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26 SPEAKERS

Del Bigtree, Host, The Highwire

Jenn Sherry Parry, Executive Producer, The Highwire

Male News Correspondent

Female News Correspondent

Female Speaker

Ron DeSantis, Governor of Florida

Joe Biden, 46th President of the United States

Robert F. Kennedy, Jr., Secretary of HHS, Former Presidential Candidate, Environmental Attorney

Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Jeffery Jaxen, Investigative Journalist

Dr. Georgina Peacock, Director of the Immunization Service Division in the National Center for Immunization and Respiratory Diseases (NCIRD) at CDC

Sarah Meyer, MD MPH, Chief Medical Officer, Immunization Services Division, NCIRD

Vicky Pebsworth, OP, PHD, RN, Pacific Region Director of the National Association of Catholic Nurses, Voting Member ACIP

Male Speaker

Retsef Levi, PHD, Professor of Operations Management, MIT Sloan School of Management

Dr. Robert Malone, mRNA Vaccine Technology Inventor, Immunologist, Molecular Virologist, Vaccinologist, Pathologist & Physician

Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Pavel Durov, Founder & CEO, Telegraph

Tucker Carlson, The Tucker Carlson Show

Patrick Morrissey, Governor of West Virginia

Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

Dr. Arvin Singh, Secretary of Health, West Virginia

Marjorie Catone, Son, Nicolaus, Died Following DTaP Vaccine

Nick Catone, Son, Nicolaus, Died Following DTaP Vaccine

Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Troy Balderson, (R) U.S. Representative for Ohio

START OF TRANSCRIPT

[00:00:05] Del Bigtree, Host, The Highwire

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

Let's do this.

[00:00:46] Del Bigtree, Host, The Highwire

Action. Good morning, good afternoon, good evening. Wherever you are out there in the world, it's time for us all to step out onto the Highwire. Well, of course, it was a huge week in Washington, D.C., where the first ACIP meetings took place with the new selected group of advisory professionals put together by Robert Kennedy Jr. We're going to talk about death by committee coming up later in the show. But first, I actually want to talk about an issue that's been growing. If you thought vaccines was a difficult issue, and believe me, I know what it's like to talk about that in the media. There's another one that is getting surprising traction right now, and that's the idea of geoengineering and chemtrails. If you've been watching the news, there are many, many representatives and government officials that are now attempting to pass laws to block these lines or the poisoning from the sky. Take a look at this.

[00:01:57] Male News Correspondent

Call it a conspiracy theory. Others say it's a concern either way. Florida lawmakers took a big step forward toward banning weather manipulation.

[00:02:06] Male News Correspondent

The bill bans the release of chemical substances or use of a device to affect temperature, weather, climate or intensity of sunlight.

[00:02:14] Female News Correspondent

Supporters of the bill cite concerns about potential environmental and public health risks.

[00:02:19] Female Speaker

This is about protecting Florida's environment and public health. With no federal guidelines in place. Florida must take responsibility for its own airspace.

[00:02:28] Ron DeSantis, Governor of Florida

People got a lot of kooky ideas that they can get in and put things in the atmosphere to block the sun and save us from climate change. We're not playing that game in Florida.

[00:02:37] Female News Correspondent

According to the U.S. Government Accountability Office, nine states use cloud seeding or weather modification activities, and ten have banned or are considering banning it.

[00:02:47] Male News Correspondent

Last year, between Hurricanes Helen and Milton, GOP firebrand and Congresswoman Marjorie Taylor Greene had this viral post. She claimed the federal government was controlling the weather, stoking conspiracy theories that the white House was trying to influence the 24 election.

[00:03:02] Joe Biden, 46th President of the United States

The claims are getting even more bizarre. Marjorie Taylor Greene, the congressman from Georgia, is now saying the federal government is literally controlling the weather for controlling the weather. It's beyond ridiculous. It's so stupid. It's got to stop.

[00:03:17] Female Speaker

My biggest concern is the stratospheric aerosol injections that are continuously peppered on us every day.

