means the dye went through the body, not the lipid nanoparticle. Does she think we are absolute morons? I mean, the entire purpose of a fluorescent dye study is to track what it is attached to. And she's saying so apparently this was just a study of how fluorescent dye moves through your body. Had nothing to do with the lipid metabolism. I mean, it is mind boggling that this is her answer. And I would have to say, with the ease at which it comes, it sounds like she was prepared for this. So is this going to be the, hey, if anyone asks you about that study, just say all that proves is that the fluorescent dye is what moved through the body. I mean, it's absolutely unbelievable. Some would attempt to say that with a straight face on a microphone with cameras rolling.

Right. And it wasn't some genius study that Pfizer just whipped up out of nowhere. This is a very common study. The tracer dye you can buy off the shelf at any website. This is a common laboratory practice. So again, it's just like you said, it's really it's really insulting to the intelligence. But we also have a study now. It came out last month. So we know this stuff goes through the body. But we're also finding autoimmune issues at other in other parts of the body. So if this thing stayed in the arm we wouldn't have this necessarily "autoimmune inflammatory reactions triggered by the Covid 19 genetic vaccines in terminally differentiated tissues." This means it's going to other parts of the body. And these researchers said this "numerous studies report the onset of autoimmune reactions following Covid 19 vaccination. The histopathological data provide indisputable evidence that demonstrates that the genetic vaccines exhibit an off target distribution," meaning it's going to places it's not supposed to, "causing the synthesis of the spike protein and thus triggering autoimmune inflammatory reactions. Even in tissues which are terminally differentiated and subject to symptomatic drainage." So I mean, that right there is just proving again, this this there's issues throughout the body with these vaccines. But the real big story here that's broken into the public debate over this last month is the DNA contamination. So as an mRNA vaccine. But we have in Pfizer's vaccine specifically, it's been found to have DNA contamination within that. Now, in order to talk about this, there's a video we discussed before, and we're going to go into it in a little more detail right now. So this is USC professor Dr. Philip Buckholtz. And he's a molecular biologist, cancer researcher. His lab is known for having created the spit test for the Covid vaccine. So they're very they're very versed in genomics research. And this is the video. We're going to go into a little more depth here of what he had to say at a Senate hearing in South Carolina. Take a listen.

[00:30:42] Del Bigtree
Okay.

[00:30:43] Phillip Buckhaults, PhD, Professor of Drug Discovery & Biomedical Sciences, South Carolina University
So we took all these pieces of DNA and we used them to glue together what the source DNA must have been. This is kind of again, this is our what we do in the lab all the time. And all these piece, little red and green lines here. These are all independent little pieces of DNA. This must have had 100,000 pieces of DNA in this, this sequencing run. And you can pur them all back together and see what they came from. Is this circle over here? It's a plasmid that you can go shopping online to buy from Agilent. And it's clear that Pfizer took this plasmid and then they cloned spike into it. And they used it for in a process called in vitro transcription translation, in vitro transcription where you feed an RNA polymerase, this plasmid and it makes a whole bunch of mRNA copies for you. Okay. And then you take this mRNA, you mix it with the the lipid nanoparticle transfection reagent, and now you've got your mRNA vaccine. But they failed to get the DNA out before they did this. So these little pieces they did they did make some effort to chop it up. So all these little pieces of the plasmid got packaged in with the RNA. That's clear as day. What happened just from the forensics of looking at the DNA sequencing. Okay. And we can quantify exactly how much of this stuff is in a vaccine or any other tissue. And. You know, I estimate that there were about 2 billion copies of the one piece that we're looking for in every dose. And if you look back at that map I showed you where it's all these littlethe little piece that we're looking for is just that little bit right there. Okay. But if you see 2 billion copies of this, there's about 200 billion of everything else. So what this means is that there's probably about 200 billion pieces of this plasmid DNA in, in each dose of the vaccine. And it's encapsulated in this lipid nanoparticle. So it's ready to be delivered inside the cell. Okay. This is a bad idea.
**[00:32:52] Del Bigtree**
Now, everyone on this topic right now is being really careful to not overstate what they're looking at. But what he is basically alluding to is this idea that it doesn't affect. They've said it over. Oh, it doesn't affect your DNA. It doesn't insert into your DNA. There's no way it would. What he is saying is essentially all the elements that could insert to your DNA are there, in fact, hundreds of billions of them. And reminds me, Jefferey back before there was Covid, we spoke to Dr. Theresa Dieker, who's, just an incredible talent with one of the leading stem cell scientists in the world. And she was really focused on the MMR vaccine and the fetal cell lines, the aborted fetal cell lines that are in there saying that that DNA is not being cleaned from the process. Right. Similarly, in this case, they buy this plasmid DNA and they grow the, you know, the mRNA inside of it and produce it. But in the case of MMR, very similarly, they grow the virus inside of these aborted fetal cell lines. But then when they put them in the vaccine, just like he is saying, they're not cleaning it. And she used a similar term, she says.

**[00:34:08] Del Bigtree**
So they know they have a problem because they go through a next step of chopping up the DNA. They chop it up into little pieces, thinking that that's going to make it safer. They don't clean it out, but they're aware they have a problem because they're chopping it up. And what she said years ago is that is actually a bigger problem, that if you had big, long strands of DNA, it would be very hard for it to insert itself in your own DNA line. But when they look at gene insertion therapies, the smaller pieces of what your DNA is more likely to take up. So I have the similar fear that she expressed years ago. Right now, when he's saying they chopped it up, this is a bad idea. So we've got foreign DNA floating around in your body now it's chopped up and making it so that it can insert itself and thereby change the evolutionary structure your own DNA system in your body forever affecting him. It's really and I know I think I'm probably taking a step further than he like, shouted from the mountaintops, but he's basically saying is look out folks, we may have a serious problem here.

**[00:35:14] Jefferey Jaxen, Investigative Journalist**
Right. And, you know, we saw that that type of contamination way back with the first polio vaccine, the Salk vaccine, when they were growing at monkey kidney cells. And they found out later that it was contaminated with Sv40, which was a cancer causing virus for some people.

**[00:35:27] Del Bigtree**
Simian retrovirus. Right? Yeah.

**[00:35:29] Jefferey Jaxen, Investigative Journalist**
Yeah, this is a common this seems to be a common issue in looking at this vaccine conversation. And what's interesting is Professor Buckholtz said that during during the regulatory process, there was kind of like mock up vaccines, but then they had to scale them when they had to give them to the rest of the country, in the world for Pfizer. And this is when they just took this off the shelf plasmid DNA in order to clone these. And that's where the problem came in. So the regulatory agencies, from my understanding, never actually got a look at this, this DNA contamination. They never realized because that was that was an after effect of when Pfizer said, oh, alright. We got the contract. Now we got to start really building a lot of these things. We got to produce a lot of these vaccines.

**[00:36:08] Del Bigtree**
So the basically the prototype of the vaccine, which was in the trials, went through a different process than once. They said, we've got to ramp this up for hundreds of millions of people, billions, in fact, then we got to start buying off the shelf plasmids, get this thing racing and oh, forget, forget about it. Even if there's DNA in there, just chop it up. Keep moving. And this entire sloppy process now may be causing a massive problem for people around the world.

**[00:36:33] Jefferey Jaxen, Investigative Journalist**
And there's there's the eyes of the researchers and journalists and doctors and scientists around the world are on this on this problem right now. And this is a story that is just starting. I mean, it's been out there for a while, even starting with that lipid nanoparticle distribution study in 2021. But this story is not going to go away. And we should expect to see some hearings in some of these statehouses or even at federal level, if all things go as planned, because this is a really big conversation, and the results of this are kind of unknown. We're in really uncharted territory here.

