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25 SPEAKERS

Del Bigtree

Jenn Sherry Parry, Executive Producer

Male News Correspondent

Female News Correspondent

Male Speaker

Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

Jefferey Jaxen, Investigative Journalist

Pablo Sanchez, MD, Board Certified Neonatologist and Pediatric Infectious Disease Specialist

Rituparna Das, MD, Vice President of COVID-19 Vaccines Clinical Development at Moderna

Jay M. Portnoy, MD, Medical Director of Telemedicine, Children's Mercy Kansas City

Dr. William Gruber, Senior Vice President of Pfizer Vaccine, Clinical Research and Development

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START OF TRANSCRIPT

[00:00:05] Del Bigtree

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[00:00:44] Jenn Sherry Parry, Executive Producer

Yeah. Let's do this.

[00:00:46] Del Bigtree

Action! Good morning, good afternoon, good evening. Wherever you are out there in the world, it's time to step out onto the Highwire. Well, it's been a super interesting week. We've got a measles outbreak here in Texas. We were talking about it last week, and now Robert Kennedy junior at HHS Secretary, has put out an op ed that has everybody buzzing from all sides, proving, truly, you're damned if you do and you're damned if you don't. I'm going to get to the bottom of that op ed later on in the show. But first, let's talk about the other outbreak that is killing all of our chickens and taking away all of our eggs. Of course, I'm talking about the bird flu. Take a look at this.

[00:01:42] Male News Correspondent

Bird flu is wreaking havoc on egg production.

[00:01:44] Female News Correspondent

For weeks, the cost of eggs has dominated the conversation.

[00:01:48] Female News Correspondent

On farms nationwide bird flu is spreading like wildfire among livestock as the outbreak reaches a very critical point.

[00:01:55] Female News Correspondent

According to the National Chicken Council. Egg laying hens account for 77% of the poultry affected by the virus.

[00:02:03] Female News Correspondent

The Department of Agriculture is now warning that Americans could see the price of eggs spike more than 40%.

[00:02:09] Female News Correspondent

Nationwide, 65 people have been infected with bird flu and one person from Louisiana died from the disease. But the outbreak has prompted millions of chickens across the country to be killed in order to contain the virus.

[00:02:23] Male News Correspondent

So far, more than 162 million poultry birds infected by the virus since the start of 2022. The result? Dozen eggs now averaging \$8, more than tripling since just last October.

[00:02:35] Male Speaker

You're seeing the entirety of that chicken house killed, right? But then you're still having interactions with wild birds that are coming into the chicken houses and then spreading the avian flu. It's a big problem, and it's not an easy one to solve.

[00:02:47] Del Bigtree

Well, it's an issue we've been talking a lot about. We're culling hundreds of millions of chickens, obviously driving up the price of eggs, probably chicken and other things, but I wanted to get into this. One of the great scientists and doctors out there that's been discussing this in detail is Doctor Peter McCullough. He joins me now. Doctor McCullough, thank you for taking the time today.

[00:03:09] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

Thank you.

[00:03:11] Del Bigtree

there's just so many sides to this story right now. But number one, let's just start with, culling birds. This is something that happened in England, has had moments where they culled all their animals and found out that, you know, their charts and science was wrong. I just heard that, you know, farmers are paid for every chicken that they kill, as long as it doesn't end up testing positive for avian flu, which it seems to, inspire farmers to kill their chickens prior to seeing infection or very early on. I don't know if that's true, but we could end up hurting our food supply. And the question I have is does it is there a herd immunity we should be thinking about with animals? And if we're killing every animal that's getting infected, how do those animals ever get to herd immunity? That'd be, I think, where I'd lead out with this.

[00:04:08] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

Well, let me say that bird flu has been around for many decades. Probably well, more than a hundred years documented in a review by Lysette and colleagues. And so, in the absence of anything else in a bad bird flu season, you know, some birds succumb to the illness and then others develop immunity. And because the birds are not all on the same time schedule, there is this kind of Venn diagram of herd immunity. And a typical viral outbreak would last about two years. That's about what it is now. Our research at McCullough Foundation, Nick Hulscher the lead this strain of bird flu is different. This looks like it has actually come from serial passage research done at the USDA Poultry Research Laboratory in Athens, Georgia. Serial passage is when there's a blend of viral strains that's intentionally put, in this case, in a mallard duck. They were trying to see which strain would pass to the next mallard duck. And the mallard ducks are studied because their gullet is where the virus attaches, but it doesn't go into the lungs. And indeed, they found clade two, three, four, four, six that looked like it transmitted. And sure enough, you know, that's where the first cases were around Athens, Georgia. Now, the unique aspect to this clade is that it was a very mild in the mallard ducks. They could spread it all over and other migratory waterfowl. It quickly spread into mammals. We're now up to about 40 different species of mammals.

[00:05:46] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

And so what you know, the USDA and other public health officials have done, you know, over the last several decades is what's called biosecurity. So biosecurity would be this idea that, well, if one chicken has bird flu, if we sterilize the whole farm, they won't get it again. Well, that doesn't work in this case because the mallard ducks will just continue to reinfect the farms. In fact, a guest on that clip you showed pointed that out. So immediately we think we should not do culling because of the fact we can't stop the reinfection with the mallard ducks. But this is how they do it. Uh, this is how they do it. Well, they will take samples of about 11 birds on different, uh, swabs, put it into the same test tube, and then do another 11 and then a different test tube, and then they send it off. Now they throw the birds back into the, the coop or the bin. So they don't know which birds are tested. And so when one of the tubes turns positive. You never know which bird. The decision is to cull them, to kill them all. And when they extinguish all the birds by either pulling the oxygen out of the chambers or smothering them with foam, what happens is the whole facility has to be sterilized, disinfected, and our research shows, is taken offline for 111 days.

[00:07:11] Del Bigtree

Wow.

[00:07:11] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

So so culling is a big deal. I attended the Arkansas Bird Flu Summit this fall, and they thought there was about 10,000 birds that had died of bird flu. None of them adjudicated or confirmed, but the estimate is 10,000. And now you saw in that clip, you know, we're approaching 200 million killed through this process of calling. Obviously, the vast majority of perfectly good birds.

[00:07:35] Del Bigtree

I mean, that seems. And so let me just get this straight. You're essentially saying that this is a lab grown clade, that this was something made in a lab, that it's. I mean, are we talking about a lab leak again when we're talking about bird flu right now?

[00:07:51] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

We're we're so sure of it. We've we've published this in a peer reviewed paper titled The Proximal Origins of Clade 23446 Avian Influenza. It was published in the peer reviewed journal Poultry and Wildlife Sciences, and it hasn't been disputed by any of the public health officials. We cite the USDA research research done by Doctor Kawaoka at University of Wisconsin School of Veterinary Medicine and Doctor Ron Fouchier at Erasmus. So yeah, it looks like this. Mankind brought this on down. Now, the twist that we've seen is the major strain of this clade. The clade is the original source, the strain that was so mild that was just causing pinkeye in humans and mild cases in animals was B 3.13. Now we've seen the emergence of D 1.1. And it's a totally different ball game. There is a teenager in British Columbia who gets 1.1. She gets severe human bird flu, ends up on the ventilator, needs ECMO for life support. Thankfully she survives. A man down in Louisiana gets it. He dies. He had some birds in his backyard. And now a toddler in Cambodia has died. It's a different form of what we call genetic reassortment and del. What I've concluded is, you know, this culling has caused this outbreak to last so long because of virgin flock, after virgin flock. Now the virus has had enough opportunity to reassort and mutate. And I think it's taken a turn for the worse.

[00:09:25] Del Bigtree

Well, that's incredibly scary. I recently interviewed Doctor Robert Redfield, former head of the CDC. He has been shouting from the rooftops that he believes bird flu is what he's the most concerned about. And he has said time and time again, I believe it's going to be a gain of function or a lab leak that most likely will cause the problem. And here you're saying the first, form that's really starting to affect mammals looks like it came from a laboratory. When are we going to learn our lesson on this? At what point do we stop messing with nature this way? And that right now is just an economics problem. We're making the price of eggs astronomical. We're looking to Turkey to try and import eggs. But if you're right and we start seeing people getting infected, and it's creating a demand for a human vaccine, which will have its own issues to it. But over and over and over again, now we're watching man made disease sweep this nation. And then the only cure is the same scientists from the same lab giving us a man made vaccine to handle it. It's, you know, a lot of people lean towards conspiracy theory like they're doing it on purpose, but either way, it has the same result.

[00:10:40] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

It's clearly scientific misadventure. You know, we have over a dozen BSL four labs in the United States. This is the highest risk pathogens that can get the whole world sick. We have, well, more than 140 BSL three labs. The Biden administration guidance they came out on this deal was very light, uh, voluntary reporting. You know, most public health officials don't even know if they have one of these high risk labs in their state. I'm on a standing committee in the Arizona Senate, and I've implored the state of Arizona to come on, do an inventory. This is like working on a nuclear bomb in your university lab with no oversight.

[00:11:20] Del Bigtree

Yeah, incredible. Well, let's move on now to the other giant story in infectious disease, the measles outbreak, especially in Texas. You live in Texas, as do I. One of the things I pointed out, it did a very thorough discussion last week on the many studies that show that the MMR may be failing on some level. We may have asymptomatic carriers and not know it. We certainly see vaccine failure in places where there are vaccinated involved. My understanding of this outbreak is that it is mostly in an unvaccinated community, so I want to make that clear. But, you know, they use this fear, this drum beat, and they seem so excited that they finally have a desk here in Texas. And it's on every news station. Whereas, you and I grew up watching The Brady Bunch, and there was a laugh track around the family catching the measles. Is it egregious to have the media, which clearly has got so much funding from the pharmaceutical industry to make people this terrified of an illness that is a benign childhood illness, is my number one question. Or is this virus changing too? And are we dealing with something completely different?

[00:12:34] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

You know, our media and public health officials, I think, have to be far more responsible in this type of reporting and just to level set. Our CDC says anybody born before 1957. Well, it's assumed that they've had measles, right. There's just a broad assumption that that's the case. I was born in 1962. I had a single measles vaccine at age two, and I had another one at age 20. When I entered medical school. And that's because I didn't have immunity. I didn't have antibodies against measles. And now a paper from Bianchi and colleagues from Italy has actually done that exact study of of medical students entering medical school. And the answer is about 20% of those who took the measles shot do not have effective immunity, according to Bianchi and colleagues. Now, the answer is if they've had measles during childhood, about 6% may not have adequate immunity. So clearly, natural immunity beats vaccine immunity. And now our CDC is reporting as of February 27th, 2025, we have 164 cases in the United States of measles in Alaska, California, Georgia, Kentucky, new Jersey, New Mexico, New York City, Rhode Island, and Texas. So it's not just the Mennonite community in West Texas. And you know what? In in last year, in 2024, we had 285 cases.

[00:14:01] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

So measles is something that does occur sporadically. It is spread by, you know, respiratory aerosol spread. And it's a morbilliform rash. You know, we have other illnesses that have very similar rashes for which there's no vaccine, including hand, foot and mouth disease caused by a coxsackievirus. It's not a big deal. I can tell you. What I want to hear as a doctor is I want to I want to hear how did the outbreak start? And particularly if there was an immunocompromised child who was given the MMR vaccine. That child can actually shed live measles onto others and start the outbreak. This is the first concern. Let's say a child who was on steroids for, you know, bad asthma exacerbation, what have you. There we go. That could be the initiation of the spread. We want to know who's fully vaccinated and who isn't. So we can size up risk, you know. And the reporting we got in CNN did this, and so did the Texas Health Department. You know, what they said is they said, well, there's so many unvaccinated and others. The vaccine status is unknown. Well, I can tell you, Del, if this is a big deal, any public health official, you're telling us the status is unknown? That's not acceptable, right?

[00:15:19] Del Bigtree

Right. I agree.

[00:15:19] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

It's not acceptable reporting. Tell us what the status is there public health officials. And lastly, when there's a death for which there was in Texas, boy, we better hear the details. What was the age, gender baseline conditions? Were they maximally treated? What early treatment did they have? You know, a child under age one should be getting 100,000 units of vitamin A. That's typically in a liquid format greater than one years, 200,000 units. Did they get that? Do you know, for high risk cases, we can give measles immunoglobulin. Did that child get immune system immunoglobulin. And then of course did they get the nebulizers they needed. And what was the final course. Did they die of a measles secondary pneumonia or was it measles encephalitis? Were they airlifted into the big center at the children's hospital? What was the care pathway? Del, I can tell you I'm a cardiologist. If we have a patient die of a heart attack in a major medical center, do you know that case is reviewed in detail? That's a heart attack. Yeah, absolutely. And so a measles death. Every detail should be presented to us and yet we hear nothing.