[00:03:25] Robert F. Kennedy, Jr., Secretary of HHS, Former Presidential Candidate, Environmental Attorney

That is not happening in my agency. You know, we don't do that. It's done, we think, by DARPA. And a lot of it now is coming out of the jet fuel. So, you know, those materials are put in jet fuel. I'm going to do everything in my power to stop it.

[00:03:45] Del Bigtree, Host, The Highwire

Well, obviously you have Robert Kennedy Jr. The man representing the federal government perspective, at least this new government under President Trump. But across the country there's been over 31 or I think 31 states have brought clear skies initiatives to stop chemtrails. Some of them call it geoengineering. All sorts of different bills and how they were named. And out of them, two of them, actually one, the legislation has passed in Tennessee and Florida. So this is a huge, huge growing topic and something that I think a lot of us care a lot about is what is in our air. We're seeing, you know, soil samples and things on our trees. They don't look the same. They don't look as healthy. They seem to be coated in stuff that is falling from the sky. Well, we've covered this in many different ways, but even just watching that news montage, one of the things I want to say is you have Marjorie Taylor Greene, I guess, claiming that some of these giant hurricanes were a political action. I don't know if that's true, but what I do know is when President Biden says it's ridiculous controlling the weather.

[00:04:50] Del Bigtree, Host, The Highwire

Seriously, he's also lying. We absolutely know that we've been controlling weather since Vietnam. We've talked about that. China has bragged that it controlled the weather around its own Olympic Games. So these are things that are clearly going on. And when you start seeing representatives acting like it's crazy, talk to say it's going on now, how is it being used? That could be up for debate. But in this conversation, one of the really great friends of the high wire who worked with us, Kristen Meghan, who worked with us all through Covid as an OSHA expert explaining what was and was not possible from a mask, how healthy they were, what types of issues that we were complaining about for the health of our children in schools, and all the things that were happening from Covid. Well, it turns out that when she was in the military, she got focused on this issue of these chemicals and started seeing some of these chemicals being shipped into different, I guess, hangers around the military. Well, let's take a look at her backstory, and then we'll see what she has to say about it.

[00:05:54] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

My name is Kristen Megan Kelly and I am a senior industrial hygienist and an environmental specialist. I joined the Air Force right after 9/11 in 2001. When I was in the military, I worked in bio environmental engineering, which is the equivalent to OSHA, EPA and the Nuclear Regulatory Commission. I was stationed at three different Air Force bases Royal Air Force Lakenheath in England, Tinker Air Force Base in Oklahoma, and Warner Robins Air Force Base in Georgia. Part of my job in the Air Force was to track every chemical that was being brought on to the base, chemicals that were cancer causing to cause blindness, asphyxiation, and I had to figure out who was using it, why, and making sure that people are being protected in their job, and that those chemicals don't make it home to their families and don't make their way into navigable waterways. It was a very fulfilling career. I felt like I made a difference. Actually, some of my work became an Air Force best practice. I believe it was in late 2006. I had first heard of the term chemtrails, and everyone was pointing out lines in the sky and saying that this was a nefarious program that the government was behind, and I actually thought that was insane. I'm over here spending time making sure that people are safe from the very chemicals that are being claimed to be sprayed above us. That made no sense to me, and I was actually offended because it was kind of a slap in the face to what I did in my profession. So I made it my mission to attempt to debunk this chemtrail conspiracy theory. I started doing background soil sampling in my backyard because I lived right behind the flight line, and I did aerial sampling.

[00:07:32] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

I was finding chemicals strontium, barium, aluminum, and there were other heavy metals like tiling and benzene. And these chemicals, I was finding, were the exact same chemicals claim to be used in this conspiracy theory. Should chemicals like this exist in the environment naturally? And that answer is no. So they had to have come from an external industrial source. So I started to really go back and look at a lot of the chemical acquisition, even before me, as part of the chemical acquisition. I would basically fill out an electronic version of what is called an Air Force Form 3952, and that is a form that I would have to review and make sure I had what the chemical was, and it let us know the health hazards type of PPE to be worn and that we know how they're using it and disposing of it. One of the major issues was realizing that key information on those material safety data sheets was missing. And you cannot acquire a chemical that doesn't have the full data of its hazards. It's an instant decline. And that is a red flag to me. And I was seeing that the exact same chemicals I was finding in my sampling nano particulate size barium sulfates, strontium, aluminum. They were being brought on base in large quantities. Tons of this material going to classified buildings. I could not think of one legitimate reason that those type of chemicals in that form would ever be brought on based, and for what process would it ever be used for? And these same chemicals are the ones that were claimed to be utilized in geoengineering.