**[00:37:04] Del Bigtree**
Wow, wow. Really scary.
And so let's let's move from injectable drugs to prescription drugs. America has a pretty big problem on its hands. And it's it's summed up in this New York Times article as this “Americans will spend half their lives taking prescription drugs.” Penn State study. So let's go to this study. This is a research article from this month looking at life course patterns of prescription drug use in the US. This is really interesting and people really need to listen to this. It says "newborns in 2019 could be expected to take prescription drugs for roughly half their lives, 47.54 years for women and 36.84 years for men." It goes on to say "the number of years individuals can expect to take five or more drugs increased substantially. Americans also experienced particularly dramatic. Increases in years spent taking statins, antihypertensives and antidepressants." It also goes on to say this "speaking of antidepressants, women experience large increases in antidepressant use. A newborn girl in 1996 could expect to take antidepressants for 5.55 years by 2019," right before the pandemic. "This figure more than doubled to 12.52 years. Antidepressant use among older women also grew substantially, from 1.89 to 5.13 years" and again before the pandemic, so I would love to see those numbers if you add it up to current time. So you would imagine, okay, a lot more, a lot more people taking drugs for a lot longer of a time. We're probably spending more money on that. Well, there's a Congressional Budget Office has released a report talking exactly about that, and it says this in this report. "Nationwide spending on prescription drugs increased from 30,000,000,000 in 1980 to 335,000,000,000 in 2018. It said. Over that period, per capita spending on prescription drugs that's per household increased more than sevenfold, from $140 to $1073. That increase in spending was driven by the development and use of many types of drugs that yielded myriad health benefits.” So understand they're saying, yeah, you guys are spending a lot more per household, you know, 100 hundred dollars around there. It's now $1,000. But look at all these health benefits you're getting.

Making you healthier. Yeah, you're spending money, but you're healthier.

Yeah. You're really you're doing a good job America. So how would we how would we really decide if we were doing healthier? Well, one way is to take America and put it up against the rest of the world or the the highly developed countries. So that's exactly what the Commonwealth Fund did just recently, is published this year, and it was titled “US Health Care from a Global Perspective” up to 2022. That was the latest numbers. Let's just look at the highlights here. It says "health care spending, both per person and as a share of GDP, continues to be far higher in the United States than in other high income countries, they looked at 30 other 38 other high income countries.” But this is the paragraph to pay attention to. "The US has the lowest life expectancy, expectancy at birth, the highest death rates for avoidable or treatable conditions, the highest maternal and infant mortality, and among the highest suicide rates. The US has the highest rate of people with multiple chronic conditions and an obesity rate nearly twice the OECD average. That's the 38 high income countries." This is really shocking reading this. You know, we've read we read a lot of headlines. We read a lot of studies. But seeing this in black and white is is really just I'm almost speechless. But let's let's just talk about.

You and just really clearly what people need to, you know, what we keep trying to point out is clearly being, a pharmaceutical nation is not making us healthier. And then look at where your media comes from. This is why are we taking so many drugs. We're the only one of two nations, US and New Zealand, that allows commercials on every network to promote drugs and vaccines and things like that. And so they're telling they're basically allowing the TV to be drug pushers to all of us. And what is the, so every commercial, every news anchor, everybody's in on turning us into drug addicts. And it wouldn't matter if these things actually made us healthier. But they don't. They're just making this industry richer and richer so they can spend more and more money buying more and more senators, assembly members and regulatory agency here. And this is what needs to change in this country if we're going to be a leading beacon for actual health in this world.

And one of the standouts in that analysis, besides, besides the low life expectancy and all the rest of the stuff that America is really trailing on, was that one class of drugs in particular antidepressants, young women, up to adult women are doubling the time they're taking it from 1996 to 2019. They're taking it double the time from five and a half years to 12.5 years. This is a huge jump for one one drug class in that time. And just recently over in this year, there's a study that came out. It was a meta analysis. They looked at all they looked at basically 17 of the most relevant studies on antidepressants. The whole idea of antidepressants works on this thing called the serotonergic system. So it's serotonin. So the drug companies said, look, it looks like serotonin is a mood chemical. So let's find a way to manipulate that with drugs. And that'll just end depression. We'll make people happy again. This is what this study said. If you want to look at it on your own. "The serotonin theory of depression A systemic umbrella review of the evidence," the researchers said this "our comprehensive review of the major strands of research on serotonin shows there is no convincing evidence that depression is associated with or caused by lower serotonin. Operations or activity. This review suggests that the huge research effort based on the serotonin hypothesis has not produced convincing evidence, but biochemical basis to depression. This is consistent with research on many other biological markers. We suggest it is time to acknowledge that the serotonin theory of depression is not empirically substantiated."
So the whole idea of a chemical imbalance is gone. They're saying it's not there. We can't find it in the literature. It's not working. So I listened to a conversation by one of the authors there and they said, look, the idea that this drug fixes a chemical imbalance is really not there. A better way to say that would probably be this drug produces another altered state, and we kind of are just trying to learn what this altered state is. Now, sometimes it's more preferable to depression, but sometimes it's not. And there are side effects for that as well. So now if you're if you're watching other news agencies like let's say CNN, you don't hear this. So remember women are and, going the time they're on these drugs. Now if you're if you're looking at CNN last year in 2022, you see this headline "pregnant and taking antidepressants? Don't worry about neurodevelopmental harm" study says good old CNN. Well, what you're not going to see on CNN or any other mainstream media because of the reasons you just mentioned about the about the funding from pharmaceutical companies, is this study it's an Italian study that just came out and they looked at basically pregnant women, and it's a rat study. It's called "perinatal serotonergic manipulation shapes and hedonic and cognitive behaviors in the sex and age dependent manner." Are you still awake yet? Because that was a crazy big.

Del Bigtree
I'm sure you can explain whatever those words mean.

Jefferey Jaxen, Investigative Journalist
Right? So okay, so perinatal these are the weeks immediately before and after birth. So these were pregnant mice, pregnant rats, the serotonergic system. So they're saying manipulating that with these drugs shapes and hedonic and cognitive behaviors in males and females essentially. So what they use was Prozac. It's fluoxetine. It's known as Prozac. Sarafem is another brand name for this okay. And they found out that they dissolved it in the water for for these rats and by kilogram for for weight. And they found that the, the rats that had it in the water compared to the control group, the placebo that did not had fewer pups, fewer offspring, and the birth rate was lower. But what was also interesting was they write this according to the role, "according to the role played by five T, those are the serotonin receptors in the maturation of specific brain regions related to emotional and cognitive behavior. We found that perinatal administration of this Prozac led leads to the development of pathological like phenotypes that are different according to the period of exposure and the sex." So what does that mean? They go on to say this. "We observe that adult prenatal males developed an antigenic like phenotype and antigenic means inability to feel pleasure. So if if they're getting this before or right during pregnancy," that's that that's what they're finding in these in these rats. It says while adult postnatal. So after birth, like breastfeeding "Prozac females manifested cognitive deficits and less anxious behavior, which interestingly is also present in the prenatal group since adolescence." So from adolescence to adulthood, you're getting cognitive deficits in the females and then the males, you're having an inability to experience pleasure in life. This is these are.

Del Bigtree
So intriguing yourself for depression. You're basically condemning your offspring potentially to a life lacking feeling. And I mean, boy, it makes you look at the world we're living now with so many kids not knowing their gender or having a sense of who they are or what's going on, how many parents are on. I think we all know more more and more people on these psychotropic drugs and antidepressants, and this idea that you can just take something over and over again and while pregnant and not have it affect their future. It's amazing to me, people that just have that level of trust in the pharmaceutical industry and really that lack of intuition in of course, it must have some effect. And now the science is proving that out.

Jefferey Jaxen, Investigative Journalist
And, you know, during Covid, we saw that vitamin D exercise that later came out. You know, those were conspiracy theories that that helped people, but later came out. The studies actually showed that. And what's what's the problem is exercise doesn't have a public relations department. Vitamin D doesn't have a think tank behind them trying to put commercials on the Super Bowl. Right.

Del Bigtree
So this is they're not going to make $100 billion next year on a vitamin D campaign. Let's just say that.