[00:16:32] Del Bigtree

I agree, and that's very frustrating. And this is part of what when Robert Kennedy Jr. Talks about being radically transparent. This is a disease that as I reported last week, if you go to the old vital statistics, records had a death rate of about 1 in 10,000 among infected, 1 in 500,000 as a sort of population number. So if someone dies and it's the first death in 20 years, certainly we need more details as to why. Because this is an anomaly. This is outside of the world that those that grew up, as you said before, 1957, where everyone alive caught this and survived. I've said many times to reporters, they're like, measles is deadly. And I always say, well, then how are you here asking me the question about it? Like, what do you mean? I said, if measles is as infectious as you've said and we all know it is, your parents, or at least your grandparents had it. All the billions of people on this earth had it. This population exists because measles wasn't deadly enough to wipe us out, so we have to be more transparent. We need to look at what's going on. I think that they should be doing some studies right now. Testing, go to a community where you have vaccinated, unvaccinated, where you know the status. And let's do a real pilot study. Let's test who's got a live infection and who doesn't amongst the vaccinated and the unvaccinated. Let's start getting to the details around this, because the vaccine had promised that one day that it would eradicate measles from the planet. As you're pointing out, if it's 20%, failure amongst medical students that got the vaccines and 6% amongst those that get the live virus, eradicating this, this disease from the planet does not look like it's going to happen. So what's the future otherwise then can we rethink this?

[00:18:19] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

Del now there's one more question I have to tell you. I got today from Denmark on the measles outbreak. And you know what the person asked me? He said A public health official. He she said, did the Mennonites have a measles party.

[00:18:33] Del Bigtree

Right.

[00:18:33] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

Now? Remember this. Remember? I remember as a kid. Chickenpox parties. There used to be measles parties. Yeah. Unvaccinated populations may want to just get this over with, because they're going to rely on natural immunity. I have patients who are Mennonites, Amish, other forms of Quakers, and we've always had about 2.5% of the population who take no vaccines. They just don't. That's that's how they live life. That number, according to the CDC, now is approaching 10%. So, you know, these types of questions, we're going to have to work our way through. You know, boy, we better have doctors and public health officials who know how to treat measles. You know, the Texas public health official was questioned, I think, by one of the reporters on CNN. And she said, doctor, have you ever seen a case of measles? She said, no.

[00:19:18] Del Bigtree

Wow. Yeah. That's a problem too, if you don't know how to treat it. We used to know how to treat it. Something that Robert Kennedy Jr put out is, vitamin A and the obvious ways to treat it. I really appreciate your time, doctor McCullough, and I look forward to speaking again soon. Thank you.

[00:19:35] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

Thank you.

[00:19:36] Del Bigtree

Alright. Well, coming up later on in the show, Matthew Guthrie has a brand new documentary, Follow the Silenced. Really this is about the human cost that came around the censorship around the Covid pandemic. What happened there, all the atrocities that took place, and no one could talk about it. Well, now someone is. He's going to talk about this brilliant new documentary. One of the producers, Mikki Willis, behind it. I'm looking forward to talking to Matthew, and I'm going to address the letter that was put out by Robert Kennedy Jr on measles. Did he make a mistake? Is he being controlled? What's happening inside of Washington? I may not have all the answers, but I do have an opinion that'll be coming up in just a moment. But first, it's time for the Jaxen report. It's wild. Jefferey, Robert Kennedy, Jr. Takes HHS secretary and suddenly they push a button and it's like there's viruses everywhere. Pandemics looming on the horizon. I don't know that it's orchestrated, but it feels like it sometimes.

[00:20:45] Jefferey Jaxen, Investigative Journalist

Yeah. Well, I think anybody paying attention over this last month particularly knows that business as usual is out when it comes to the medical space and the public health space. This is we're looking at a revolutionary changes in every direction. And the media reporting is going to obviously be pushing their buttons that they always push. But I think what the really big picture is here is it's we're looking at health through a different lens now. We're looking at it through in public health as well, through the lens of the increasing chronic disease epidemic in the United States. And that changes the whole narrative, changes the whole picture, and it changes how people are going to be reporting on things, and I'm noticing it in the literature now, in the scientific literature that you see studies that look like this. This is a study that looking at proteomics and genetics, proteomics is just the study of proteins in people's bodies, down to that granular space there and integrating the environmental and genetic architectures of aging and mortality. So they looked at both environmental exposures and genetics to see what plays a role in our aging and our mortality. And, you know, it's interesting because a lot of the times when you see reporting, they'll say, well, you know, children just get autism because it's the parents genetics. It's kind of it's kind of your fault because you have bad genes. And that's just just how it happens. But this study looks at a lot of different things. And so they're looking at blood chemistry the proteins in the body biomarkers.

[00:22:08] Jefferey Jaxen, Investigative Journalist

And then they also looked at the common disease risk factors that people were engaged in throughout their life and incidence of disease. And this is what they found. We go to Science Daily for kind of just an overview and it says "lifestyle and environmental factors affect health and aging more than our genes." It goes on to say, "environmental factors explain 17% of the variation in risk of death, compared to less than 2% explained by genetic predisposition, as far as we understand it." So right there, it's environment. This study is saying it is your environment, not your genes. Less than 2% is actually what you're born with. So there's actually a positive study because as it goes on to say, it says "of the 25 independent environmental factors identified, smoking, socio socioeconomic status, physical activity and living conditions had the most impact on mortality and biological aging. Smoking was associated with 21 diseases. Socioeconomic factors such as household income, home ownership, and employment status were associated with 19 diseases. Physical activity was associated with 17 diseases." But here's the cool part "23 of the factors identified are modifiable," so you can do something about your environment to affect your genes, to inform your genes how to express themselves. This is a really cool study and very interesting. And it goes into, you know, when people are reading this, they're going, okay, I'm an adult. I can maybe, you know, make sure my job is going well, I cannot smoke. But this goes all the way back to the moment where we're really conceived and we're born. So let's go back to infants.

[00:23:37] Jefferey Jaxen, Investigative Journalist

Let's talk about infants because this is this is an entire lifestyle we're talking about. So we go to the USDA dietary guidelines say every five years they produce these. So this is their their five year update. And we look at infants. So infants and young children there's a part in here. It's really interesting because when you look at this it gives the dietary guidelines and it says one thing infants really should be avoiding. And it's not smoking. It's not it's not drug use. It's sugar. And it says in this update "avoid added sugars. As infants and young children have virtually no room in their diet for added sugars, taste preferences are being formed during this time period in infants, and young children may develop preferences for overly sweet foods if introduced to very sweet foods during this time frame." So it's really wiring their brain at that point. And what's interesting is we look at the US market. So with that, with that in mind, literally USDA is saying it is contraindicated for infants to have sugar. So let's look at infant formula that's on the market. There's a study the study it's an analysis. They looked at 73 infant formulas available in the US market right now. And what did they conclude. They said this. "Most US infant formulas contain primarily added sugars. However, the presence of five formulas containing primarily naturally occurring lactose demonstrates that such formulations are feasible to produce. Such formulas should be made more widely available to promote infant health." So only five. They said, look, you guys can produce them clearly because there's five out there.

[00:25:06] Jefferey Jaxen, Investigative Journalist

Why aren't you doing it for the other? Because there's 73 of them we looked at, and only five of them can cut this grade. And you're going against the USDA guidelines here. And so why is that a problem? Well, there's a really interesting natural study. So during World War two, the UK and a lot of other countries as well, including the US, we did food rationing and the UK rationed sugar. And so we have a natural experiment during during the time of World War 2 to 1953 was the actual official end of the sugar rationing, and it came back very quickly. So it was right back into the population after that. So there's this natural experiment that there was no sugar during that time for children born before, during and after. So this study looks at what happened when people were the infants were deprived of sugar. So remember the USDA is saying you really shouldn't give kids sugar. Well, why is that? So we look at this study here and it says "exposure to sugar rationing in the first 1000 days of life protected against chronic disease." Goes on to say this "using an event study design with the UK Biobank data comparing adults conceived just before or after rationing ended, we found that early life rationing reduced type two diabetes and hypertension risk by 35 and 20%, and delayed disease onset by four and two years, respectively."

[00:26:20] Del Bigtree

Wow.

[00:26:20] Jefferey Jaxen, Investigative Journalist

These are big, big sweeping numbers here. Just by just by reducing sugar. And it goes on. It's it's not just it's not just chronic disease. It's not just hypertension, diabetes. We have this study here. This is a study review looking at a lot of the literature, "harmful effects of high amounts of glucose on the immune system." So it even goes down to your actual immune system. It says "the infiltration of the high amount of glucose into the immune cells may have a worse effect on the immune system and related signaling pathways, which ultimately lead leads to pro-inflammatory cytokine production." You do not want that. "This may lead to impaired function of the immune system and trigger pathological conditions or disease conditions" at that point. And so, you know, we're talking about sugar. And I know a lot of people out there are saying if we're talking about environmental factors, there's one big one here. So I'm going to hit this right before I end this segment. Here is an Informed Consent Action Network produced picture. This is the placebo pyramid scheme. And these are this is all of the the vaccines on the childhood schedule. And you notice not a single placebo controlled trial was relied upon to license any of these vaccines. Safety studies were very minimal. So when you were looking at all environmental factors, this is a hope, obviously, that people brought Robert F Kennedy Jr in and and the others that are coming in here to look really look at the safety data, really look at this against a placebo, a true placebo to see what the health, the chronic disease conditions that may arise from these vaccines, stacking them on top of each other.

[00:27:54] Del Bigtree

Yeah. Amazing. Right. And that's what we've been saying all along. And what the whole Maha movement is saying is clearly we have toxic issues. Our food is toxic, our water is toxic, our air is toxic. Somewhere in there, we've got to look at what is causing this incredible chronic disease epidemic.

[00:28:12] Jefferey Jaxen, Investigative Journalist

So and let's yes, and let's talk let's stay on vaccines. Now let's talk about the Covid vaccine. So I want to bring people back. Remember the ACIP committee was just postponed. And so let's go back to the good old days when the ACIP committee was really in the trenches there, getting the science out of the way and and really putting the screws to Moderna and Pfizer before they unanimously approved their vaccine for children. Here is them talking about the spike protein. This is Pablo Sanchez. He's talking to a really a higher up in the Moderna vaccine development space. One of their leads. Take a look.

[00:28:45] Del Bigtree

Okay.

[00:28:46] Pablo Sanchez, MD, Board Certified Neonatologist and Pediatric Infectious Disease Specialist

I've asked this before and I just don't have a clear idea of how long the spike protein that the messenger RNA in our bodies produce. How long has it been detected in in patient serum or tissues? And maybe, you know, even in animal studies, um. You know how I know that? You know, it is said that the messenger RNA disappears quite quickly. But, um, do you know, a first of all, um, how long it may persist in blood or serum or tissues? And also, do you know, what is the molecular weight of the spike protein that that our bodies do produce? And I guess I'd say that with respect to plasma plus transplacental transfer as well. But I mean this is a separate issue. But those are those are issues that have, you know, that have brought up previously. And I'm not and I really don't have an answer. I don't know if if anything new has been developed on those. Thank you.

[00:29:52] Rituparna Das, MD, Vice President of COVID-19 Vaccines Clinical Development at Moderna

No that's far you know, we have looked at the the persistent the detectability of, of spike protein, um, as well as the, the mRNA. You're absolutely right. The mRNA degrades quite quickly. The spike protein availability, I believe, is on the order of days, but like less than a week. But I will will confirm that with our talks folks as well.

[00:30:19] Jefferey Jaxen, Investigative Journalist

So it's a new it's a new design. It's an emergency use authorization product. And they're asking and this thing is designed to it gives messenger messenger RNA messages to your cell to produce a spike protein for the first time ever in the human body. And so rightfully so. Pablo Sanchez is saying, how long is this spike protein sticking around? Could this be a concern in the body tissues and serum? I don't know, maybe like a week like a week. Okay, great. Well unanimous unanimous rubber stamp okay. Let's go to the let's go to the FDA's Vrbpac committee. That's Vaccine and Related Biological Products Advisory committee. It's kind of their version of ACIP at the FDA over there. Kind of a similar question. Take a listen.

[00:31:04] Del Bigtree

Okay.