[00:09:17] Del Bigtree, Host, The Highwire

Well, it's my honor to be joined now by Kristen Meghan Kelly. Kristen, it's good to see you. How are you doing?

[00:09:24] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

It's great to see you. I'm doing great.

[00:09:25] Del Bigtree, Host, The Highwire

Yeah. We're not wearing masks anymore, so it's been a while. I think the last conversation we were having was just trying to get out of Covid and back to sanity. So you were definitely very helpful in that. And by the way, like you work in OSHA and all that, you're still doing work like that in studying chemicals and things in our environment.

[00:09:42] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Yeah, I've never worked for OSHA, but I'm the civilian equivalent, which is occupational environmental health and safety and industrial hygiene. We're basically exposure scientists. That is toxicology in occupational and environmental settings.

[00:09:54] Del Bigtree, Host, The Highwire

Alright. Great. Thanks for clarifying that. So I didn't realize when we were talking all that time. And remember you had talked that you worked in the military. But now this is becoming such a hot button issue. You know what is coming down from our skies. So I always love it when I hear a story about someone that went out to debunk something. I've known several whistleblowers like this that actually was like, that's crazy. And in their attempts to try and debunk it, all they end up doing is proving we have a real issue here. So to begin with, let's talk about the samples and you know, what you found and how you do a sampling as a professional to see. So if I go out into my yard right now in Texas where my garden, I start digging up dirt. Do you believe that we're all going to be seeing the same types of chemicals across the lands in America?

[00:10:46] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Well, when it comes to environmental sampling, it's not black or white. You have to understand what are your nearby industrial processes, because you have industrial processes that can, uh, have allowable dioxin exposure through their exhaust, uh, under PM 2.5. So it just depends on where you're at. You have to know the background and you have to know the EPA reporting. So it's more complex. So yes, a lot of people around the country are going to find this in their soil. But please understand your background first because I live right. I'm in a manufacturing area of Michigan. So I'm always going to find dioxins in the soil different things. But yeah. So you have to go into an area and understand the type of soil. So when I was in Oklahoma it's very clay. So I know that that's not as permeable. So I will take samples down to about three inches. And I did what's called grid sampling, knowing the background because I know how to find that. And I also did air sampling. So when you do air sampling, you want to do area active sampling, not passive sampling. And I would tie it to different flight patterns and times, but also looking at the weather patterns, because when you think about nanoparticles in the air. So part of my profession, whenever there's a chemical release or East Palestine, I was on about that. We have to calculate dissipation rates based on the weather itself before we modify it. So then you have to calculate time. And when should I sample. How long is that going to take. Days. Weeks. So it's very complex. But I did the sampling. Uh, you know, I was kind of like just a broke airman at the time. And I went and I rented my own equipment. I didn't use any government resources. And I did the sampling, and I paid for my own samples.

[00:12:20] Del Bigtree, Host, The Highwire

Wow. I mean, I think about that. I've had my house tested for mold, uh, here in Austin before, and they'll take a reading outside at the same time to take a reading inside, because I remember one time they said, well, you actually have high mold in your house, but it's equal because outside you have high mold right now, so you're fine. It would only be if it was sort of out of the the background which was coming from the outside. So that's what you're saying is you have to understand what the environment naturally provides or what a factory down the road is spewing, versus what actually might be falling down from the sky. Now, when we talk about these issues aluminum, strontium, barium, um, since, you know, environmental health, like in the health of humanity is a huge part of what you're talking about. Um, what are the what are the health risks? Um, since this is clearly in our environment, what is what are the health risks of, uh, of these chemicals?