Jefferey Jaxen, Investigative Journalist
Right? Right. So again, you're not going to see these on CNN or other mainstream media outlets. This is a headline here that should be making a lot more. It should be seen by a lot more people. And this was another meta analysis. So looking at a lot of studies here. "Effectiveness of physical activity interventions for improving depression, anxiety, and distress. An overview of systemic reviews" says the "largest benefits were seen in people with depression, HIV, kidney disease in pregnant and postpartum women, and in healthy individuals. Higher intensity physical activity was associated with greater improvements in symptoms, so they conclude clearly that physical activity is highly beneficial for improving symptoms of depression, anxiety, and stress across a wide range of adult populations, including the general population, people with diagnosed mental health disorders, and people with chronic disease. Physical activity should be a mainstay approach in the management of depression, anxiety, and psychological distress." How many people have walked into their doctor's office with depression or anxiety? And the first thing your doctor says is, well, there's some medication, but why don't we put you with a personal trainer? Why don't you get a gym membership? Why don't we start exercising, get you on a running program? Something anything but

Del Bigtree
said no doctor ever

Jefferey Jaxen, Investigative Journalist
Exactly. And so these are the studies we want to keep showing people. We want to show people the, the, the possible negatives, but also some solutions as, as shown in the scientific literature, because this is the way we get out of America being essentially almost last when it comes to all those categories we just talked about, including taking prescription meds.
[00:48:14] Del Bigtree
Yeah, amazing. I mean, such and, it makes sense to get blood flowing through your body. I mean, just and and getting fresh air going on a walk. I mean, it's really simple. Something I said recently, my wife and I are trying to just get out and take a walk more often. It's amazing how it clears your head and you do feel better, and certainly getting your heart pumping and doing some exercise really makes a difference. I mean, so many of these things I feel like is a result of how lazy we've become as a society, right? Give me a pill that fixes it versus asking me to actually make some changes, or God forbid, take a little bit of time to exercise. But if we want to avoid going into hospitals where lots of mistakes are being made made and lots of people are dying, I think there's some really simple answers. And you're right, we just don't see it on television because the pharmaceutical industry makes no money off of you jogging.

[00:50:11] Jefferey Jaxen, Investigative Journalist
That's right. And so let's let's take a big picture view on something that a lot of people write in on the show asked us to cover, something we've been covering as well. This is the national digital IDs. So these are, you know, you have your you have your driver's license on there. You have your address, your picture, maybe your height, your birth date. But the national digital ID is a whole different category. And with this you're talking biometrics, personal health records possibly. And a lot of times linking it to your banking financing. And you know, as we see in China, ultimately linking it to a social credit score. And these are, these are conversations that make people kind of squeamish because the opportunity for turning key control is very, very present. So this is starting to you know, it's been in the background. We're starting to see it now pop out in Australia. So this is the headline from the Law Society Journal. "National Digital ID could be here by 2024." So they're starting to prep the population in the media there. Another one from Forbes "National a national digital ID. Here's what Australians need to know." So they're going to tell you everything you need to know about this. But what's interesting at the same time, these aren't separate conversations. National digital ID, central bank digital currencies or even banking or banking. So the National Australia Bank has just changed its rules of engagement. So when you go there to open a bank account, you sign on that dotted line, you agree to their terms and services.

[00:51:37] Jefferey Jaxen, Investigative Journalist
Well, they just change their terms and services over there. At the same time. All of these all of these headlines are coming out. Let's look at what they change. So this is the this is the document changes personal transaction and savings products. "Clause 11 National Australia Bank's right to close accounts is replaced with National Australia Bank. May close your account at any time at its discretion." So now it's on the bank. So remember when when Canada the Canadian truckers protested the Covid vaccines, the government embarrassed had to reach out. It was a huge scandal to the banks and tell them to close their accounts. And the government, the government was basically just ruled against on this. We saw the government act really how they were, which was tyrannical in that instance. But now the banks are saying we're just changing our clauses. We can just do it on our own. Now wwe don't need government. We're going to do it on our own. And what are some of the reasons they can do it? This is in that in that document as well. This is section 12.2. And it says NAB can take a range of things into account when exercising its rights and discretions. These include how NAB's products and services are intended to be used and how you have used them. So think, you know, maybe you want to buy some ammunition or a rifle? Well, you're not supposed. Use that account for that. So you're close or you want to purchase maybe some unvaccinated blood? Maybe. Oh no, we don't believe in

[00:53:00] Del Bigtree
Or some vitamin D. I mean, you know, right. In the future, where are we going with this.

[00:53:04] Jefferey Jaxen, Investigative Journalist
Right. Or supplements that they say are not safe for you. Right. So it goes on in this in this document. That's not it. "Section E NAB public statements, including those relating to protecting vulnerable persons, the environment or sustainability." So if you go against their public statements of sustainability, the environment or vulnerable persons, we could probably close your account. And then finally it says "Community expectations and any impact on NAB's reputation." So think about this. All it would take is an opinion piece in the Washington Post saying, hey, you know what? We found out some some of these anti-vaxxers or these people that don't believe in climate change are banking with national.

[00:53:41] Del Bigtree
Imagine Del Bigtree is banking with Chase or whatever the case may be. How could Chase allow this? And the New York Times I mean, this is what we're talking about, right? Like shut them down.

[00:53:52] Jefferey Jaxen, Investigative Journalist
It's right in that. And this seems to give the banks, you know, they're basically writing in. They're saying, hey, it's in our service in terms of services. It's not our fault you signed on to that. Right? So it's kind of releasing them from this liability. But this goes even bigger. So let's go to the United Nations. So this is what they're talking about. This is one of their own press releases. "UN Digital event mobilizes global leadership in $400 million US to support digital public infrastructure." So this is for 100 countries. It says "the digital public infrastructure is a critical accelerator of the Sustainable Development Goals. That's agenda 2030 and was selected by the UN secretary general as one of the 12 high impact initiatives with potential to get the SDGs back on track." Very interesting there. There's two things that that really stick out to me when I read that is the digital everything is really intricately interwoven with this agenda 2030 push, but also they're not on track. So we need this digital public infrastructure to get these SDGs back on track. So this is very essential. And if we go to some independent reporting to really talk about it for a little lesser than just a press release from the UN, this is the headline you're going to see from that "UN's vision of the future, an apex body in digital ID to rule us all." It says "the UN secretary general's vision for the future of global cooperation that will be decided at the summit of the future in September 2024." Keep that date in mind. "Among the proposals are a new apex body, in charge of the entire financial system that will enhance its coherence and align its priorities with the 2030 agenda for Sustainable Development."
Jefferey Jaxen, Investigative Journalist

There it is again. So we have this this conversation. And if you go back and look at those 2030 agenda topics, we have universal vaccination. We have basically signing on to every checked off box of a green, the green targets that they have, we've talked about those in the show before. So this all this all starts to stem back. You know the central bank digital currencies, all this governments and non-governmental organizations have to get people within this digital system. So in Australia it's very similar to the US. So Australia has this digital system that is by territory or state. So you don't have this national ID until now. They're trying to push. That same thing is happening here in the US. This is Bloomberg Law. "Digital ID cards spread across US states with a range of new uses." So they're doing it state by state. There's no federal digital ID that's happening. It's been tried, but it's just fallen flat on its face. So each state is implementing its own digital ID card. And this is this is being pushed at different levels. Each one is kind of at their own pace. And there's a lot of there's a lot of bills out there that are trying to protect people's identity, health records, personal information when these digital ID cards come in. So this is a big fight at the state level. If you're listening to this, I recommend going to your state level and just checking out what's on the docket for bills. Get involved. And if you're in the UK, remember we're talking about the passports, everything going to digital. The UK is jumping the gun here. Take a look at what Big Brother Watch is telling its followers.

Female News Correspondent

Your passport photo is about to be uploaded into a giant police facial recognition database.

Male News Correspondent

We now have extremely sophisticated facial recognition technology. We've got quite deep databases of custody image running into the millions. We can also search things like the passport database as well. It's on a separate IT system, but the passport database, for example, is searchable.