[00:31:05] Jay M. Portnoy, MD. Medical Director of Telemedicine, Children's Mercy Kansas City

Clearly we're thinking in terms of micrograms, the way we would think of proteins as a way of inducing an immune response. And yet the purpose of mRNA is to induce protein production. So is your is your mRNA just more efficient at making cells produce protein? Or how should we think of micrograms in terms of the amount of spike protein that's produced by the cells? Can you kind of clarify that?

[00:31:30] Dr. William Gruber, Senior Vice President of Pfizer Vaccine, Clinical Research and Development

Yeah, I'll leave it to Moderna to describe the nature of how they address their vaccine dosage. But I think the obviously, we don't have a complete understanding of the nature of the way that the vaccine works in terms of producing immune response. So you have to go by the results. And the results are that in the setting of giving a three microgram dose, we had low reactogenicity compared to placebo. And after a third dose, just as in adults, at higher doses, we're getting an immune response that's comparable. It may well be that children we've seen certainly in, you know, that we were able to go down to a lower dose in children and the expectation is perhaps they have a more robust response. That seems to be the case based on giving a ten microgram goes to 5 to 11 and three micrograms to younger.

[00:32:15] Jay M. Portnoy, MD. Medical Director of Telemedicine, Children's Mercy Kansas City

But have you ever measured the amount of protein that's produced as a result of the mRNA, and how many cells are producing it, and how persistent that production is for a given microgram of mRNA? That that's a pretty broad question. Yeah, that's.

[00:32:31] Dr. William Gruber, Senior Vice President of Pfizer Vaccine, Clinical Research and Development

I think that's obviously, you know, an interesting question to better understand the mechanism. And I would say it's somewhat academic in the setting of what we're trying to achieve here in terms of getting an immune response and a safety profile that's satisfactory but worthwhile for people to pursue.

[00:32:46] Del Bigtree

That is June 15th, 2022. That means people are already receiving this vaccine. In fact, everyone in the world is receiving this vaccine. And that's a really broad question how much protein are the cells producing or how long it persisted. The guy's first day, it's like we really don't know how the immune system is responding to this. I mean, people, Holy cow. Do you realize you injected people, injected this? Billions of people injected a product, and the top of their game involved in producing this have got no answers to obvious science. Oh, well, it's such a like. Really? Does anyone need to know that? Oh my God, that's scary. Jefferey. That's really scary.

[00:33:27] Jefferey Jaxen, Investigative Journalist

It's absolutely scary. And why I'm showing these these clips is just to remind people how how wild west this science was. I mean, literally the guy from Pfizer is going I don't know, I guess that's the question for academia down the road. We're just producing it. We don't know. We're just making it.

[00:33:43] Del Bigtree

So it's having an immune reaction. We know that for sure.

[00:33:46] Jefferey Jaxen, Investigative Journalist

Yeah, we can measure that right? Yeah. So so let's so we have obviously we have the journalists and we have academia. So let's go look at what they were doing at that time. So here's 2021 as it's being rolled out. You know, a lot of people are already getting this. Here's Reuters "fact check Covid 19 vaccines using mRNA do not send the immune system into perpetual overdrive by instructing cells to create the spike protein over and over again." And it goes in and says "the mRNA that instructs cells to create the spike protein is broken down by the cells shortly after the protein is synthesized. The protein itself, meanwhile, is broken down when it leaves the cell and is met by the immune response." Okay, seems pretty simple, I guess Reuters knows more than Pfizer and Moderna. Great. And so let's look at academia because, you know, is there any problems with this spike protein. And, you know, maybe sticking around a little bit and causing some health problems. Well, we have the NIH is a stat news. "Nih has received \$1 billion to look at long Covid research as part \$1 billion into it, with little to show for it." So it goes in and it says "there's basically nothing to show for it. The National Institutes of Health hasn't signed up a single patient to test any potential treatments, despite a clear mandate from Congress to study them."

[00:34:58] Jefferey Jaxen, Investigative Journalist

"Instead, the NIH spent the majority of its money on broader. Observational research that won't directly bring relief to patients, but it still hasn't published any findings from the patients who joined that study almost two years after it started. There's no there's no sense of urgency to do more or to speed things up either." So we have really our agencies saying, well, you know, there's people with some problems sometimes after the vaccine, sometimes after the infection, but we're in no rush to really look at this. And, you know, media and journalists are just completely flat footed on this. So I want to talk through, again, just the basic mechanisms, because this might help people before we go into this next segment here. So the basic mechanism of this vaccine technology is you have you have this encapsulated lipid nanoparticle. And inside is the messenger RNA. That's all that dancing stuff right there. Those are the messages. And that is ushered through the body into it's delivered into the cell. Once it's delivered into the cell, those messages tell that cell to create a spike protein. So the proteins fold that creates that spike protein. It's expressed on the cell. And then you see the immune system go, oh I know what to do with this.

[00:36:07] Jefferey Jaxen, Investigative Journalist

I am going to neutralize this because that's an infection. So that's what shows up on all the cells. So that's the idea. You know you get that immune response and your cell is creating those things. So again how long does this stay in the body. So we started to see some research. And here's one of the pieces of research early on "blood distribution of SARS-CoV-2 lipid nanoparticle mRNA vaccines in humans." So it looks at looks at what how long this lipid nanoparticle and the mRNA is in the blood. And it says "both the vaccine mRNA and the ionizable lipid peaked in the blood 1 to 2 days post-vaccination. The vaccine mRNA was detectable and quantifiable up to 14 to 15 days post-vaccination, 37% of subjects." So, I mean, you're looking at clearly less than a month. They're saying this lipid nanoparticle mRNA, they're clearly found together without that lipid nanoparticle. The mRNA is not going to survive. So where you find one, typically you find the other and it only stays in the body. We found it 37% of people for about 14 to 15 days. And then the rest of it's over with. Well now we now we get into the new research. And so we have what's called a rare syndrome. This is what is the title of this headline.

[00:37:17] Jefferey Jaxen, Investigative Journalist

"Researchers describe rare syndrome after Covid vaccine." What kind of rare syndrome? Well, we go to Yale researchers and we'll go to the study that they're actually quoting here. And it says "immunological and antigenic signatures associated with chronic illnesses after Covid 19 vaccination." So that's interesting because chronic illnesses, long Covid, chronic illness, at some point we're now we're seeing the official merge of this. It's maybe the same thing, some caused by maybe the the illness, some caused by the vaccine, but very similar on the outcome on the back end. So we go into this study and it says "a small fraction of the population reports a chronic debilitating condition after Covid 19 vaccination. Often referred to as post-vaccination syndrome, PVS. Serological evidence of recent Epstein-Barr virus reactivation was observed more frequently in the post-vaccination syndrome participants," so they're having a reactivation of these dormant viruses. Dormant illnesses. "Further, individuals with PVS exhibited elevated levels of circulating spike protein compared to healthy controls." That's a huge clue. Now we go into the real the real nitty gritty here. "Most notably, we found elevated levels of spike S1 and full length spike." Not just the fragments, the full length "in circulation up to 709 days after vaccination among a subset with post-vaccination syndrome, even though even in those with no evidence of detectable SARS-CoV-2 Infection."

[00:38:49] Del Bigtree

Wow.

[00:38:50] Jefferey Jaxen, Investigative Journalist

This is bombshell.

[00:38:52] Del Bigtree

Wow. So, yeah, now we're talking two years. At first, it was a month. And we kept saying, as we've been reporting on this, it looks like the spike protein is long lasting. As long as the study that looks at it. Right. It was first three months. Then we looked at a six month study. Still here a year, one year study, still here now, 709 days in, I guess. Still, they're still producing spike protein. So this virus manufacturing plant, or more specifically, a spike protein manufacturing plant, at least in those people that are finding, like, illness, this long Covid, scenario that we're listening to, is just does anyone know how to shut it off? It's terrifying really. Right. And to and you so brilliantly started out with these scientists going, well, we don't really know. We know we're getting an immune response or we think it's just a couple of days. Well, what if it's not a couple of days? And what happens now that you've done no long term safety trials. And so everybody got this thing. And as it turns out, it's like years your body is making this really horrifying.

[00:39:58] Jefferey Jaxen, Investigative Journalist

And we go in, we go look at this graph from this study. It's it's kind of a plotted graph here. And all of those dots are people who received a vaccination. The only difference is there's controls and there's people with the Epstein Barr virus reactivation. And they either they reported being infected or not being infected, but those kind of orangey pink dots, those are all the people that had the vaccine and no infection and are having this reactivation of their Epstein-Barr virus, which is a really common illness that's just dormant in a lot of people. And the purple ones are the people with the post-vaccination syndrome. They're calling and had an infection. But you're seeing days since last exposure. You're still there's a lot of people there 400 days, 600 days. And then that one top right one, there's that 709 days. And on the left is just the measure of the s of the spike protein. But you can see there's a lot of people expressing these these spikes for a very long time. So the question is remember the messenger RNA can't live in the body just free floating. So it has to be in that lipid nanoparticle. And once that lipid nanoparticle gets into the cell it delivers a message. And that's it. The spike protein is produced and its job is done. So all of that is over. So what's producing these because the spike protein is not going to be floating around in the body.

[00:41:15] Jefferey Jaxen, Investigative Journalist

Just just hanging out because the immune system will find that. So why is there a spike protein full length. What's going on here. And so we saw studies early on in 2020 2021 that showing this these are tabletop exercises. But this is 2021. "Reverse transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in a patient derived tissues." So is this what's happening? Has this integrated into the DNA where we no longer need the vaccine now? And literally our DNA is telling our body to continually express and produce these proteins. I mean, there's a lot of evidence early on that that might have been the case. And, you know, in this, in this Yale study where that spike protein was hanging out for 709 days, they noticed that people that had that reactivated virus post-vaccination syndrome had lower T cells. These are the signaling cells of your immune system. Well, there's also evidence of this. This is a study titled "T cell exhaustion during persistent viral infections." So this is obviously a hypothesis. But is this spike proteins just being produced forevermore in the immune system is just trying to grab it and grab it and grab it. And you're now getting tired because it can't stop fighting it because it's just continually coming.

[00:42:27] Del Bigtree

what you're saying there, and I want to put out that this is just a hypothesis right now. What we're talking about is something that a lot of scientists are looking at. This is very troubling. But this hypothesis is that that what you're saying is that this beautiful little shell, this fatty lipid that protected the mRNA so it could get to the cell, we know that gets dissolved once it's entered the cells. So anything else out in the body should be being killed by the immune system and not continuing to recreate or go to other cells because it can't get there without being attacked by the immune system. Unless somehow some of this mRNA reverse transcription say that word again. Reverse transcriptase enzyme reverse transcriptase writes itself into your DNA. Now, basically the Bible code of your body is telling cells, teaching cells, or creating cells that make spike protein as a part of their existence. Is it possible that we have mutated the human beings that are experiencing this, so that their bodies will create spike protein the rest of their existence? And then the big question is, what happens if they have kids? Are they going to pass that on germline transfer? Are you going to see their kids? Did we just create an entire species that now just pumps out spike protein all day, every day, the rest of their lives for centuries to come? And what's going to be the health of those people again? A, you know, hypothesis, but a terrifying one in a space where we don't have an explanation.

[00:43:59] Del Bigtree

Otherwise, why you're seeing this last so long in so many people. This is what happens when you all I can say is, this is what happens when you mess with nature, when you rush a product onto the market and giggle about how little you know about it, and then tell everyone to get it. I hope to get to the bottom of this, and someone's going to have to figure out how do you pry, if it's possible? How do you pry something back out of your DNA if it's made a mistake? If we even inserted a mistake into your DNA.

[00:44:28] Jefferey Jaxen, Investigative Journalist

Right, right. Absolutely. And, Del, let's let's wrap this up on a happy note. On a note of positive change. Because this week especially, we have RFK Jr. Obviously HHS secretary appointed, but this week there's a lot of other things going on. So we saw the ACIP committee was postponed. Now the Verbac committee is also canceled. This is Reuters "meeting of U.S. FDA vaccine advisers cancels committee members said" no really reason why when you go into that article. But it is canceled. So we have ACIP postponed Verbpac canceled business as usual in the health space is changing. And this week we have Doctor Jay Bhattacharya. He's starting his journey towards a confirmation as the head of the United States National Institutes of Health. This is a gigantic this is where Francis Collins was. He has stepped down. Jay Bhattacharya, obviously professor of medicine, economics and health policy research at Stanford University, but also one of the signatories of the Great Barrington Declaration. And what's interesting was that Great Barrington Declaration, as everyone knows, was warning about the collateral damage that the that the restrictions, the pandemic restrictions were going to cause. And remember he that Jay Bhattacharya is a true American story because he was attacked viciously by the Biden administration and those within the top heads of the agencies, like Francis Collins.