[00:13:17] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Well, one thing I've tried to explain, uh, it's so weird how my profession always ties into something nefarious the government's doing. But understanding routes of entry, routes of exposure, and something called systemic toxicology. When one hazard multiple hazards attack the same target organ. So, as you know in your champion in exposing informed consent and issues with vaccines. Aluminum. Aluminum is different if it's injected, ingested, or is an inhalation hazard. And when you're dealing with an inhalation hazard, you're going to deal with neurodegenerative issues. You have respiratory issues in the lung that's causing a great burden on the respiratory system and also immune issues. So because aluminum as you know in vaccines is an adjuvant, if it's respirable it can also trick your body into being an adjuvant. And then your overwhelming your immune system. So then you can have immune disruption. So that's just one of them. And then when it comes to barium and a lot of my naysayers say well it's used in medical issues. But there's a difference again between ingestion and inhalation and insoluble versus soluble barium. Because when you're dealing with the barium compounds that are used in stratospheric aerosol injection or solar radiation management forms of geoengineering, it's a different form and again, different between breathing it in. Just like I don't know about you, but I don't eat lotion so but you can put it on your skin. So it's understanding those roots of exposures.

[00:14:38] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

And then of course strontium is one of its biggest issues. Is that what it does to bones. It deteriorates bones weakens bones especially those that are still developing. So the irony in all this, like I've said, is that the very same chemicals I have to engineer out of a workplace and I have to put people in personal protective equipment for or find alternative green processes. We're acquiring these things, and we're just putting it out into an issue, out into the atmosphere or the stratosphere. I mean, and then now it's a community public health issue because it has human and environmental impacts like this is absolutely disrupting our ecosystem and the weather like it's in fact, it can impact monsoons. And I always use the joking reference, although I think it's not real time traveling. You know, you see all those movies, you do something over here, someone might not be born. So if you're taking from here, you're disrupting Mother Nature. So there have been people that are promoting what they deem less safer forms of weather modification like cloud seeding. But I can call every one of them out because it's about the risk versus benefit, and it's also about informed consent. And some of these do not have long term studies of being highly operable. And then again, now we're ingesting it because it's impacted our food sources.

[00:15:51] Del Bigtree, Host, The Highwire

Well, I think you make a really good point. And again, it's this hubris that exists through all of the things that we cover here on the Highwire that somehow you can mess with, killing off one of the viruses back to your body and not disrupt the million that are teeming and dancing all over your hands inside of your gut biome. So many of the things like glyphosate that's killing off, it's an antibiotic that's essentially killing bacteria in our stomach, could be having, God knows how many different consequences. And when I think of aluminum, especially Doctor Chris Exley, who's, you know, Mr. Aluminum, they call him the most studied scientist in the world on aluminum. I remember he made a statement that he stands by no aluminum, no Alzheimer's, that the studies he did, the studies on people with brains with Alzheimer's and found, you know, incredibly high rates of aluminum. And then years later, he ended up dissecting the brains of autistic children, found that the aluminum was even higher in those brains than in the Alzheimer's brains. And so when you think about breathing aluminum and these issues that are coming in, you know, it's really just that one alone is something we've looked a lot at.

[00:17:01] Del Bigtree, Host, The Highwire

And you're right, as you, you know, people like we were getting into really splitting hairs I think. Well cloud seeding isn't geoengineering. But if you're pulling all of the water out of an area where it wasn't normally going to drop, and then it's not there to drop naturally where it was, certainly that's affecting cycles. But now we're seeing, Bill Gates is admitting to wanting to block out the sun. We're putting things up into our stratosphere Atmosphere and atomizing things there. And I guess my question to you though, is the real Weather modification? Like weather as a weapon? Um, that's something that, I've said it before, there's no doubt that we study that there's no doubt that that was already back in Vietnam. We were using, you know, what we could to adjust weather to cause all sorts of problems for the people in Vietnam, you know, and I know that there's a lot you can't talk about in the military, but is it safe to say that our military is still involved in studying and perhaps using the weather as some form of a weapon on this Earth?