Female News Correspondent

Without debate, consultation, legislation or even consents. UK government has announced plans to turn all 45 million of our passport photos into the biggest biometric database UK policing has ever had access to. People apply for passports to travel, not to have our faces scanned by the police and our sensitive personal data processed en masse. These plans, announced by the UK's policing minister, represent a massive expansion of facial recognition surveillance in the UK. This intrusive and inaccurate technology. Won't stop crime, but it will fundamentally erode the British public's right to privacy.

Del Bigtree

Wow. I mean, without even asking, you've got this passport, you're doing what's right, and now suddenly they, you know, every camera. Look at all the cameras. Now, when I drive around, you just see all the lights, all the streets everywhere, every door, every store. Imagine all those linked and following you, tracking your every move, which is exactly. And then with AI clicking in there, I mean, they're just all over in the UK is pioneering just basically I mean, to me you're like living in a prison, then you're being surveilled everywhere you go.

Jefferey Jaxen, Investigative Journalist

Yeah. The surveillance piece, when you add that layer on top of all of that, that's that gets beyond scary with the central bank, digital currencies and all of that. But pulling back here, at least in the United States, a travel hubs, just like the passports there in the UK, the travel hubs are where you're also seeing these things being implemented. So the TSA, if you go to their website, this is the biometric and digital identity solutions. They have their pre-check. And you can see a map here. And you know, those are those are a lot of the major travel hubs there. And you can use biometric identification. You can use digital identification with your phone. And this isn't this is this is really kind of spreading across the US. You're not seeing it in New York Washington, but you're seeing it in a lot of the big hubs there. So this is another angle that that is coming into. And you know, it's always coming as a convenience. So yeah, just skip that line. You know, just sign over that biometric data and we'll we'll take care of that for you. But we really have to pay attention and have like the Big Brother Watch said, a consultation, a conversation, a open debate about what this is ultimately going to be used for because we're seeing these little windows of of this is not going to be what we think it's going to be. It's not just going to make our lives easier. Yeah. There may be some issues with this privacy surveillance, all of this.

Del Bigtree

One of the things that's happening in airports, because I do travel a lot to go and speak all over the country and sometimes around the world. People may not know this, but right now there's a lot that we just we just go along with. We just comply at airports. A lot of times now they'll say, step in front of the camera, please, and they will take your biometric information. You can opt out of that. I say every time, I'm sorry, I don't go anywhere near that camera. I don't step in front. I said, I'm opting out of that sir or ma'am. And you know what they say. Oh, okay. Like people don't realize. You don't have to put your face in that system. Now, am I really escaping anything? I don't know, but here's what I do know. I'm going to make it a pain in your ass to mask me, to put me in front of cameras, to get my information. That's at least the very least I could do to push back. I think if we all push back, we start making change and it starts costing them too much to, you know, to push these things through. And so I think all of us can do our little part. You know, one of the things that when I look at this story, it's funny as we're as we're sort of reflecting back to where we were and how far we've come in this show.
[01:00:51] Del Bigtree
Back when I was working on The Doctors television show on CBS, I remember I was always doing stories, and I remember particularly one day I'm pitching a story to the executives about how there's about 5000 new facial recognition cameras that are all going to be linked up and put online for the police departments across the country. And I wanted to, like, do a story on this. I was like, this is crazy. The fact that we're all being tracked. And I remember one of my executive producers said, Del, what is your obsession with these types of topics? I mean, it's always like you're concerned about facial recognition and things like that. What difference does it make? I mean, if you're not breaking the law, then why do you care whether they know you're there or where you're going, or what you're driving, or what store you're walking into? And I remember I had no idea what it be. I said, I don't know, I don't know. All I know is some day there may be something that I consider to be legal now that will be illegal in the future. And I want to have a right to do the things that I think are right. I'm a free citizen. Well, I mean, lo and behold, just a couple of years later, Covid.

[01:01:53] Del Bigtree
And then you imagine now not getting that vaccine, essentially, or not wearing your mask or whatever it was, was considered illegal in some ways. You couldn't go to work. And so this is what we're talking about. So it's very real now. And look what happened. It ended up being illegal for them to try and force us to get the vaccine. It ended up being illegal to make us wear a mask on the plane. But if they were able to stick in jail, they would have during that time. And so these are the things that are really getting scary. And yeah, I don't want to be tracked. I'm not breaking the law, don't plan on breaking the law. But a lot of things that you consider laws now aren't even laws. And so we've got to stay ahead of this. Jefferey great reporting as always. Food for thought. And man, we've got our work cut out for us people. We have got to stop this stuff in its tracks, which means we've really got to spread the word quickly before somehow they convince the world that there's a majority that don't want to live freely on this planet. Alright, great stuff, Jefferey. Alright, I'll catch you next week. This is this is part of what's so fascinating about this job. And one of the things that I love about the Highwire, you can't imagine how many times you'd be in a meeting like that working for CBS and for whatever reason.

[01:03:07] Del Bigtree
Del. That's ridiculous. We're not letting you do that story. Jen Sherry, my executive producer, was one of those people. We worked side by side. We always dreamed. Can you imagine if you could just do what you wanted to on a show, if you could just cover the things that we actually care about and not worry about what our sponsors are going to think or what's going to happen there? Well, that is what this experiment is. This is experiment starts with a few people from television, some people in the arts, an amazing team. We've grown from just a tiny handful of people to deliver this great show. But what you're watching is a dream come true for me, where reports like you just saw that you will never see on CNN. Cnn is not allowed to tell you that you can actually lower your depression by exercising in fact, it will work better than the serotonin drugs, which are proven to be absolutely having no effect whatever. This is what this experiment is, and it's so awesome to be a part of it on days like today coming up. I want to I want to talk to a brilliant scientist and doctor. And when we think about how far we've come, when I started this, I started this journey with the documentary Vaxxed From Cover Up to Catastrophe, which released in April of 2016.

[01:04:23] Del Bigtree
My partner on that film, the director of that film, was none other than Dr. Andrew Wakefield. If those of you who are so new to this show, you don't know who that is, you know when you hear, oh, well, you know, vaccines is only one doctor on the planet that ever said that vaccines cause autism. It's this British doctor that's a fraud in the U.K. Well, that was who I entered this journey in this this yeah, this journey with to make documentaries. And ultimately, this show was with Dr. Andrew Wakefield. And we would sit and talk and say, can you imagine if we could just get mainstream scientists and doctors to actually look at the science behind the childhood vaccine program? They would all be revealed. We'd done our research. We know what we're talking about, but no one is looking at it. Well, this next scientist, the leading cardiologist in the world, published more papers than anyone is leading. What I would say is going to be a revolution in medicine. And part of that revolution is taking a second look at the childhood vaccine program. If you don't know who Dr. Peter McCullough is, then take a look at this.

[01:05:37] Female News Correspondent
Joining me now is Dr. Peter McCullough.

[01:05:39] Male News Correspondent
Dr. Peter McCullough.

[01:05:39] Female News Correspondent
Dr. Peter McCullough.

[01:05:41] Male News Correspondent
I want to thank you for your courage. Thank you for your dedication.

[01:05:44] Peter A. McCullough, MD, MPH
There have been two waves of injury to the world. The first has been the SARS-CoV-2 infection. And then the second wave of injury now has been the Covid 19 vaccines. I've testified under oath that two thirds of a million lives lost could have been saved. Explosive chest pain, early heart failure, EKG and massive troponin rises. We see with vaccine induced myocarditis. The great concern now is that Covid 19 vaccines promote cancer, and admitted multiple administrations of a Covid 19 vaccine could accelerate into a turbo cancer. There should be a complete moratorium on messenger RNA genetic vaccines. We've all called for these vaccines to be removed from the market because they're not safe for human use. This messenger RNA is now on the schedule without any concerns for safety by the ACIp panel. I've called in the US Senate now the European Parliament. I am recommending a halt on all childhood vaccines, the entire vaccine schedule. If it's not safe, it doesn't have any role in American medicine.
[01:06:53] Del Bigtree
Well, he's the most published cardiologist in the world. He also wrote more papers on Covid in the middle of Covid than any other doctor. And so when he started speaking out about the mRNA technology and the Covid 19 vaccine, we certainly pricked up our ears. And we've been speaking with him throughout this experience and is my honor and pleasure right now to be joined by Dr. Peter McCullough. Dr. McCullough, thank you so much for taking the time today.