[00:45:46] Jefferey Jaxen, Investigative Journalist

Here is the actual article when it happened. Trump's NIH pick. I'm sorry, this is Bhattacharya. This is the article heading up here. "Trump's NIH pick urges scientific dissent in Senate hearing remarks." So this is what he's going to be talking about. It was just yesterday that this hearing happened. But why is he urging scientific dissent is because at the time when the US needed Covid 19, this is the headline "dialog between scientists. Francis Collins to shut it down." So basically Collins shut this down. Remember he called about Bhattacharya and the other two signatories, fringe epidemiologists. He says we need a quick and devastating takedown of these people in the media to Tony Fauci. Uh, because again, they were just warning, hey, you may want to pump the brakes here. And now you have Collins coming out and saying ignoring the collateral damage inflicted by Covid 19 policies was really unfortunate. It's so this is where people's appetite to get new people that are going to shake things up are coming in because the old people, the gaslighting, the basically, I'm going to punch you in the eye and then go, wow, there's a lot of violence on the street here.

[00:46:54] Jefferey Jaxen, Investigative Journalist

We should do something about this. It's just no longer happening. But what's also happening today as we speak is Doctor Martin Makary, a surgical oncologist and Johns Hopkins professor. He is going in front of the committee as well to talk about his appointments. Here's headlines being made by him on the run up to "Trump's FDA pick made his name by bashing the medical establishment." We see a theme here. "Soon. He may be leading it." So what to expect from Trump's pick to lead FDA? Well, you know Macari, he's done a lot of great stuff. Surgical oncologist he was actually leading trying to limit the medical errors in the surgery space in American medicine, which was one of the leading causes of death when, according to the BMJ. So this is this is a person that knows, understands systems, understands how to change them. And both of these men, I mean they're ready to shake things up. So the the appointments we should soon hear from them whether they're going to be appointed or not. Obviously most president's appointments are kind of pushed through there at some point or another. So this is an exciting day for American medicine. An exciting week as well.

[00:47:57] Del Bigtree

It really is. Both of those picks I know Robert Kennedy Jr is I'm really hoping they get in there because they too, as we know, have challenged the system. And by the way, even if you're looking at this from the other side or somehow you're worried about it, the scientific method demands scientific dissent. It demands that the best thinkers come forward and say, I think I see a flaw in your hypothesis, or I think I see a problem with your vaccine. I think I want to ask the question, how much protein is it creating and how long does it last? And no, we're going to look into it and get back to you. It's not good enough. People are taking this right now. Those voices were shut down. And by the way, Francis Collins, who was trying to like, dance around it shut down Jay Bhattacharya saying, we need to be, decisive and take this down while he knew for a fact. And we all now know, that the six foot distance rule was completely made up, not based on science, that there was no reason to lock us down if the distance from one another made no difference whatsoever. So to think that he was saying that Bhattacharya was fringe when they were the liars, they were pushing a nonscientific agenda that did destroy lives, did destroy businesses, did destroy the education of our children, did destroy our economy. So shame on you, Francis Collins, and all the lies from Tony Fauci and the rest. Maybe they're protected by Joe Biden and giving them protections. But in the end, we know the truth. And now we have the people that were calling it out from the beginning. Up for a job Jefferey. Great reporting as always. I'll see you next week.

[00:49:34] Jefferey Jaxen, Investigative Journalist

Alright. Sounds good. Thanks.

[00:49:36] Del Bigtree

Well, when we're looking at the bird flu pandemic and the measles pandemic, you know, some of this we saw coming and some of the work, we're way ahead of you. We see this coming, which is why we went to our legal team and said, hey, I think there is going to be a bird flu vaccine. They're obviously ramping up the hysteria. Can we, put forward some Freedom of Information Act requests and start finding out how the trials went on these bird flu vaccines before they start warp, speeding them into every American. This is what our legal team found out.

[00:50:12] Aaron Siri, ESQ. Lead Counsel, ICAN

On behalf of ICAN, we have submitted a FOIA request with regards to the bird flu H5n1 vaccines. The bird flu H5n1 is back in the news. Let's look at the three licensed H5n1 vaccines. The first one was licensed by GSK in a clinical trial where after the first year, those that got the vaccine had four times the rate of new immune mediated diseases, four times the rate. And then there's the product by squares. In that clinical trial, there were 11 deaths in the vaccinated group and one in the placebo group. That trial was for adults. There was also a trial for children that had only had 329 children in it, and 26% of them reported an adverse event within 21 days. And then finally, there is a H5n1 vaccine licensed by Sanofi. And in that one, it only had 151 adults in the clinical trial. That's it. Within the first 56 days after vaccination, there were four serious adverse events, including one death in a population of only 151 adults. Before you take one of these three products, if that is something anybody out there is considering, it might be a good idea to go to the FDA website, pull up the package insert, go to section 6.1 and you can read exactly the information I just went through.

[00:51:37] Del Bigtree

Well, obviously, we continue to do this work at ICAN to inform you to do research, to bring FOIA requests. We're not going to stop doing that. But this bird flu vaccine, this is serious. That is a terrible set of vaccines that we've discovered through those FOIA requests. And I assure you, they're right around the corner. They're going to try to mandate this, whether it's going to be a measles vaccine or the bird flu vaccine. If you thought that, the concern of pandemics and the push by the globalists of the world is just going to go away because Robert Kennedy Jr is now head of HHS, I think you're wrong. I'm going to just in a minute, talk about his latest op ed that has got a lot of people up in arms. But here's the truth. We need to keep the pressure on. We've got to keep telling the truth. I need the highwire to have the best information there is in the world. I'm dedicated to it, and I have the most amazing team in the world that's dedicated to it. And we've got the most powerful legal team that has ever worked on medical freedom issues and transparency and science. All of that. Just imagine it. What do you think it takes to put this show together every single week, in a way that is as immaculate as we have been? How many times have you had to see us apologize for anything that we've said or say, that we've gotten it wrong when everybody else was jumping out of the tips of their skis.

[00:52:56] Del Bigtree

Sometimes they were right. Sometimes they were wrong. Throwing up red flags. We have had it right the whole time. That means we have experts constantly around the clock, all the way up to the moment we start this show, making sure we've got it right before we go live to you. I don't want to compromise. I want to ramp up. We have so much work to do, and that's why I need those of you that have been sitting and watching this show amazed at the work we're doing. But you're not donating why? Why? you're paying your cable bill every single week to get lied to by Fox and MSNBC and CNN and CBS. We're the ones that are telling the truth. And you think this should just be free, that we should just do this because of our own, out of our own pockets. I need your help. There's so much work to do right now when we see things like this that no one else would have known about. You wouldn't have known about those trials. You would have known about the failure of those trials. And guess what? When they try to mandate that vaccine, guess what we're going to start doing. We're going to be pumping out everywhere, and you're going to have it in your hands to say, I'm not taking that vaccine because I saw the trials on The HighWire.

[00:54:00] Del Bigtree

Help us continue to do this important work by donating today, all you have to do is click that the box at the top of your website right there where it says donate to ICAN. We want you to become a recurring donor. Click the amount that you can part with once a month. Maybe it's a cup of coffee, maybe it's a dinner. Maybe it's the cost of a car, I don't know, but whatever you could do, we're asking for \$25 a month for 2025. We literally are, making amazing things happen. Because of your support, we're going to make it easy if you want to donate so many different ways to do it. But right now just text 72022 is the number and write the word donate. And we'll send you a link so that you can make it possible. There it is by mail, stock options, international transfer, crypto vehicles, gift cards, legacy giving whatever you want to do. We will make that work so that we can continue to do this work. Alright. Lots of conversations obviously this week about Robert Kennedy Jr. He's now HHS secretary. We're seeing this measles thing ramp up. We covered it in depth last week I got into science that I don't think you've seen anywhere else.

[00:55:12] Del Bigtree

But Robert Kennedy Jr made some statements. He put out an op ed and a lot of people are panicking about it, especially those that consider themselves in this medical freedom movement or vaccine risk awareness movement. This is that article. "Robert F Kennedy Jr. Measles outbreak is a call to action for all of us." The subheading "MMR vaccine is crucial to avoiding potentially deadly disease." I want to make one thing clear before I even get started. I did not see that second line written anywhere in this article. Right? That is the editors, I guess at Fox or somebody put the headlines on that, but I didn't see that. Can we bring it back up? You can read the article yourself, but I did not see anywhere where Robert Kennedy Jr said the MMR vaccine is crucial to avoiding potentially deadly disease. Anyway. But I will talk about what he did say, some of it that I approve of, some of it I don't necessarily I'm going to talk about why. And for many of you watching, that I was a part of Robert Kennedy Jr's director of communications, that job ended the moment he put his hand on the Bible and went in as HHS secretary, so I am no longer working for him. I'm not a spokesperson for him, and I have no desire to be an apologist for anything that I see going on.

[00:56:30] Del Bigtree

But I do have some sense of what's going on, some of it insider baseball, if you will, and some of it just my own thoughts of strategy. But let's look at what we're all talking about right now. This is one of the major paragraphs that has got many of us upset. "Measles is a highly contagious respiratory illness with certain health risks, especially to unvaccinated individuals. The virus spreads through direct contact with infectious droplets when an infected person breathes, coughs, or sneezes." Obviously, I take issue with that middle of that sentence where it ends up saying that it's especially dangerous or with certain health risks, especially to unvaccinated individuals. There's nothing that tells us that unvaccinated individuals are any more at risk when they come in contact with the measles virus as those that have the vaccine. As we showed you last week, there is vaccine failure going on. If you are not showing symptoms, but you get deathly ill. Did anyone know you had the measles? Those are the types of things that no one is looking into. So there's no way to scientifically make that statement. And let me be perfectly clear, I'm about to do interviews, I'm sure, with Politico and all sorts of news agencies that want to ask me what I think. Here's what I think. I think that death is unfortunate. It happens no matter what choice we make as parents. If you vaccinate, there's a risk to the vaccines.

[00:57:50] Del Bigtree

You can open up the insert itself and see right there all the adverse events that are right there that the MMR is known to have caused, serious events, swelling of the brain, you name it. But there's also a risk to catching any illness. There is. Measles, as we pointed out last week, was a Brady Bunch episode. If it was so incredibly deadly, why did it have a laugh track in the 1950s and 60s. I think you have to look at that. But let's be clear, some people, as we've seen in Texas, can die from the measles. Now, I think it's really egregious for the media to jump on one death, the first death in 20 years and act as though you, I mean, actually try to scare everybody. Can you imagine if you did that every time a child died from eating an egg from an allergy and try to scare everybody from eating eggs? Children die from eating eggs every single year. Children die from eating peanuts every year. The media doesn't go out and try to make us all terrified of eating a peanut. That's what's happening right now in the media. They are directly opposed to what we knew about this virus back when it when we had no vaccine. I'm going to get deeper into that. Let's look at the next paragraph. "Prior to introduction of the vaccine in the 1960s, virtually every child in the United States contracted measles."

[00:59:09] Del Bigtree

It's a really important point that Robert Kennedy Jr is making here. He's quietly and very carefully telling you, if this was so deadly, how are we here? As as Peter McCullough said at the beginning of the show, up until 1957, it was believed that everyone born before 1957 caught the measles. We are alive today because measles did not kill any of our ancestors up until 1957. Some died, but mostly this was a benign childhood illness. It goes on in this paragraph to a part that I want to question. "For example, in the United States, from 1953 to 1962, on average, there were 530,217 confirmed cases and 444 deaths and 440 deaths, a case fatality rate of one and 1205 cases." Now, I want to take issue with this here. I don't I do know we looked up where is Robert Kennedy Jr getting this information. Is it being handed to him? We looked it up because last week we told you that measles has a death rate of 1 in 10,000. Did we get it wrong? Let me show you what's happening here. If you go to what Robert Kennedy Jr. Or the CDC or whoever is helping write this, this is an art. This is a study done in in November 14th, 2007. "Historical comparisons of morbidity and mortality for vaccine preventable diseases in the United States." Now, clearly by that title, you can see that this is an article designed to try and show how amazing the vaccine program has been, so it may want to skew the numbers.