[00:18:11] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Well, I can only speak to what I saw, and I started investigating this around maybe 2000, late seven and finally came forward in 2010. But I think a lot has to have progressed because now, you know, they excuse me, they disguise it as research or proposals. And when they start doing that, you know they're already doing it. So I think it has been privatized. But the theories, of course, I mean, most of our government sociopathic and I try not to question what they do, but I guarantee you it's about a race like to the moon. It's a race to who can weaponize the weather for many reasons to handicap, uh, you know, ground combat handicap or to remove people's inability to grow food. I mean, think about it. You can have everything you need in life if you can't have fresh water and food, what do you have?

[00:19:00] Del Bigtree, Host, The Highwire

Absolutely. So now when you look at, I mean, you're talking, right after 9/11, you're in the military. You start looking at these things as you see these bills popping up. And we're starting to see, you know, a very vocal pushback now against chemicals that are clearly in our air falling from the sky. Um, do you think, is there a particular way they're approaching it, like, I wonder, things like, should we just say get rid of all lines, like if we call it geoengineering. Do they just have to say, well, you'd have to prove it's geoengineering or, you know, but when we see these, these laws clearly, we are now starting to pay attention to the fact that there's more lines in the sky. There's more clouds all the time than we've seen. What do you think of these bills, and what do you think the future is of these bills? As as you look at them and the approach that we're taking state by state?

[00:19:49] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Well, I just first have to say, like, I never would have thought it would be so fully talked about, I can't even before I was helping with the mandates, I was the chemtrail lady, then I was the mask lady, and I just tried to be an ethical person in my profession. So I'm still kind of like this is happening. So I think it's great because so many legislators have reached out to me. And I know you've interviewed Dane Wigginton, people that are speaking out against this. I think it's great and I think it gets the conversation going, but I think until it is actually defunded and stopped at a federal level, it kind of just reminds me of the 1980s smoking sessions in the restaurant. What you're doing here can dissipate and gravitate over here and then fall down. So I think it's great because it's getting the discussion going. But like I said, if you just Google the term or DuckDuckGo or whatever the term geoengineering, it is being openly admitted. And I always say when the government says they're going to do something, they're already doing it. Just like if your wife said, you know, let's have an open marriage, I'm pretty sure she's already doing that herself.

[00:20:49] Del Bigtree, Host, The Highwire

I hope I never have that request inside of my house. Kristen, I want to thank you for all the work that that you're doing out there. And you know, by the way, since, as you said, you were the chemtrail lady and now it's huge and you were the mask person we got rid of that. Is there anything else you want to tell me that you're up to? That we could just jump the gun and get on it right away, because clearly you are tracking with some of the biggest issues that are dealing with our health out there in the world today.

[00:21:16] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Yeah, I'm still deeply embedded to what's happening in Ohio with the East Palestine train derailment. You know, surprisingly so. Um, I saw that, you know, RFK Jr. People are going to investigate it. But myself and another gentleman, Scott Smith and my colleague Steven Petty, are still heavily involved. So I always try to still do my consulting, but then offer my work for free to help people that are impacted by government neglect. And what I mean by that is the very agencies designed to save us are the ones protecting the people that are hurting us. And that's not okay. So I still have my day job. You know, I just wrapped up the very infamous Karen Reed trial. Some of your viewers might know what I'm talking about, but, um, no, I'm just doing my work and just trying to protect the little guy from government overreach.

[00:22:00] Del Bigtree, Host, The Highwire

Is there any way we can track the work that you're doing? Social media, things like that.

[00:22:04] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Uh, most of what I do, um, is on X, and my handle is @KristenMeghan and on TikTok, uh, and on there, it's Kristen Meghan TV. Somehow I've survived on both apps, and, uh, I just try to share most of my work on those two apps.

[00:22:18] Del Bigtree, Host, The Highwire

Okay, great. Kristen, thank you for joining us today. And keep up the good work. It is very exciting, I would imagine. I keep thinking next year. I was saying we had a lot of bills this year, even dealing with vaccine freedom. I think there's going to be a tidal wave next year. As more and more of these states realize that they have power right now. They have a federal government that's listening. If Robert Kennedy Jr. Saying he wants to have a talk with DARPA. So things are moving, I think next year is going to be a very busy year for all of us. So get some rest, would you?