[01:07:20] Peter A. McCullough, MD, MPH
Thanks for having me.

[01:07:22] Del Bigtree
The CDC recently just put out a video, Mandy Cohen, and this is right in your wheelhouse talking about myocarditis. So let's just start here. Here's what the CDC believes everyone in America should know. Take a look at this.

[01:07:35] Mandy Cohen, MD, MPH, Director CDC
Hi, everyone. Dr. Mandy Cohen from the CDC. I wanted to talk today about the Covid 19 vaccine and kids. While we know kids are less impacted than adults from Covid, the unfortunate news is that kids can still get sick and sometimes really sick from Covid 19, just like adults. In fact, half of the very young kids who ended up in the intensive care unit with Covid had no underlying medical reason to make us think they would get sick. They didn't have asthma or another underlying condition. The Covid virus just made them really sick. Second, the vaccine is safe for all kids. Over six months, millions of doses have been given to children and their safety has been closely tracked. The benefits to children and teens outweigh the risks, especially the risks to kids if they get Covid 19. For example, teen boys have been up to five times as likely to have heart inflammation after having a Covid infection than after getting vaccinated. Now, I have two daughters, ages nine and 11, and we plan to get them both the updated Covid vaccine. Talk to your child's pediatrician or nurse practitioner about the updated Covid vaccine today, and they can get their flu vaccine at the same time.

[01:08:58] Del Bigtree
Alright, Dr. McCullough, this is obviously something you've spoken out a lot about. She is claiming, and the CDC is making the claim that you're five times more likely to have your heart swelled as a teenage boy if you get infected by Covid than if you got the vaccine. Give me your elevator pitch. You're talking to a brand new doctor that just heard this. They think is the truth. What would you say to counteract or refute the statement just made by the CDC in 2020?

[01:09:25] Peter A. McCullough, MD, MPH
Before the vaccines, there was an exhaustive investigation looking for Covid illness causing myocarditis. Daniels and colleagues in Jamaica, after they screened thousands and thousands of Big Ten athletes, found a handful of cases of putative myocarditis. No hospitalizations, no deaths. A paper by two valiant colleagues looking across Israel found no increase in myocarditis in 2020 with the infection alone, screening programs in the US military and Israeli military were dropped because they couldn't find myocarditis. A false talking point came from inpatient datasets that found elevations of troponins in people having Covid illness in the hospital, as they would with a pneumococcal or other illness, not adjudicated cases of myocarditis. So it's a false talking point that Covid illness causes more myocarditis than the vaccines enter the vaccines now we had explosive cases of myocarditis. The FDA warned us in June of 2021 that the Covid vaccines messenger RNA vaccines caused myocarditis. Now, fatal cases started coming in by a vaccine induced myocarditis, not the respiratory infection by Verma, Choi, Gill, Peyton. These are disastrous cases. We now have thousands upon thousands of vaccine myocarditis cases in the US. Cdc vaccine event adverse event reporting system. So it's the vaccines causing myocarditis, not the illness.

[01:11:01] Del Bigtree
When you watch this and you know you've been a doctor your whole life in the United States of America, this is really the leading authority in medicine that that most doctors don't go beyond. They don't research beyond what they're being told. Whatever the CDC says, that's the law. That's, the religion, if you will. I mean, it's almost as though this is the dictate down to all doctors. What do you what do you think about this agency and the United States of America and the state of medicine? Now, that could be so off target on this.

[01:11:43] Peter A. McCullough, MD, MPH
There's a willful blindness to safety. Gill and colleagues published two Pfizer vaccine cases of boys aged 16 and 17 on days three and four after their dose. And she's telling America that these vaccines are safe and there's autopsy proven vaccine deaths in adolescents. It's irresponsible for a public health director to not warn Americans that their children could die after taking one of these vaccines.

[01:12:11] Del Bigtree
One of the things I always think about when we think of benefit and risk, and we got into this study that they're pointing to saying that it's higher and hospitalizations, as I think you've pointed out, if you only look at hospitalizations, you're only looking at severe cases. And then so you have a very select group that you're even comparing to. When you talk about the unvaccinated, you're not talking about all the asymptomatic that never saw medical attention had some sniffles. Those aren't being counted in. So it's not a fair comparison. But even if we were to say that the vaccine causes just as much myocarditis as a natural infection, which we know isn't true, but let's just say that it did. The thing that I always think we forget about is when we talk about vaccinations, we're talking about giving it to everybody. And so, you know, a virus, you may or may not catch it. It may or may not be around you. There is still some roll of the dice whether you're going to have that infection. So should we be discussing an idea that you're giving this product to everybody, meaning you're putting them all on this list of possible danger, whereas in the natural world you're not necessarily on that list. Does that make sense? I mean, it's something I never hear anyone talking about.
It's true. It's actually it's illogical. What she's saying is she's claiming the virus causes myocarditis. So let's give a vaccine that causes more myocarditis. The reality is, in a paper by Keyser and colleagues from Germany, 48,000 Germans do. Now, what we've learned is that the vast majority of people getting Covid are fully vaccinated. So if they have a problem like myocarditis or long Covid, it's both the vaccine and the illness, right? So we don't give a vaccine that causes a complication to try to do something about an infection that would cause a milder complication. It just simply doesn't make sense.

You're just increasing the amount of dangerous situations you're putting yourself in. Alright. You've been really clear on Covid and that was something that I look at all those plaques behind you, this illustrious career, once you started speaking out on Covid, you obviously were taking a great risk. You're taking a risk because you're going against the medical establishment. And, we're really proud of you for doing that. I think you've saved millions of lives because of it. You've been very outspoken, but you've even gone a step further now just over the last couple of months, and really over the last year or so, we've been in conversation. But you're starting to look at the childhood vaccine program. In fact, in our sizzle there, you were sort of calling for a moratorium right now, or at least a pause to take a look at the the entire childhood vaccine program. You made a very strong statement recently. I want to play this, and then I want to get your thoughts on it. Let's take a look at this.

Let me tell you what. Andy Wakefield was right on. All Andy Wakefield was saying is that maybe it's too intense. Maybe we ought to just kind of spread them out. That's all he was really saying if I was a young parent today. What I would do is I would forego the vaccines. I'm now vaccine risk aware.

Okay, so now you have stepped on the third rail of all third rails. I mean, there's one thing to call out a new mRNA technology in vaccines. Everyone want to say that this is a one off a lot of doctors and scientists, not only are you now saying and maybe you've changed your mind, but in that statement you said you're saying you would consider not giving it to your kids if you were there, and then you brought up the cardinal sin of all cardinal sins, saying that Doctor Andrew Wakefield was on to something. I mean, this is the big bad guy of all of medicine. He's actually in textbooks, in medicine, around. I've been told when they talk about fraud, there's a page where he's there. Now, of course, I made a movie with Doctor Andrew Wakefield. Vaxxed I agree with you, but help me understand how this journey worked for you. How have you gone from just looking at one vaccine? You are highly educated. You reference more science than anyone I've ever met, and for a doctor that's watching right now, that is like, look, I'm willing to look at the Covid vaccine, but I'm not going to touch the childhood vaccine. How do you start this conversation? What is this journey? What took you on this journey?