[01:00:42] Del Bigtree

How did it do that? Well, this is what it did. It goes on to say that the "number of reported cases for 1953 to 1962, that the average reported deaths was about 440." So what they're saying is the reported cases, which is 530,217, they took an average of 440 deaths and said that's one out of 1200 and something. But here's the problem. They're only looking at the reported cases. So let's be clear. Back when this was a Brady Bunch episode, most people didn't take it very seriously. Everyone knew that they got it. Their sisters got it, their brothers got it. Their mom, their dad, their grandpa got it. This is just something we all do. And we take vitamin A, and we all do just fine. So how many people got the measles but didn't tell their doctor? Because why would you? This was like a common cold. Do you call your doctor every time you get a common cold? No, you do not. Well, that was recognized by the original study that we were looking at. So let's take a look at that, because this comes from 1962. And Alexander D Langmuir was the head of the CDC for about 20 years when he wrote this. This is what he writes, living in the time, not in 2007, living in the time himself.

[01:02:02] Del Bigtree

This is how he described it, "this self-limiting infection of short duration, moderate severity and low fatality has maintained a remarkably stable biological balance over the centuries," and he goes on to show us the graphs as he sees it. And what you see is that case fatality rate, when you go out and you see that by the time you include the adults, you're at 1 in 10,000. See that ten roughly about ten per 100,000 cases, or a death rate of 1 in 10,000. So that's the number they wrote about in the time they were living in. It's an exaggeration to say 1 in 1200, especially since you know you're not being sincere when you're only going with the reported cases. And are we alone on this? The CDC even knows this. When you go to the MMWR at the CDC measles prevention recommendation, the Immunization Practices Advisory Committee, this is what they write. "Before measles vaccine was available, more than 400,000 100,000 measles cases were reported each year in the United States. However, since virtually all children acquired measles, the true number of cases probably exceeded 4 million per year. The entire birth cohort." So they make the assumption when they look at it, that is being made by the guy living in the time and running the CDC. We know we're not seeing all the cases. We're only seeing the ones from the people that panic when they have a childhood illness.

[01:03:33] Del Bigtree

The rest? Everybody stayed home and didn't talk about it. So we assume that that was about 4 million cases. Which brings us to one in 10,000. So, Bobby, will you please look at the data? There's 1 in 1200. It's a huge difference between that and one in 10,000. Alright. Let me move on, because I think it's important to see what he's really doing in here. "The decision to vaccinate is a personal one. Vaccines not only protect individual children from measles, but also contribute to community immunity. Protecting those who are unable to vaccinate due to medical reasons." I probably take more issue with that statement than any other statement that was in this article. Let's bring it back. Can I look at it very quickly? "Vaccines not only protect individuals individual children from measles, but also contribute to community immunity." We have pointed out all last week and if you didn't see that show, definitely look at it. All of the vaccine failure that we're seeing in the Disneyland case, we saw that 30% of the cases were unvaccinated. I don't think we're going to see that here in Texas, because the reports that I'm getting here in Texas is that it's very remote. It's isolated to a Mennonite community. And this Mennonite community, they do not vaccinate, but they're very isolated. And so this really is spreading in an unvaccinated community.

[01:04:49] Del Bigtree

Now, are they having measles parties, as Doctor Peter McCullough asked? I don't know. I do know that that was happening when I visited the Hasidic Jewish community when they were having a measles outbreak in New York several years ago, for all the reasons we reported last week, which is that would reduce their risk of cardiovascular disease and reduce their risk of so many different cancers. And I know they're very healthy. And I'm going to go with the Brady Bunch sense of this virus. And I think they would do just fine. Alright. Let's go on to the next paragraph. "As health care providers, community leaders and policymakers, we have a shared responsibility to protect public health. This includes ensuring that accurate information about vaccine safety and efficacy is disseminated." Now right here I've seen a lot of you panicked. This is where I think you're seeing Bobby Kennedy's true colors. What he's saying is I'm going to start showing you the inserts. You're going to start looking into this in the future. I want total transparency. So we're going to really talk about the efficacy. We're going to really talk about the safety studies that were done. He's telling you right there. But a lot of us took it because some of the other lines, whether they're written by him or not, is he, dealing with a bureaucracy. Certainly he is. But I'm not going to forgive that.

[01:06:05] Del Bigtree

But let's go on to the rest of this paragraph and tell me if you don't see that he is talking about being transparent. "We must engage with communities to understand their concerns, provide culturally competent, culturally competent education, and make vaccines readily accessible for all those who want them." That, my friends, is the freedom to choose. Donald Trump has said that, and I agree with him, and I have said it from the beginning. If you want to choose the vaccine program, I would never take that away from you. In fact, if you really want to have a vaccine, bring it over here and I'll slam it into your butt for you. It's a free country. You just can't tell me what to do. And that's what Robert Kennedy Jr is stating right there. Let's go on. "It is also our responsibility to provide up to date guidance on available therapeutic medications. While there is no approved antiviral for those who may be infected, the CDC has recently updated their recommendations." What did they update it to say? "Supporting administration of vitamin A under the supervision of a physician for those with mild, moderate, and even severe infections. Studies have found that vitamin A can dramatically reduce measles mortality." My God, do you see what a small step for mankind. We just made for the first time in like 50 years. The FDA and the CDC are now going to be recommending vitamins as a way to take care of yourself.

[01:07:35] Del Bigtree

Remember, people lost their licenses during Covid for recommending vitamin D. Now, the head of HHS is saying, we're providing vitamin A to Texas right now, and we're recommending that you start taking it because that deficiency could increase your experience with measles. That's huge, you guys. That is a giant step. I think we have another paragraph here. "By 1960, before the vaccines introduction, improvements in sanitation and nutrition had eliminated 98% of measles deaths. Good nutrition remains a best defense against most chronic and infectious illnesses. Vitamin A, C, and D and foods rich in vitamins B12, C and E should be a part of a balanced diet." Look at this, folks. He's telling you. Back in the 1960s, we watched this thing eradicate itself. The death rate dropped. We didn't need the vaccine. Of course, he's talking about this graph that we bring up all the time. When was the last time you saw a head of HHS show you this, that the measles vaccine arrived long after this disease had already taken care of itself and become a trivial childhood illness for the majority of Americans. Now, when we talk about these things, I want to say I am here to put pressure on the government, and I think that we should demand the truth be out there. And maybe when they say that the measles vaccine adds to community immunity, we should all at least tell our friends, hey, I think that that's baloney.

[01:09:13] Del Bigtree

And here's why. Go and check out last week's show on The HighWire. But I do want to bring up something. This is a little bit more insider baseball, if you will, that I don't know that you will hear anywhere else. This is a conversation I've had both with Doctor Andrew Wakefield when I was making VAXXED. That shocked me. And a conversation that's come up in some of the dialogs around, running. If we were to run HHS long before Robert Kennedy Jr got there. And this is a problem. This is a problem that those of us that don't believe in the vaccine program or don't believe that our children need to use it, or maybe parts of it. Again, it's a free country, but I want to talk about something because it's very easy to judge being the HHS secretary from our couches and our barcaloungers in our house. But there are actually complexities that maybe you haven't thought of. And this is one I want you to think about right now. Prior to the MMR vaccine, prior to vaccinating for measles, infants that are the only really, truly susceptible group of children that are in danger of measles, you do not want your day. One old, one month old, two month old, five month old infant to catch the measles. At that age, it is dangerous, no doubt about it.

[01:10:34] Del Bigtree

But here's what's shocking the numbers. When we look back in the 1950s and 60s had very few infants that died. The reason being that their mothers passed on measles immunity to the baby at birth. How did that happen? Every mother that caught the measles as a child kept that immunity through life. And once they started having their own children, that natural immunity passed on to the infant, to the baby, and they were protected for at least six months, oftentimes a year. And if the mother breastfed that child, that immunity could last up to a year and a half long, but certainly at six months to a year now that that immunity given by mom wears off. Now the child is at a place where they're healthy enough to handle a measles infection. It was amazing. Nature or God, if you will, had done an amazing job at protecting our babies. But then we started vaccinating every person in this country starting in 1963 64, depending on how you look at the data. And we've been vaccinating ever since. Here's the problem. No mother that's been vaccinated with the MMR vaccine for measles passes anything on to their infants. Our infants now have zero protection whatsoever. They've tried giving MMR vaccine to mothers while they're pregnant, or before they get pregnant, to see if they could pass something on. Zip. Zilch. Nada. So now every infant in the United States of America is in danger.

[01:12:07] Del Bigtree

They're in a vulnerable, vulnerable position. If they were to get a measles infection that is caused by the pharmaceutical industry and this vaccine program, an issue that never existed before. So now there's a concern that Doctor Andrew Wakefield brought to me. He said I wouldn't eliminate the measles vaccine. We're going to have to back out very, very carefully and slowly because if everyone just stops using a measles vaccine, then you are going to see measles infections, which would be fine for everybody except all of these infants that are not protected because of this vaccine program. So I don't know if Robert Kennedy Junior is thinking all of this through. Exactly. But you do imagine if you're saying, hey, if you want to get an MMR. And that's something you want to do, go right ahead and do it. I want you to ask yourself, would you say that knowing what I just told you? Because if you have people just suddenly stop using a measles vaccine, and we're not really careful about this, every death of an infant will be on your head as head of HHS. Do you want that on your head? And how would you explain it? See, there's complexities that now exist in this world because the pharmaceutical industry has destroyed our natural world instead. In fact, let me make it even clearer. The pharmaceutical industry and this measles vaccine did not eradicate measles, and it is clear it never will be able to.

[01:13:40] Del Bigtree

The only thing this measles program, this measles vaccine program, eradicated was herd immunity itself. We now have infants that have no protection because of this terrible vaccine program for a trivial childhood illness that killed almost nobody, 1 in 10,000. But now we have babies at risk. And now, as head of HHS, you've got to figure out how you language to everybody. Which leads me to my last point. I know there's those of us that had hoped that maybe Bobby Kennedy will go over there and eradicate the vaccine program, because we're convinced all it does is injure people. But that was never what Robert Kennedy Jr ran on. He never said that. And by the way, even if he did that, what value would that have? How long would that last? You would panic at least half of this country, maybe more saying I thought you said you were going to eradicate the vaccine program and now you have. And now we're all going to die. And they would panic and they would scream. And whatever happened two years, four years down the road, either he gets fired or a new administration comes in and they'll just set it all right back to where it was, because the new sheriff in town that's been elected by the new half of the country that didn't agree with where this was going, are just going to change it right back.

[01:15:02] Del Bigtree

If you really want to protect children. And I know that this is the concern. You're saying children are dying right now. Children are being injured right now. They are. But we have got to convince and show the real science to this whole country. We've got to move half this country. They didn't have the injured child we had. They didn't know the relative that lost their child. They didn't see it with their own eyes. Maybe they're just now starting to wake up to it. Maybe they have a Covid injury and they don't know it, but we've got to work with them the same way someone worked with you at some point in your life, because most of you were pro-vaccine people at one time. You're probably an ex vaxxer now because something happened to you or you saw it happen nearby. When Robert Kennedy Jr says, I am going to be radically transparent. He is being radically transparent. He's talking about other ways you can take care of yourself. He's talking about vitamins, but he has got to meet this country where they're at, just like any presidential candidate. And Donald Trump says, I am now president for the entire country, not just the ones that agree with me. Robert Kennedy Jr is HHS secretary, not just for the people that voted for him or followed him or liked Donald Trump, but for the whole country.

[01:16:17] Del Bigtree

And I believe that if he carefully reveals the science, if he starts doing the studies that we all need to have done, you can't really say whether the MMR vaccine is, you know, that much more dangerous than the virus itself, because there's barely any studies done. Studies need to be done. And if he doesn't act to radically And continues to hold the hands of everybody and they go, wow, I thought he'd be scary. But he's not being so scary. He's saying, if I want to vaccinate, I can. If I want vitamin A, I can. Maybe I should listen to him. Maybe I should read all the science that he's offering to me. I believe on that journey. If he can slowly lead everybody to the promised land of truth that we will make a change, we will demand as a nation, not a politicized, divided nation, but a whole nation together, recognizing that there is no such thing as a Partizan issue around the health of our children. If we do this carefully, if Bobby does this right, everyone in this country will recognize what half of us know to be true right now. And then when those changes happen, they will be lasting changes that won't just save the hundreds of thousands or maybe millions right now. It will go on to save the millions in hundreds of millions and billions in the future of this species.

[01:17:49] Del Bigtree

You're allowed to go ahead and have all the judgment you want. This is a man who cares about every child in America and every child in the world. It's going to take strategy. And I will tell you, I know this guy. He's one of the greatest lawyers the world has ever seen. He's won cases that nobody thought could be won against the government, against big corporations fighting for the little man. And now he is taking that education and that understanding and bringing a strategy to that position that we've never seen before. Can we give him a couple days? Can we see where this goes? Can we at least celebrate the changes we're seeing right now? That's all that I'm going to do. I'm going to continue to show you as I have the truth as I see it. I want to say this for sure. ICAN is never going to stop fighting for the vaccine injured and bringing attention to the fact that MMR vaccine causes incredible injury. I believe when the science really comes in, it will be shown to be a contributor to autism. We have Holly's Law that's been passed around. This vaccine injury is real and we are not going to stop fighting for the truth there. Now, all of that said, Marc Siegel interviewed Robert Kennedy Jr after he wrote this article. And see if it just gives you a little bit of context. Take a look at this.