[00:22:47] Kristen Meghan Kelly, Industrial Hygienist & Environmental Specialist

Well, thanks Del. Thanks for having me on.

[00:22:49] Del Bigtree, Host, The Highwire

Thanks for being here. Take care. Alright. Well, you know, investigations, especially when it comes to the federal government, have to do with scientists. Now, how many of those scientists can you get on your side? You know, how does that, how are they going to get along? How are the votes going to get down? We have a lot coming up here to talk about ACIP. I also want to talk about I have an amazing guest coming up and Doctor Gary Goldman. This is a doctor, a scientist that once worked for the CDC. In fact, he did a lot of work that we were interested in interested around the chickenpox vaccine, but now he is getting into SIDs sudden infant death syndrome. If you know anybody whose baby just sort of instantaneously died for no reason or sudden unexplained death, one of the least scientific terms you could ever imagine. And it's been here for decades. We're going to be talking about that coming up. He's got a study that he thinks he's found. Perhaps the mechanism by which vaccines could be causing. That's going to be a huge breaking story. But first, the breaking story of the week was the Advisory Committee on Immunization Practices. So let's get Jefferey Jaxen, the Jackson report in here so we can talk about it. Well, Jefferey, I spent hours yesterday listening to, uh, these meetings. Um, some good, some bad. Definitely different. Definitely. Uh, more conversations. Not a lot of just nodding, some actual pushback going on. But tell us what were the highlights of what happened?

[00:24:22] Jeffery Jaxen, Investigative Journalist

Yeah, I was really happy to see a lot of these more expanded conversations instead of just the rubber stamping. And, you know, this was the first ACIP committee since HHS, under Kennedy's direction, retired the last 17 members for a couple of reasons. One, to restore public trust and why? Because of the conflicts of interest. And really, they haven't done their job. And that was even admitted by Martin Waldorf, who is now the new chair of ACIP. But while all this was going on over yesterday and today, as we're still speaking this ACIP committee, we have the CDC interim director, Susan Torres. She actually had her confirmation hearing yesterday. And really, it was it was somewhat uneventful when it came to. If you compare it to Kennedy's confirmation hearing, which was just like fireworks, but you can see some of the headlines here. "Kennedy and vaccines loom over Senate confirmation hearing for CDC director." She was asked a lot of hard questions. She really didn't say she would disagree with Kennedy. She said she'd follow the law. It was pretty uneventful, but that's all happening in the background. But I want to go right into this ACIP committee, because when we go into.

[00:25:22] Del Bigtree, Host, The Highwire

One of the things they said about the CDC really quick, though, is that I think what I was listening to is one of the complaints that she's not a doctor, she's really a research scientist, which CDC tends to be a doctor's position. I think what Robert Kennedy Jr sees in her is her ability to do the research right, which is what he wants to do while he's in there, which is why I think she's an interesting pick. She's been very pro-vaccine. So there's a lot of people in the medical freedom movement that are concerned about this choice, but it's a research ability, her ability to use modern technology as AI and things like that, that Robert Kennedy Jr is pointing to his reasons. He likes her as a pick for CDC in this current climate. But I know the pushback is, well, she's not a doctor anyway. I still wish we'd had doctor. You know, David Weldon, who has been my first pick for a head of CDC since I got involved in this conversation with Bakst all the way back in 2016, but those days are behind us, so we're where we're at now. Yeah.

[00:26:19] Jeffery Jaxen, Investigative Journalist

Likewise with Weldon. And you got to say to the detractors, Bill Gates isn't a doctor. Um, Tedros isn't a doctor of medicine and science, but they seem to try to usher us through the pandemic. So I think we should see if we can give her a choice. But let's go right into ACIP. So when we talk about vaccines, obviously there's a lot of issues around vaccine hesitancy where people are pointing the fingers at everybody. But Kulldorff came out and just said it's because of the agencies that we have this hesitancy. It's because of how they perform during the Covid pandemic, that there's this massive vaccine hesitancy. So how bad is it now? Now I just want to draw people's attention to, you know, when you start hearing, like during the measles outbreaks, you start hearing, well, uh, it's went from 95% uptake to 94%, so. Oh, my God, the people run out, their hair is on fire because they don't. They think everyone's going to catch measles. Listen to these numbers at ACIP for the Covid vaccine uptake recently. This is the latest numbers from yesterday in the ACIP committee. Check it out.