I think the straw that broke the camel's back is when the CDC ACIP panel put the messenger RNA vaccines Pfizer and Moderna for Covid on the childhood vaccine schedule down to age six months. And the question I asked Del is if this group recommends that vaccine in the schedule, what else have they overlooked in terms of safety or lack of clinical rationale? So I started to take a careful look at the schedule. And let me say personally, I took all the vaccines in the schedule. In fact, I was grew up in a time where the polio vaccine failed. So I took more. I didn't get enough MMR antibody response, went to medical school. I took more shots. Del, I counted up. I've taken 69 vaccine shots in my life, 69 including 40 flu shots. Mandatory to be on medical staff. So let me tell you, I'm not an anti-vaxxer, but I am a vaccine risk aware now, doing my own independent analysis now as an adult internist and cardiologist. Vaccines were not a central part of my career, so I didn't dedicate clinical study to it. Like many doctors, I trusted the CDC and the ACIP panel, and this is what I've learned, is that there have been an incredible acceleration and intensification of vaccines given to children. There are now over 200 peer reviewed papers suggesting that immune system dysregulation is related to neuropsychiatric diseases, including attention deficit disorder, Asperger's autism spectrum disorder. The leading cause of immune system dysregulation right now is hyper vaccination.

So there's great concern there. You can tell you on the clinical efficacy side, all of all the vaccines appear to be fallible. Measles outbreaks, for instance, have occurred among fully vaccinated individuals. The same thing is true for pertussis in mumps. And we know we're not faced with compelling infectious disease threats right now like pertussis or diphtheria, polio, Haemophilus influenza B, you know, there were fewer than 70 fewer than 100 cases of Haemophilus influenza B, I think I believe 77 in a CDC publication. That's what the Hib vaccine is for. And do you know what? You know, more than half of those were fully vaccinated anyway. So the point is we now have multiple papers, including Mawson, Thomas and Hooker Miller. And all those studies suggest in today's environment, with today's living conditions and current context, that going natural, that is taking no vaccines, that children have healthier outcomes, they have lower rates of atop dermatitis, asthma, need for tympanostomy tubes, lower rates of neuropsychiatric disorders that I've mentioned. So, you know, we can look at it on both sides of the coin. Right now, I'm in line with the World Council for health, which in September of 2023 came out with a recommendation to actually pause on the childhood vaccine schedule. And let's critically reevaluate and think through this. I couldn't in good conscience tell a parent to go ahead and file the schedule now, particularly with the Covid 19 vaccines on the schedule.
[01:19:59] Del Bigtree
Those are incredibly powerful, bold statements, statements that we at The HighWire and our nonprofit, the Informed Consent Action Network, have been a part of. Of course, a lot of the work we’ve done, we’ve brought lawsuits that have brought transparency to the lack of science, really, that’s being claimed by the CDC and the NIH. Oh, we have mountains of evidence that vaccines don’t cause autism. When you look in there, there’s no mountains. In fact, most of these vaccines have never been looked at. They’ve looked at one vaccine, the MMR vaccine and one ingredient, thimerosal. Just in the conversation about autism. Now, let me put on you then the big questions that once that that I’ve always had to handle. And by the way, I’m just a journalist. I’ve been on this journey. But you are, not just a cardiologist, you’re an epidemiologist. You’re capable of devising studies in which we could investigate this program. But let me ask you this. The big question always when someone then says, I would say, let’s pause the childhood vaccine program, they will say, you are going to cause a return of measles outbreaks. And even worse, polio will come back. And smallpox, polio and smallpox. Is this this, you know, bell that’s rung every time someone decides that, they’re thinking twice about getting vaccinations. What do you say about that? What do you say about the danger of smallpox and polio if people stop vaccinating? That’s the biggest concern there is.

[01:21:30] Peter A. McCullough, MD, MPH
Let’s take smallpox. Now. That should be very responsive to tecovirimat, which is an oral and IV drug that’s very effective against monkeypox. We learned that in the pandemic. So if there was a sporadic case of smallpox, the availability of Tecovirimat really handles that very well, so wouldn’t have any concerns there. I think polio is a different issue. And fortunately with polio we have very good water supply testing and we can get an idea if the the three neurotropic strains of polio, you know, are even present in the water supply. So we have surveillance, we have treatment. None of these vaccines are sufficiently compelling right now. The world has changed, though. It’s not the same as it was back in the 60s and 70s.

[01:22:14] Del Bigtree
So and I’ve asked you this before and I’m going to sort of go there again because I think, like what we’re really lacking is solid science. You have to you know, they’ve cherry picked the science that they say makes these vaccines effective and safe. And there’s very little science that’s challenged that orthodoxy. We have multiple presidential candidates that are now running, to be president of United States. You’ve got Donald Trump, who has had moments where he has spoken out and has concerns about the vaccine program. You have governor DeSantis running for president that has spoken out very clearly about the Covid vaccine. And you’ve got Robert Kennedy Jr running as an independent now, definitely, clearly has done a lot of work talking about vaccines. And so any three of these guys we know for sure, if they were to get an office, I think have the potential of wanting to do an investigation here. What should that investigation be? For people that are just watching are starting to ask questions. How should science actually address this issue right now, the childhood vaccine program, what would you want to know, and how would you design studies to find out what’s going on there?

[01:23:31] Peter A. McCullough, MD, MPH
All the presidential candidates, and then ultimately our future president, they need good advisors. We need far more expert doctors advising the president in teams. We need expert teams. And, you know, when it comes to vaccines, we need experts in infectious disease, but we also need experts on product safety, what’s called data safety monitoring. I think it’s time now to review each one of these one by one and ask the question, do we have a clear and present public health threat, let’s say, for pertussis, and then go through the data on, you know, the pertussis vaccine and then just one by one by one, I think what will end up with is probably risk stratification. That is, there may be some regions of the world where there’s risk. There may be particular patients who just couldn’t tolerate, you know, even the even the slightest risk of one of these infections and may be more, may be more appropriate to take a vaccine. But this idea that, you know, each child, you know, starting on the day of birth through age 18, takes well over 100 injections. I think those days are over with recent studies and recent sentiment surveys. Kaiser Family Foundation being one, indicate that, you know, probably a third of parents now are really backing away from this intensive vaccine schedule.

[01:24:49] Del Bigtree
Yeah. Alright. So and I know you got to run. I really love your time. One more question. We’re watching. We’ve watched your transformation on this conversation right before our eyes. There’s been other great doctors that have been, sat on this stage as you have. But do you feel like science is shifting on this? I think the parents have always been shifting. I think that that’s where this movement is growing. But as are their doctors reaching out when you’re being since you’ve been this outspoken, are there people we don’t know about that are saying, show me the evidence, Peter. I’m interested. I’m going to look at this too. Do you feel are you are you starting to see a shift, at least in some of our specialists and experts that are out there, are there some that are willing to take a second look at the vaccine program with new eyes?

[01:25:41] Peter A. McCullough, MD, MPH
Yeah, it’s a slight shift in terms of the academic community. I think very few are willing to look at this critically, but we’re seeing a much bigger shift in freedom of choice among practitioners, that is, pediatricians and family doctors who said, hey, listen, this is up to us to decide together that we’re not going to, you know, really pressure families to take the vaccine or railroad them into vaccination. We’re seeing some expansion of exemptions in some states to include all three philosophical, religious and medical exemptions. So I think we’ll see freedom of choice first. Then we’ll see. Critical reappraisal. Second World Council for health has done a great service to us by putting out this platform, this statement of, listen, let’s put a halt on it. That’s going to have everybody consider a. A reevaluation and think it is time for reevaluation. We reevaluate all medicines that we use for common conditions, and the medicines that we used 50 or 60 years ago are not the same ones we use today. And I anticipate the vaccine schedule will take an evidence based risk stratification, streamlining for healthy adults and children. It looks like going with no vaccines is probably the best.
[01:26:57] Del Bigtree
If you get a call from the next elected president and said, Peter, we'd like your help, what would be the first steps to righting the ship and the skepticism of science around modern medicine? This ability to look at things again and say, hey, let's just not believe what we're told. Go in with fresh eyes. Are there enough doctors and scientists that you could amass with high enough credentials to give this an objective look? I don't think anyone wants to see it shift the other way, and you get a bunch of anti-vaxxers running the whole place. But what we want is objective medicine. Again, where do you start? Do you start at NIH? Do you start at the CDC, Health and Human Services? What's the most important space when we look at this, the vaccine program in modern medicine, to reevaluate where would you start.