[01:19:10] Robert F. Kennedy Jr. US Secretary of Health and Human Services

I've been in touch with the governor, with Governor Abbott, who I talked to last week. As you know, a little girl died. She was a member of the Mennonite community. She was unvaccinated. And she's the first measles death since 2015. In our country, the second measles death since 2005. So, you know, the disease is a self-limiting childhood disease. And the little girl who died who may have. We're malnutrition may have been an issue in her death. So there's a lot of poverty in that area. The food is kind of a food desert. The best thing that Americans can do is to keep themselves healthy. It's very, very difficult. It's for measles to kill a healthy person. So if you're healthy, well nourished. In fact, the measles at one point was killing about 10,000 people a year in our country at that time. But those deaths were eliminated through through nutrition and and sanitation in 1963. Prior to the introduction of the vaccine, there was about 400 people who died from measles. Almost all of them were malnourished children. Cdc in the past has not done a good job at quantifying the risks of vaccines. We are going to do that now so that people can make a real, informed choice about what's best for them, for their families and their communities.

[01:20:38] Robert F. Kennedy Jr. US Secretary of Health and Human Services

My approach to this issue is just going to be absolute radical transparency. We're going to get the information. You know, we have a vaccine surveillance system in this country that just doesn't work. The CDC system, the CDC was ordered in 1986 when we gave when Congress gave immunity from liability to vaccine companies, it ordered CDC to create a surveillance system that really captures all. All vaccine injuries under CDC's own studies show that the current system that we have, the system, the Vaccine Adverse Event Reporting System, captures fewer than 1% of vaccine injuries. That is absolutely inexcusable. People need to know. We don't know what the risk profile is for these products. Americans have the right to know To be able to make an informed choice, you need to know the costs and the benefits. And we've never quantified the cost. And that's why there's so much mistrust. And we need to restore government trust. And we're going to do that by telling the truth and by doing rigorous science to understand both safety and efficacy issues.

[01:21:51] Del Bigtree

I want to celebrate Robert Kennedy Jr. For bringing up the fact that this was an illness, that the death rate had gone down 98%, that we know that vitamins and being healthy is the best way to protect yourself, and that really studying the truth, really studying the vaccine inserts, you should all be asking for it. Look at the side effects of the vaccine. Look at the ingredients. You know, the MMR is one of the few that actually has aborted fetal DNA in it. Do you feel like injecting the DNA in stem cells of a dead baby into your own child? There's a lot of people that don't like that idea right there. But how many know that's the truth? So let's get to transparency. But let's celebrate what's happening because there's a lot of positive things happening. Can you imagine if this Covid vaccine was rushed out under Robert Kennedy Jr. Can you imagine? Would there be gaslighting of all of the injured that were coming forward? Do you think that those that were in the trials, like Maddie DeGaray or Bree Dressen, that when they were reaching out to the FDA, do you think Robert Kennedy Jr would allow Peter Marks to not listen to their calls? Well, that is the heart of a new documentary about one of the greatest cover ups, the largest censorship and gaslighting of a vaccine injured group we have ever seen. It's a brand new documentary by Matthew Guthrie, Follow the Silenced. Take a look at this.

[01:23:29] Male Speaker

Maddie.

[01:23:30] Female Speaker

The first question was, why isn't the United States looking in our own backyard for our data?

[01:23:35] Male Speaker

Madeleine. Hey, honey. It's daddy.

[01:23:36] Female Speaker

But they were. They just weren't telling us what it said.

[01:23:42] Male Speaker

Maddie. Maddie. Hey. Welcome back.

[01:23:47] Female Speaker

I need to take this out. No, I need this out. I can't do it.

[01:23:52] Brianne Dressen, Co-Chair, React 19, react19.org/study

Most of you have never heard of me.

[01:23:55] Female Speaker

I did my part. I got it.

[01:23:57] Brianne Dressen, Co-Chair, React 19, react19.org/study

And most likely have never heard of most of us here.

[01:24:01] Female Speaker

I'm scared and sad and hurting too. I am you and I just want someone to help me to thank you guys.

[01:24:11] Ron Johnson

I would like to introduce. I'm proud to introduce Miss Brianne Dressen.

[01:24:16] Female Speaker

I don't know where to go. Her cause of death. Her actual cause of death is not on this thing.

[01:24:21] Female Speaker

Um, thanks for returning my call.

[01:24:23] Female Speaker

I did not want to be the one to hear my mother's still burning stomach issues. I started to write.

[01:24:30] Female Speaker

Every single day. The worst part was I could not walk. I couldn't move my arms or legs, I couldn't walk, I couldn't move shaking. I couldn't think about moving. My legs couldn't move

[01:24:40] Female Speaker

I can't feel my legs. I can't feel anything.

[01:24:42] Brianne Dressen, Co-Chair, React 19, react19.org/study

They're not calling the FDA. They're calling us.

[01:24:44] Female Speaker

I don't want to die. I want to still live for my kids.

[01:24:48] Female Speaker

Blood clot in his internal jugular vein.

[01:24:52] Male Speaker

This week is his birthday. You know, I'm going to celebrate his birthday.

[01:24:58] Brianne Dressen, Co-Chair, React 19, react19.org/study

Why? It is the responsibility of sick people to do this is beyond me. I participated in the clinical trial for AstraZeneca.

[01:25:08] Female Speaker

She participated in the Pfizer Covid vaccine trial.

[01:25:11] Brianne Dressen, Co-Chair, React 19, react19.org/study

They dropped me from the trial.

[01:25:12] Speaker31

35 adverse events reduced to functional abdominal pain. Stomach ache. I wonder what else was hidden.

[01:25:22] Brianne Dressen, Co-Chair, React 19, react19.org/study

The truth is not out there. And it's thanks to these guys. They've done everything they can to hide people, to hide injustices, and to even literally hide the cries of those people that are suffering.

[01:25:41] Female Speaker

If we try to talk about it on social media, you get banned. People don't know we even exist.

[01:25:47] Brianne Dressen, Co-Chair, React 19, react19.org/study

Denise Hertz is on an email string with the heads of the NIH.

[01:25:50] Anthony Fauci

These are safe and effective products.

[01:25:53] Brianne Dressen, Co-Chair, React 19, react19.org/study

The CDC.

[01:25:54] Dr. Rochelle Walensky, CDC Director

There is no bad time to get your second shot.

[01:25:57] Brianne Dressen, Co-Chair, React 19, react19.org/study

The heads of the FDA.

[01:25:58] Peter Marks, Former Head of FDA

We have very good safety surveillance systems in place.

[01:26:02] Female Speaker

If you look at VAERS's database, there are more than 1000 neurological side effects already reported.

[01:26:09] Peter Marks, Former Head of FDA

None of us are denying that this potential vaccine injury here.

[01:26:12] Female Speaker

We already have 1200 people who've died.

[01:26:14] Male Speaker

And that's in about two months of availability.

[01:26:16] Peter Marks, Former Head of FDA

For these mRNA vaccines. There is incredible BS out there about thousands of people dying. Et cetera. That just ain't true.

[01:26:25] Female Speaker

The stack of patients are patients that are stuck.

[01:26:28] Female Speaker

There were 50 to 100 reports going missing. I mean, there's IDs being disappeared.

[01:26:34] Female Speaker

If they put down that it was a vaccine injury, they actually won't get reimbursed. So it gets labeled as anxiety.

[01:26:39] Male Speaker

Diagnosed with vertigo, severe panic attack.

[01:26:41] Male Speaker

Functional neurologic disorder.

[01:26:43] Male Speaker

Factitious disorder. So basically, she was making it up,

[01:26:46] Male Speaker

I was muffled, I was told I was wrong, I was told to go home and I was told not to talk.

[01:26:51] Female Speaker

These are human lives. They're just going to stay in limbo forever.

[01:26:53] Male Speaker

There's a whistleblower early on. Brooke Jaxen last year.

[01:26:56] Female Speaker

I contacted the FDA and submitted a formal complaint.

[01:27:00] Male Speaker

Their unblinding patients.

[01:27:01] Male Speaker

How many studies do you run where you take the placebo group and give them the vaccine too?

[01:27:05] Female Speaker

I threatened to go public no matter what the consequence was.

[01:27:10] Male Speaker

The government killed my baby. I'm not going to stop this fight.

[01:27:13] Female Speaker

And I told my family that I was going to end my life.

[01:27:16] Female Speaker

I got to look at my son and tell him, honey, I'm going to be okay. But in my heart, I don't know if I'm going to be okay. I don't know if I'm going to wake up tomorrow. I don't know if I'm going to be in a wheelchair the rest of my life.

[01:27:27] Male Speaker

It broke my son to hear that his mom wanted to die because she had gotten a Covid vaccine.

[01:27:35] Female Speaker

These are human stories. These aren't people with political agendas.

[01:27:38] Female Speaker

If I was an anti-vaxxer I wouldn't have been standing in the freaking line to get the shot.

[01:27:42] Male Speaker

I just want my daughter back.

[01:27:43] Brianne Dressen, Co-Chair, React 19, react19.org/study

So this story has everything to be interesting, right? You've got scandal.

[01:27:48] Male Speaker

Fema had offered me money if I changed my son's death certificate from enlarged heart to Covid.

[01:27:54] Brianne Dressen, Co-Chair, React 19, react19.org/study

You've got secrets.

[01:27:56] Male Speaker

The FDA wanted 75 years to release this data.

[01:28:00] Female Speaker

And what the FDA did to me was contact Pfizer and get me fired.

[01:28:05] Peter Marks, Former Head of FDA

We don't have any secrets here.

[01:28:06] Brianne Dressen, Co-Chair, React 19, react19.org/study

You've got money.

[01:28:07] Male Speaker

A patent for the Moderna vaccine is owned by the Department of Health and Human Services.

[01:28:12] Brianne Dressen, Co-Chair, React 19, react19.org/study

Empowered?

[01:28:13] Joe Biden, 46th US President

This is not about freedom for personal choice.

[01:28:16] Brianne Dressen, Co-Chair, React 19, react19.org/study

But the base of this story. The very center of this story is love.

[01:28:20] Male Speaker

I won't sleep until this war is done.

[01:28:22] Brianne Dressen, Co-Chair, React 19, react19.org/study

Because without validation, without love, without acceptance, healing cannot happen.

[01:28:29] Female Speaker

We can't give up.

[01:28:31] Brianne Dressen, Co-Chair, React 19, react19.org/study

Let's get you some of your life back, okay?

[01:28:33] Speaker38

We can't give in.

[01:28:34] Brianne Dressen, Co-Chair, React 19, react19.org/study

I know that I'm on the other side of the country, but I promise you, you're not alone. So that's what this story is about. It's about love. I'm not going to give up. And I'm not going to give up on these people.

[01:29:07] Del Bigtree

The documentary is called Follow the Silenced. It's probably going to be the most important documentary of the year. It's coming out in just a few days, and I'm joined right now by the director, Matthew Guthrie. Congratulations.

[01:29:21] Matthew Guthrie, Director, "Follow the Silenced"

Thank you brother. Thank you.

[01:29:21] Del Bigtree

We were just sitting here talking, and I've known you've been working on this for years. And documentaries, oftentimes, they take a lot of time and a lot of work, but this is a story that just kept changing. I mean, we just kept getting new information. It must have been impossible to figure out how to finish.

[01:29:40] Matthew Guthrie, Director, "Follow the Silenced"

It is. And not only that, I mean. It's the most impossible story to tell, you know, because it's a puzzle in ten dimensions. And what we didn't want to do is, you know, we want to tell the injured stories. But I didn't think that if we made a film that was just going to document the stories of injured people, that that was going to move the needle enough and really get people to understand what happened. I think the only way that you do that in a story of this size is you got to tell it from 30,000ft. You need this much bigger perspective, so you can see how a single story happens in real time. And I started filming in August of 2021 and, you know, didn't stop until, I guess, the end of 2023. So we spent more than a year in post trying to wrangle this story. We built it the way that you would build like a thriller. You know, we it was like strands of rope, and you just keep weaving stories around and weaving stories around until you can start to get this discernible narrative like you would do with any, you know, scripted film.