[01:27:48] Peter A. McCullough, MD, MPH
You know, as a single position, I think the nation's independent second opinion really should come from the surgeon general. The HHS secretary is largely administrator over big programs the center for Medicare, Medicaid Services, Medicare and Medicaid. That's more of an administrative position. But we have other bodies that really need a shake down, including the Institute of Medicine. You know, all the major colleges. I think we do need a corruption sweep. We need to find out which one of these agencies took money to push Covid 19 vaccines. They can't possibly be biased. When I review manuscripts on Covid 19 vaccines, the first question I ask is a reviewer is did the institution push or mandate vaccines, and did the authors push mandate or personally take the vaccines? Once somebody has actually personally taken a vaccine, they have a form of bias, and it's very hard for people to admit they're wrong, particularly in today's age.

[01:28:49] Del Bigtree
Well, Peter, I have to say, I'm very encouraged right now. I'm encouraged by what I see. I believe that there there's a reset on science. There's there seems to be. And it's needed, man. Science is on. Like I've been saying, it's currently on a ventilator and being given remdesivir to survive. We need to get back to a place of skepticism. Real science, where challenges like yours and other great doctors and scientists are taken seriously. They're addressed their answers, and proper studies and investigations are done instead of just avoiding the obvious. Do you feel like, I mean, do you feel hopeful that you will see a resurgence of what I would say is real science again in your lifetime? Is this do we have the ability to make this shift happen?

[01:29:37] Peter A. McCullough, MD, MPH
I think we're going to come into some tumultuous times where big institutions are going to have to come to reckoning. We now see by proxy October 4th, both writers and the AP are reporting only 1.3% of Americans are taking Covid vaccines. So I can tell you it's essentially over with for the Covid 19 vaccine schedule. But we need a thorough reevaluation of what went wrong. We still have no center in the United States claiming to be a center of excellence in treating Covid 19. We don't have a single infectious disease doctor who claims to be a treatment expert. We don't have a single doctor who claims to be a Covid 19 vaccine development safety expert. There's no one on any of the panels that is really putting a stake in the ground on safety. Now, I've done it as a cardiologist, but, you know, haven't invited to be on these panels. I haven't been invited to give a single grand rounds on vaccine safety at any institution in the United States. And I've lectured at virtually all of them in the past on heart and kidney disease. You know, we need to start having grand rounds on vaccine safety and go through the vaccine injury syndromes heart, neurologic, cardiovascular, immunologic and now oncologic cancer. Our practices are now being come overwhelmed with these vaccine injury syndromes.

[01:30:59] Del Bigtree
What is a grand round I don't know that term. What does that mean?

[01:31:03] Peter A. McCullough, MD, MPH
Grand rounds is where in each hospital all the doctors get together once a week and we review a medical problem. And it usually goes through a range of, of problems. And you know, I've been a co moderator and a presenter at Grand Rounds. I've been an endowed lecture at, you know, some Ivy League schools and are present on grand rounds. But I can tell you, you know, I've published dozens and dozens of papers on treating Covid 19 as well as on vaccine injury syndromes. Not a single invitation to give grand rounds at an institution and review the data with them. You know, what we're seeing is a willful blindness. It's almost as if these doctors have taken the vaccine themselves, and they don't want to hear any bad news because they know they can't get the vaccine out of their bodies.

[01:31:55] Del Bigtree
Wow. Alright, well, doctor Peter McCullough, I'm just so honored to know you. It's brilliant to watch someone willing to really put it all on the line as you follow the truth. I hope so many other doctors will follow suit and start asking the appropriate questions. You bring a great hope, I think, to the future of medicine and science, and we're here to support you in any way that we can. Thank you so much for your incredible career and your commitment, and thank you for taking the time today.

[01:32:21] Peter A. McCullough, MD, MPH
Thank you.
01:32:22 Del Bigtree
Alright. We'll talk to you soon. Well, one of the things that we're, we every week almost if you're on our newsletter, you get to hear about the legal victories and things that we're finding. Sometimes it's a FOIA request, a Freedom of Information Act request being delivered by our attorney, Aaron Siri, to a government agency where we demand to see their emails or some science that they say they have, and we want to see the evidence of it. All of these things, you're updated if you're watching The HighWire and you're on that newsletter. Now, some of it we present here, but there's so much happening on the legal side of what we're doing, we can't always cover it. So emails go out. But we're because of your support for so many of you that have been really helping make all of this happen, we want to kick it all up a notch. And so we've asked Aaron Siri that when there's a big story breaking on the legal side, would you make a video instead of just writing? Because a lot of us really want that visual impact? Well, this week is the first time we're putting out a legal update by video by video, this is Aaron Siri. Take a look at this.

01:33:36 Aaron Siri, ESQ. ICAN Head Legal Counsel
Asthma affects about 1 in 12 children today. And so the fact that vaccines and in particular aluminum adjuvant and vaccines might be causing asthma should be of grave concern to a public health authority. It is one of the most common chronic health issues facing children today, and it has risen precipitously over the last few decades, along with the rise with the number of aluminum adjuvant containing vaccines and the CDC itself in a very, very uncommon and surprising admission, published a study. Many of the vaccines given during the first six months of life hep B vaccine on day one, and then 5 to 6 vaccines at two months, 5 to 6 four months, 5 to 6 vaccines at six months seven if you count Covid vaccines, flu shot, many of them have aluminum adjuvants. And just so folks understand, aluminum adjuvants are not just like aluminum that you might ingest, which often is in an ionic form. Right. We think of the periodic table of elements are super, super tiny. An aluminum adjuvant, an aluminum piece of aluminum is a pen, you know, aluminum. And think of it as an entire city massive on the nano scale.

01:34:44 Aaron Siri, ESQ. ICAN Head Legal Counsel
And so these things get injected in there. They're there specifically to cause cellular death at the injection site. So you have an immune response. The problem is what then happens to aluminum management. You can't just be excreted readily. We know from various studies of animals that the aluminum adjuvant gets deposited in organs all around the body, including the brain, the heart, the lungs. And these studies were conducted by the CDC, NIH, and other health agencies. When we FOIA Freedom of Information Act, the CDC for emails surrounding this study, you could see there's no urgency in the CDC around the findings. There you have the head of Covid Vaccine Safety Task Force and who is now the head of the immunization safety office at the CDC, emailing with the Israeli health authority saying, hey, we found this signal. Can you do the same study? And they said, well, is it timely? And he says, no, this is no super rush on this one. They're not rushing to really look into this issue. And it's it's very troubling.

01:35:46 Del Bigtree
Uhh. It's awesome. I'm glad that Aaron Siri took the time to make the video really important, right? When we're getting these emails, can you imagine the studies were done? We showed it to you on this show. They've always said no asthma. There's all sorts of things that cause it. Now they know their own studies show aluminum appears to be causing asthma. And then when asked in the email we just saw there from a FOIA request, how urgent is this? Not really. Not at all. It's the same as Mandy Cohen saying, oh, you're more likely to have a swollen heart from Covid itself than the vaccine. These people are lying. They're destroying lives. Every day I sit here and think, how many lives will be lost this year just because they didn't see the Highwire? I mean, that's the truth. I mean, not to toot our own horn, but if you were watching this show all through Covid, there's no way you were going to get that vaccine. And if you've joined us now after having gotten the vaccine and you're waking up to all of this welcome, we're going to have your back and all the other crazy things that the CDC is going to try to lie to you about, and all of the major news agencies that will be propagating these terrible lies and ideas on you. Why? Because they are the pharmaceutical industry.

01:37:00 Del Bigtree
All of those networks are being funded by pharma. Just watch the commercials and then ask yourself, why am I paying this cable bill to be lied to by pharma? Doesn't pharma get enough of my money? I got to hand them money so that they can lie to me through these news agencies too. Well, you can make a difference by donating to us, the people that are telling you the truth. For so many of you watching you have made all this possible. You're making it possible for us to kick up these reports. Another notch to make a great video with Aaron that makes it easier for you to share that story instead of just asking a friend to read something. Hey, just text them. Take a look at this video. You might find this interesting. We are trying to make waking up your friends as easy as possible. All of that takes manpower. It takes time. We've got to get camera people in. We've got to edit it. We want to put music on it. We want to make it rock, which is what we do. You make that possible. And for so many of you out there that are watching and saying, wow, this show is really great, you've been watching for some time, do me a favor and do what's right. Get involved in helping support us, whatever that means to you.

01:38:09 Del Bigtree
Go to The HighWire dot com. Just go to the upper button, hit donate to ICAN. That's the nonprofit that makes all of this possible. It makes it so that we don't have to go to pharmaceutical sponsors to get paid. You're our sponsor. We're still asking for $23 a month for 2023. There's only a few short months left in this year. And I also want to point out you're going to be doing your taxes next year and say, boy, did they kick my butt. I probably should have given a little bit more money to the things I cared about, since they were going to take it away from me anyway. This is that moment to start thinking about this. You got this short window to the finish line on 2023. Why don't you start thinking about your holiday giving now? We're going to make it easy. Go to 72022. That's all the number you put into your phone. Then write the word donate and we will make it easy. Just click on that link and then you can start helping invest in truth in science. I want you to imagine where would we be if we hadn't been here all this time? Where is Dr. Peter McCullough on this conversation? I'm not going to say that I'm the one that changed his mind or that we changed his mind, but we were one of the first ones to allow him to speak his mind when he started having issues with the Covid vaccine.
[01:39:22] Del Bigtree
And guess what? While he was here that first time, I said, hey Peter, we got this book right here. You know what this is? This is three letters. This is our debate. The great vaccine debate is what it's called. This is our debate with Health and Human Services. Many of you don't know this exists. You can get this online at our store, or it's free. You can even just get a digital version that has hyperlinks to all of the studies that back up everything that's in here. What is this? We wrote a huge letter to Health and Human Services saying, we think you are lacking proper science to refute the claims that we're making here. If you've got it, show it. So we said to big letter they eventually and through FOIA requests, we found out that every single part of the regulatory agency, CDC, Health and Human Services, the FDA all got together to come up with the perfect answers to our query. They took us very seriously. Chapter two is their response to us. And chapter three in this book is what we finally said back to them and pointed out why their reasoning and their science was flawed. We have never heard from them since, but if you are brand new to this and you want to understand why Peter McCullough is so confident in saying, I am now calling for a moratorium, it's all in here.

[01:40:35] Del Bigtree
All the things he's talking about are all in here. A lot of this is from the lawsuits that we've won with Aaron Siri. So go ahead and get yourself a copy of this. It's a good time to get a copy. Maybe start thinking about Christmas gifts for your friends. That are starting to wake up. I want you to let know that we're going to be streaming live tomorrow. Aaron Siri is going to be a part of a symposium that's going to be discussing. Here it is. How about this for a title novel coronavirus Southwestern Intergovernmental Committee expert panelist Aaron Siri Siri. Dr. Peter McCullough, who you just heard from, and Lieutenant Colonel Pete Chambers, all awesome people. This event is all day, 8 a.m. to 5 p.m. We're not exactly sure when Aaron is going on, which is why this would be a perfect opportunity to sign up to our newsletter. If you simply given us our email, you're going to know the moment he's going live, and we're going live with him tomorrow on The HighWire. We don't know when it is yet, but type in your email right there, lower on the screen on the Highwire.

[01:41:33] Del Bigtree
And it's just that simple. Not only will you know when he's going live tomorrow, you'll also get all the evidence and science that was discussed, all the science addressed. This is how our show works. It's in your hands. We hand you the evidence so you can have it. You can read it, you can share it with friends. And you're not stuck saying, hey, the Highwire said, or even that, Peter McCullough said. You can say, hey, here's the study that proves the point. That's part of the Highwire protocol that we use here, total transparency in news. We're requesting that every other news agency do the same thing. You know they can't. You can't do that. If you're lying. You can when you don't. I want to thank everybody that makes this show possible. I want you to think about, as we go forward, how much work we have to do already in the UK. Those of you that are watching right now, your passport photos are being loaded into visual facial surveillance systems all across your country. In Australia, they're planning on taking your rights away and tracking everywhere you go and have the ability to shut down your bank accounts. Canada is doing similar things. We got a pesky little constitution standing in the way of a lot of this here in America, but it doesn't mean they're not going to try like they did during the Covid lockdowns.

[01:42:54] Del Bigtree
And what happens if we just start accepting those cameras everywhere we go first to get onto a plane, then to get on to a bus and then to cash a check, and then maybe just to enter a school or go to your own job. There is one group that's fighting for you for sure, that is bringing you proof that we're not only fighting, we're good at it, and we're winning and reporting on it. That's the Highwire and informed Consent Action Network. Everyone that supports us feels good about it because you know you're actually making a difference in the world. Join that network the Informed Consent Action Network. Every week we have an opportunity to make ourselves better people, to do something special. When we've showed you all day long here today on this show, all the things that have changed while we've been brave enough to talk about it, this is just one platform, one megaphone that you have helped us spread far and wide. We don't know how many things we're changing, but look what just happened in New Zealand. Remember Jacinda Ardern, you know how many of these people, when we look at these leaders that all forced the vaccine like this crazy person did? She ended up having to resign earlier this year, but New Zealand didn't want to stop there.

[01:44:03] Del Bigtree
They let her go along, but they were going to try and lock down and use global warming and stop farming. We'll look at the headlines that just came out this week out of New Zealand. "New Zealand resoundingly chooses conservative government over labor." "Had labor remained in power, one of these would have been the world's first tax on methane belched and farted by livestock by 2026. A bitter pill to swallow, New Zealand farmers felt, given they are some of the most greenhouse gas efficient food producers in the world," that's telegraph saying that "it's a weight off our shoulders," said Joe Lloyd, a sheep and beef farmer watching election coverage on television from his living room in the Waikato region. "We're mad as hell. We're not going to take it anymore by being vocal, by being loud and proud. What they said was a minority is now becoming a majority around the world. We're voting out the liars, we're voting out the authoritarians, and we have a lot of work to do. They're still in there. They're hiding their wolves in sheep's clothing. We're going to out them every week on the Highwire. And while we're planning on the next group of people and government liars, we're going to out for next week. Why don't you think about donating your safe blood? I'll see you next week.
Someone that took our vaccine. I want to keep myself clean. I'm so organic. I don't want to cover my face. My smile lights up the place, so please don't panic. My social credit score is going. You on the floor. I would reckon the way it's going right now, the world will end anyhow. And he said. To woman. Outcast in. Being prayed up. So nothing. No. Good, but don't trust the science. Outcast. You paid up. So nothing. No GMO the way we belong. Don't wonder where my reign. I'll have to go my own way. If I can make it. But not to go to the store. I'm gonna need a passport. Hope I can fake it. I'd like to fly on a plane or take a. On the train. I'm stuck in traffic. Up in the land of the free. The home of liberty. It's. Tragic. Nowadays. Things are moving fast. Hold on to yesterday. And. Get less. Everywhere I turn the face. Strange. People changing up their DNA. You are the pure blood. I'll. Singing prayed up from nothing. No GMO the way we. Good, but don't trust the science. I can't lift in. You prayed up to nothing. Get doing too much. Nobody ever asks for lockdown and a digital passport. Meanwhile, the gas is $5. If you're ready for a revolution. Hello. 15 days. It feels like eternity. How many ways? The politicians. Shut me down when I'm about to blow up. New book. Don't trust the science. I'll get. It freed up. So nothing. No GMO. Your book. Outcast. Prayed up to nothing. Don't. Where we belong. Few. These.

END OF TRANSCRIPT