[01:30:36] Del Bigtree

Take a look at this. This is just oh, yeah, this is your board, I guess, of all, like when you're making a film, folks, you put each little section on a card. Obviously, those boards were getting out of control.

[01:30:47] Matthew Guthrie, Director, "Follow the Silenced"

Yeah.

[01:30:47] Del Bigtree

As a filmmaker myself, that is. I don't even want to enter that room. I want to go in there. It's a murder scene unto itself. What was it like for you? These are really, really powerful stories. Hard stories. You're sitting in and listening to phone calls with, Peter Marks at FDA and listening to these lies, to write to the person that's, suffering the injury emotionally. What's that like as a filmmaker? Did it affect your personal life?

[01:31:23] Matthew Guthrie, Director, "Follow the Silenced"

It deeply. It's impossible to kind of state the depth to which this affected our lives. And it's not just me. I mean, my I'm lucky that I have, you know, such incredible people to work with. You know, Mikki and Tyler Lindsay, whom I've worked with for more.

[01:31:36] Del Bigtree

Mikki Willis. Mikki Willis, executive producer from the Plandemic series. I think one of the greatest filmmakers alive today.

[01:31:43] Matthew Guthrie, Director, "Follow the Silenced"

Absolutely. And I've been honored to call him a brother and a partner in this. But, yeah, Tyler and I, we spent so much time away from our families, away from anybody in our life. I mean, this was all that we've done day in and day and day, 18 hours a day for, what, four years now? But, you know, making this story, I mean, when I first started this, these were people that nobody had talked to them. Everybody had just shut them down and ignored them. So most everybody, when I found them, they were locked away in their homes and they wouldn't talk to anybody. They would talk to me. I was just able to kind of get through to them and they're like, okay, I'll, I'll talk to you. Let's give this a shot. So when I showed up and started talking to them, for some people, this was like the first time that they were telling their stories. It was deeply emotional. I sat and cried with every single one of these people, you know, and I can't even I the amount of gallons and buckets of tears and sweat and blood that went into this film, because it's in pursuit of truth. That's what we all care about. And, you know, I keep saying this whole time that I've been doing this, that the truth matters no matter what it costs. And we didn't care what it cost us to tell this story, because we painstakingly made sure that every nanosecond of this movie is truth.

[01:32:52] Del Bigtree

What is this documentary doing that we haven't seen yet?

[01:32:55] Matthew Guthrie, Director, "Follow the Silenced"

It's giving you the whole story. It's not just giving you a because when you're when you follow Bri story, which Bri was one of the first people that.

[01:33:04] Del Bigtree

Has been on this show many times, react 19, an incredible nonprofit group working to heal other people dealing with this issue. She's just a rock star dealing with her own injury, you know, from Covid, yet just unstoppable, um, trying to make a difference for so many people. But okay, so her story.

[01:33:21] Matthew Guthrie, Director, "Follow the Silenced"

Yeah. And when you when you start with somebody that was in the trial that the cover up started in the beginning with them. Right. So imagine being somebody that's in the trial, you're injured. You're you're dropped by the trial company. You don't have anything from the pharmaceutical companies. Your doctors are telling you you're crazy. Nobody will speak to each other as far as like trial site and doctors are concerned. And you are left at a point where, what are you going to do? Are you going to sit there and lay down and do nothing and just watch as this vaccine rolls out and it just continues to hurt people? No. And then that was one of the most amazing things, was the human spirit that we captured in this film. Real raw for people that were strangers, that formed a family that stood up for each other, that advocated for each other. But really, what the film shows you is it shows you what the government knew. What we were really fortunate to get access to was emails that physicians had. And this is in 2020. So as the nurses and doctors were getting the vaccine and, you know, late 2020, injuries were already starting and there was a number of injuries. We have emails that say, and I quote, you know, the agency is aware of thousands of neurologic reactions, right? So the various companies and agencies know about that. So these people were gaslit from day one. We're like, we want to hear this. Tell us what's going on. We're going to work on this, we're going to study this and we're going to treat this. So vaccine injured people that were in the trial and physicians and nurses that were injured before the public rollout were being flown to the National Institute of Health to be treated and studied for the injuries from these vaccines. Where was that in the news?

[01:34:59] Del Bigtree

Right.

[01:34:59] Matthew Guthrie, Director, "Follow the Silenced"

When did the public get to find out about these things? And then, of course, as the a big one that we have in this film is conversations with the FDA. People are going to get a real serious in the room conversation with the FDA with react 19 as Brie assembled injured physicians and people that had serious credibility. Well, let me go talk to the FDA and the whole point of this and all that they were ever trying to do was just get things added to the warning label. You know, they weren't trying to stop people from get a vaccine. They just wanted people to have proper, informed consent.

[01:35:30] Del Bigtree

Consent.

[01:35:31] Matthew Guthrie, Director, "Follow the Silenced"

That was it, you know, and all they wanted to do was say, look, you know, you eventually recognize myocarditis. Well, what happened when you did that? Care goes up. Doctors and physicians can look at that and go, okay, now we know what we're looking for. So there were neurologic reactions that are staggering levels, and we have the evidence from it. We have CMS and CDC data and we have the various database and we have the DM'd database. So when you compare all three of these data sets together, you see the exact same rises. I mean, if you're.

[01:36:02] Del Bigtree

Right then that that tells you something. It's repeating in different databases. Now, this isn't an anomaly. You don't have some strange reaction happening to a certain group of people at the center of your film. One of the characters that we've only touched on lightly, I would say here on The HighWire, we've done a pretty good job of showing, what a diabolical character Tony Fauci has been, to a lesser extent, maybe Deborah Birx. But at the center of this story is Peter Marks at the FDA, who is the one receiving these calls. I've said before, I don't really believe people are evil. For the most part. I think they believe they're doing what's right. I hold a special little caveat for Tony Fauci. I actually think he knows what he's doing. I think he's dangerous. I think he knows he's injuring people. But after making this film, how would you describe Peter Marks?

[01:36:53] Matthew Guthrie, Director, "Follow the Silenced"

I mean, I'm with you on those things, right? Like you, because you either willfully are ignoring information or you're so insulated that you just don't know. But when you have hours and hours and hours of testimony, right when you're presented with hard data from not only from the United States, but from Europe, right. When all that information is presented to the FDA and the FDA does nothing with it, and that's the ongoing cycle is we'll get back to you. We'll circle back to you. We're going to look into this. We don't see a signal even though there's thousands.

[01:37:25] Del Bigtree

That's the statement. We don't see a signal. I kept seeing Peter Marks saying we just we don't see a signal. VAERS itself has, 50,000 ish deaths reported from the Covid vaccine, which would be the most in history. Now, whether or not they're properly vetted or we've gone through whatever it is, you know, usually 400 deaths a year, you're talking tens of thousands being reported there. That's a signal. That's a signal. Meaning deeper investigation needs to be done for a scientist at the center of this, to say there is no signal is nothing but a lie. How is this guy lying about that?

[01:38:02] Matthew Guthrie, Director, "Follow the Silenced"

I know well, and and it gets deeper than that because, you know, you guys have had Deborah Conrad on the show. We love Deb. Deb is a hero. Love you. Deb. Her hospital system is a story that I think probably happened all over the country. Right. So they sign a contract with the CDC. You're going to be a vaccination center. And in order to do that, you have to report serious adverse events to the Vaccine Adverse Event reporting system. Right. And there is a contract that has all of those serious adverse events of special interest that we all saw. And you have nurses across the country that saw these things happening that were able to diagnose that as it's happening. So what's really interesting is that there are hospital systems. Deb story specifically, they were given no training on VRS whatsoever. They were given no information by their hospital administration on how to report these things, even though they're a vaccination center. The level that the government went to to make sure that all of these tiny little areas and all these spots where information could leak would be silenced and secured is really impossible to try to put into words. I mean, you just have to kind of experience the film to see that, because that's how that stuff works.

[01:39:07] Matthew Guthrie, Director, "Follow the Silenced"

And to your point, when you look at 30 years of VAERS data and you have one year that is absolutely off the charts, so much that they had to make the chart larger so that they could compensate for the amount. And people would say, oh, well, that's just because there's a lot of people getting vaccinated and they're scared and okay, but if you have an experimental product that's never been introduced into the human population, you don't know what's going to happen. You're using mRNA mRNA technology to induce an immune response using your own genes to do so. That's a recipe for things to go wrong. I mean, that's why the autoimmunity is off the charts in the United States right now, because people are still producing spike protein and it's attacking their myelin and their nerves and everything else. So it's incredible to me that in inside of a scientific experiment like that, that you're not going to collect all of that data. And that's what they did. They they specifically didn't collect that data. And if anybody did collect that data and brought it to them and said, well, what about this? Sorry, we don't see a signal here.

[01:40:07] Del Bigtree

It's shocking because even lay people that never thought about vaccines recognize that you just rushed this product onto the market, that you took an emergency use authorization, and you yanked it out of the safety trials, which meant and you told us, we know we're doing this. We're going to be very thorough on our post-marketing surveillance of this, because we know we are essentially turning all of the world into a giant experiment. Now, with a product that we reported here, had serious problems in the animal trials causing disease enhancement, actually killing many of the animals. This was not this did not have an easy route here. It wasn't a redistribution of a vaccine we've used before. So when you talk about, like Deborah Conrad, to realize that you were supposed to be the surveillance system, but the people that were delivering it, that would have had to be reported to balance system. Were never even told how to use it.

[01:40:58] Matthew Guthrie, Director, "Follow the Silenced"

No. And if and when Deb found out, she had to teach herself how to use VAERS. So and again, you know, if you don't know, I'm sure you guys, your audience knows it takes an hour. It's a really long.

[01:41:06] Del Bigtree

Yeah. And by the way, if the screen goes dead.

[01:41:08] Matthew Guthrie, Director, "Follow the Silenced"

You have to start over

[01:41:09] Del Bigtree

It erases the whole thing. You have to start all over again. I mean, this is designed for a busy doctor to sit down with each patient. They think how many times when it goes dead, do you just say, oh, hell with this. I can't sit here for a whole hour. I'd like to be able to walk away, go to a patient, come back and finish it. They didn't even design it to do that. I mean, the whole thing is just such an incredible scam that you would rush something on the market and not want to know what was happening.

[01:41:35] Matthew Guthrie, Director, "Follow the Silenced"

And you know what? What's really interesting is when you go to like, the CDC website and you look at the little infomercial that they use to describe how VAERS works. Watch that video. The very first 30 seconds of that video says the Covid 19 vaccines have been determined to be safe and effective. And then it goes on to tell you how to report serious adverse events.

[01:41:55] Female Speaker

Covid 19 vaccines are safe and effective. The centers for Disease Control and Prevention and the Food and Drug Administration have many safety monitoring systems to make sure every vaccine is as safe as possible. One of these systems is VAERS, the Vaccine Adverse Event Reporting System. Vrs accepts reports from anyone patients, parents, caregivers and health care providers. Healthcare providers are required to report certain adverse events after vaccination. VAERS studies reports of possible health problems, also called adverse events, after vaccination. VAERS can't prove a vaccine caused a problem, but it acts as an early warning system to help CDC and FDA decide whether a potential safety issue exists. Vrs reports patterns that warn scientists of possible health problems that might need more study. Vaccine safety experts look for unusually high numbers of health problems or a pattern of problems after people get a particular vaccine. It's normal. There will be some reports of health problems after people get a vaccination. However, most health problems found shortly after vaccination were not actually caused by the vaccine. Cdc closely monitors all data, including reports, to viewers, to make sure all vaccines are as safe as possible. Cdc and FDA use other vaccine safety systems to figure out if the health problem is caused by the vaccine or not. If it looks like a vaccine might be causing a problem, CDC and FDA will alert the public, investigate further, and take Action. If you want to learn more about VAERS, visit VAERS dot hhs.gov.

[01:43:59] Matthew Guthrie, Director, "Follow the Silenced"

Conflict of interest. Anybody? You know, I mean, that's what's so astonishing. And her hospital system, because she was the only person that figured out how to report to RVers. All the other doctors and nurses start giving her reports. So she's doing this around the clock. She's got a tote bag like this big.

[01:44:13] Del Bigtree

decides to make it a personal mission. I'll fill it out for you. I have the time. If you don't have the time. And then the hospital shut her down.

[01:44:20] Matthew Guthrie, Director, "Follow the Silenced"

And shut her down, and it's like, that's insane. But it's like, well, if you're a vaccination center, you should be the most predisposed to sin this data. Right? You know, and that's the other thing, the messaging around the Covid vaccines being completely safe and effective no matter what, also prevented doctors all over the country from reporting things that didn't make sense, and they would get dismissed as, oh, you have anxiety. Oh, it's in your head. It's like, no, my body shut down, my nervous system is not working. My body's attacking me. And this started within hours of an experimental product. And you're going to tell me those are not related? I mean, as you know, that's another one. Causation doesn't or what is it?

[01:44:56] Del Bigtree

Correlation does not equal does not equal causation.

[01:44:57] Matthew Guthrie, Director, "Follow the Silenced"

correlation does not equal causation.

[01:44:58] Del Bigtree

Right.

[01:44:59] Matthew Guthrie, Director, "Follow the Silenced"

That that's a that's something that makes sense in science. It's a protocol that you use to make sure you're getting good data.

[01:45:05] Del Bigtree

When you have rushed an experimental gene therapy, turned it into a vaccine, had no time to see if it has ever worked in human beings and are rushing it out for everyone to take. At that point, you know, you got to use, a different system which is guilty until proven innocent. Every issue we see should be blamed on that vaccine until we can prove otherwise. Because it's an experiment. You're in an experiment you don't. The manufacturer doesn't, isn't allowed to say, well, we just think that would have happened normally. But what is so shocking, Matthew and all this is it wasn't really the pharmaceutical industry. It's not Pfizer, you know, it's not Moderna, it's Peter Marks, it's the FDA. It's our own regulatory agency. Heads hiding and covering the issues for a for profit business that's making hundreds of billions of dollars and not listening to the people, not standing there for the people, but a part of this coverup. What is your hope that will come from this film?

[01:46:06] Matthew Guthrie, Director, "Follow the Silenced"

Well, and just before I answer that to your point, I mean, what's the incentive to create a safe product if you are shielded from liability just with any business in the world, right. Like, well, so I don't it doesn't matter if anybody's hurt. Nobody's going to hold me liable. So what do I care? Yeah. So what I hope happens from this film is, number one, people get these people need help. You know, react 19 is the only group that I'm aware of that's actually getting help to people that have been injured from the vaccines they're getting, you know, they're they're getting them help with medical, um, issues with doctor's bills, with being able to get treatment, to be able to get treatment, to get these people out of wheelchairs. So we need to recognize that this is real. I think there are probably an incalculable amount of people in the United States that actually were injured from this product and products and don't know it, right? And they think it's something else. And they're trying they're on this.

[01:46:58] Del Bigtree

Chasing an autoimmune disease.

[01:47:00] Matthew Guthrie, Director, "Follow the Silenced"

Exactly.

[01:47:00] Del Bigtree

You know, journey that's making no sense.

[01:47:02] Matthew Guthrie, Director, "Follow the Silenced"

Exactly. And not only that, but I hope that we awaken discernment in people again. Right. Because this blind allegiance and trust to institutions, just because we want to trust them is not the way to do it. You know? And I think one of the things with, with people is we have a tendency to believe the things that we feel good about. So if we're emotional beings, if something hits me and I'm like, oh, okay, I register and resonate with that, I'll believe it. But if that doesn't fit well with me, if that seems scary, well, it can't be true. We have to fix that. That is not how you get to truth, and that's not how we're going to make this country better. We're just shielding ourselves from responsibility. We have to look in the darkness if you want there not to be darkness. Your eyes are light. Wherever you put your eyes and your attention, darkness cannot exist. Yeah, and we have to do that. And we have to talk to each other. I hope that I hope that people all across this country can start to heal the divides that they have, because, I mean, not that we put a lot of that in the film, but what you and I'm sure you know, the propaganda that our government was a part of divided the American people, divided families and friends. I mean, I've lost lifelong friends in this, in this process, and we have to fix that. We've got to reach out to people and let them know that we love them, we care about them, and that we can disagree. We can have different perspectives. But when you have two people that have different perspectives that come together, that's when new perspectives happen. Yeah, we just can't be afraid to talk to each other and listen to each other and have disagreements and still love and respect each other. That's not hard.

[01:48:37] Del Bigtree

Yeah, I agree. Look, it's an amazing film you're releasing. March 15th is the premiere at the Directors Guild, and.

[01:48:44] Matthew Guthrie, Director, "Follow the Silenced"

I know it's crazy. That's the first film. This is the first feature film that I've ever done, and it's incredible to me. I mean, This is God definitely is moving on this one. To be able to show a film that feature length film, the first one I've ever made, and the Directors Guild of America for an art form that I have incredible respect and love for is amazing. So yeah, it's March 15th at the Directors Guild of America at 11 a.m. there's going to be a VIP experience after the show, and there's going to be, you know, nurses and physicians and people injured. There's going to be a Q&A. So we really invite everybody to come out. And especially if you have questions, because this is a great place in a community to just talk to people who will love you and won't judge you.

[01:49:23] Del Bigtree

Is there a place to sign up? I know there's going to be a release to the public after that. Or is there somewhere we can track when the film is actually coming out, or to a theater near us or online?

[01:49:32] Matthew Guthrie, Director, "Follow the Silenced"

Yes, we're we're going to release in late April. I know we're going to do a Texas premiere. We're going to do something, I believe, at the Bob Bullock Theater, but we're going to have some more of that information soon. We'll update you as we as we get that after this festival premiere.

[01:49:45] Del Bigtree

Alright. Sounds good. Matthew. Congratulations.

[01:49:48] Matthew Guthrie, Director, "Follow the Silenced"

Thank you. Hey, it all started here in this room with you and these beautiful people. I sat in that control room, and I saw those first interviews with those nurses. And then I saw Bri's press conference in Wisconsin. And God put it on my heart. And I knew that somebody had to do something. I just couldn't look away. So it all started right here, buddy.

[01:50:05] Del Bigtree

Well, and I'm so proud of you, because when people ask, what is it that I can do, I always say, you got to do what you're guided to do, but you got to say yes. There's there's you have a place in this earth. There's something that you're here to do. So many people just go, oh, that's stupid, that's ridiculous. What can I really do? There's people like you that take that step and just say, I'm chasing this. And so congratulations on getting into that. Can't wait to see you.

[01:50:28] Matthew Guthrie, Director, "Follow the Silenced"

Thank you brother.

[01:50:28] Del Bigtree

Alright, alright. Well, speaking of deep dives, our own Jefferey Jaxen Jefferey Jaxen investigates, which is a documentary series. He's covered polio, which was viral part one and two. Now we're in mental health. We're in part two, which is only available at The HighWire plus, this is just our way of giving back to you. For those of you that donate and make all this possible, we want the The HighWire to always be free. We have all of this. We fight lawsuits. It's free. We are saving lives every single year. But it's only possible for those of you that donate and make this happen. And so for you, we've got Highwire plus. And if you want to see what's at Highwire plus, check out the latest episode of Jefferey. Jaxen investigates.

[01:51:13] Male News Correspondent

Mental health.

[01:51:14] Female News Correspondent

Mental health.

[01:51:15] Female News Correspondent

Mental health crisis.

[01:51:18] Russel Brand

Regardless of your gender or how you identify, mental health is an important issue. Mental health is affecting all of us.

[01:51:27] Joe Rogan, The Joe Rogan Experience

What do you say to someone who is happy with what they do? Lives a fulfilled life, exercises and is still depressed.

[01:51:35] Jefferey Jaxen, Investigative Journalist

What was mental health? Leading into the Covid pandemic?

[01:51:38] Male Speaker

It was really bad. Things were falling apart before Covid. From somewhere around 2008, 2009 to 2010, the rates at which people from their teens through to the age of 30 were saying that things weren't right.

[01:51:51] Male Speaker

The public was primed. People with a low psychological resilience can be led by fear very easily.

[01:51:57] Female Speaker

I'm seeing more patients that kind of just can't handle life.

[01:52:00] Jefferey Jaxen, Investigative Journalist

The resilience is not quite there.

[01:52:01] Male Speaker

Prozac became the IT drug of the 1990s.

[01:52:05] Male Speaker

I ended up being an insider with people from the pharmaceutical companies, the SSRI group of drugs, the only antidepressants from a marketing point of view. That's when I became aware that, yes, you could make people suicidal.

[01:52:19] Female News Correspondent

A recent CDC study finds American teens are in a mental health crisis.

[01:52:24] Male News Correspondent

The government's top doctor is warning about the effects of TikTok. And other such sites on young people.

[01:52:30] Jefferey Jaxen, Investigative Journalist

Let's talk about social media. How has this played into mental health issues.

[01:52:35] Female Speaker

But endless scrolling the like button and then seeing the number of followers instead of now seeking outside affirmation from your two best friends, now you're seeking outside affirmation from the entire world.

[01:52:46] Male Speaker

We've had so many people here that have talked about how psychedelics have helped with anxiety, PTSD, traumatic brain injury.

[01:52:57] Jefferey Jaxen, Investigative Journalist

When it comes to plant medicine, why do you think there's been such an interest?

[01:53:00] Female Speaker

Honestly, because it works.

[01:53:02] Male Speaker

Ayahuasca completely saved my life.

[01:53:04] Jefferey Jaxen, Investigative Journalist

I have many doctors lost their ability to truly listen to their patients.

[01:53:08] Male Speaker

The only thing for doctors to do is to prescribe it. And the only thing for patients to do is to take it.

[01:53:13] Male Speaker

There is no interest in public health, even though it's a health industry. It's actually a disease industry.

[01:53:19] Jefferey Jaxen, Investigative Journalist

That is a shocking statement.

[01:53:30] Del Bigtree

These are incredibly unique times that we live in now. We're watching history being made. We're watching our government move in ways we've never seen before. We're seeing statements from our regulatory agencies that we had dreamt could be stated over the last 50 years. But I want to say to you, I'm not here to tell you how you should act in these situations. A lot of people called in and have texted me and said, well, shouldn't we be bringing pressure? Isn't that what Robert Kennedy Jr. needs is pressure on the government? Shouldn't we be upset at the language that we don't agree with so that maybe he can use that as energy? And I'll be honest, I can see it all ways and I really don't know. What I do know is that the best thing that has worked for my life is to follow my own guidance. I believe, and I've said it before, that I'm a vessel to try and bring the truth. And sometimes it comes to me when I pray. Sometimes it comes to me when I'm on a walk. But oftentimes I wake up with, I know what the next right step I'm supposed to take today is we talked to Matthew Guthrie, who changed his whole life to make a documentary. He was suddenly drawn to this conversation around the Covid vaccines and the injuries and the people that were being gaslit. He left his career to take a risk because it just felt like the next right thing to do. What I want to say to you is you're allowed to be upset if you don't like what's coming out of the HHS, and if you feel like you're supposed to write about it or put a video out about it, by all means do it.

[01:55:04] Del Bigtree

In fact, I can say this what I know about Robert Kennedy Jr, he wouldn't want you self-censoring. He's not expecting you to hide what you think. And I assure you, when that article went out, he was well aware that a lot of us are going to be pissed off about it. He's doing what he thinks is right. Maybe he's doing the best he can under certain circumstances. We don't know the whole story, But what I do know is if we're going to make lasting change, we all have to be the best of ourselves right now. Don't just lash out because you think somebody owes you something. In fact, I would say that Robert Kennedy Jr has done something we've never seen before, so we could have zero. We could not have Robert Kennedy Jr there and be back to a measles outbreak, where the head of HHS is demanding an immediate vaccine program for the entire country, stating it's epidemic. And we all got to line up for an MMR shot. That's not happening. We're seeing something different happen. But by all means, do what you feel is right. Stop censoring yourself. If you feel like you're supposed to say something. If you're supposed to do something, if you feel a sense that you want to walk up and talk to that pregnant woman that's in the grocery aisle because you want to ask her, has she looked at the vaccine program? If something inside of you says, I should have that conversation, have that conversation.

[01:56:26] Del Bigtree

It's a free country. This country will work a lot better if we all get back to telling our truth. But recognize it's only your truth. There are other people around you that see it completely differently. They're your brothers and sisters and neighbors. Mothers and fathers too. If we're going to have lasting change, what we need to work on is how we talk about this and how we share our truths and how we listen to one another. Robert Kennedy Jr. Needs us to be the voices of the truth now more than ever. Sure, he has a bully pulpit at the moment, one that is surrounded by all sorts of government jackals that are going to be there even when he leaves. Can he do everything he dreams. He's certainly not going to be able to do it if we don't do our job. There's a reason we have a freedom of speech. There's a reason our founding fathers said this is a nation of, for and by the people. Don't wait for the HHS secretary to change your world or to teach your neighbor. That's your job. That's my job. That's the Highwire's job. And we'll be here every week doing the best that we can. I'll see you next week.

END OF TRANSCRIPT

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