[00:27:14] Dr. Georgina Peacock, Director of the Immunization Service Division in the National Center for Immunization and Respiratory Diseases (NCIRD) at CDC

Vaccination coverage among older adults reached 44% for one or more doses, and 23% for all adults greater than 18 years. Approximately 5.6% of children less than four years of age were up to date with Covid vaccination, according to current recommendations for that age group. Shown in light blue in children five years and older, up to date is defined as receipt of at least one vaccination since August. For children between 5 and 17 years of age, almost 16% have received at least one dose. Overall, approximately 13% of children between six months and 17 years of age were up to date with their Covid vaccinations at the end of April 2025 for immunocompromised adults 18 years and older who received their first Covid vaccine dose in August or September of 2024, 8% were fully vaccinated with two doses by the end of the season.

[00:28:15] Del Bigtree, Host, The Highwire

Wow. I mean, those are those are shocking numbers essentially averaging out. About 87% of children are not up to date on their Covid vaccines, which means 87% of the parents of children have said, I don't care what the CDC is recommending because this is recommended. We're not doing it. And shockingly low numbers amongst immune compromised and people that might have an issue that you would think might even, you know, be higher, like somewhere at 16%. You know, these are just these are abysmal numbers for anyone. And one of the interesting conversations that came up was just the question at ACIP from, um, I'm not sure it was Mizer, but said, should we be take into consideration on this vote at ACIP? How many people are turning it down, like if we approve it but no one's using it? Does that hurt how the confidence of the work that we're doing here? Like, should we let the outside world affect this vote a little bit? Super interesting question. I think a pertinent one.

[00:29:11] Jeffery Jaxen, Investigative Journalist

Absolutely. And you can even see it in the headlines, too. So this is how the recent headlines are showing. It says "avoiding the" Covid crisis is in Medpage "avoiding the Covid shot. Talk with patients, avoiding it with patients. Here's what to do." So it's basically talking to pediatricians and doctors saying like, this is how you tiptoe around that idea of trying to give people the shot because it might not be that popular in your practice. That's mind blowing, because in 2021, when the shot was rolled out. We were greeted to headlines like this people, they were trying to turn people into marketing arms. "Seven ways to talk to Hesitant Loved Ones about the Covid vaccine." Another one "how to talk to your family and friends about getting the Covid vaccine." So times have changed.

[00:29:49] Del Bigtree, Host, The Highwire

The subject is the new headline how to avoid the subject altogether. La la la la la la la. I love it.

[00:29:55] Jeffery Jaxen, Investigative Journalist

Right.

[00:29:56] Del Bigtree, Host, The Highwire

We've come a long way Jefferey.

[00:29:58] Jeffery Jaxen, Investigative Journalist

Yeah, exactly. And like you said, they've lost a lot of traction on the immunocompromised section because that's really the the high water mark because that's still recommended there. And just people are not taking this. But let's go to some more serious conversations that were coming out of ACIP. And that's the VAERS Vaccine Adverse Event reporting system. And, you know, you and I know we've reported on this for a very long time. This is a passive system. Um, our interviews with doctors and medical professionals, a lot of doctors and medical professionals don't even know this exists. So that's the first conversation. But let's hear about VAERS in their Covid reporting for deaths. Take a listen.

[00:30:32] Del Bigtree, Host, The Highwire

Alright.

[00:30:34] Sarah Meyer, MD MPH, Chief Medical Officer, Immunization Services Division, NCIRD

As of May 30th, 2025, there have been 19,417 domestic deaths reported to VAERS after Covid 19 vaccination. Before I delve further into the data, there are a few important considerations related to evaluation of death reports and VAERS. First, the FDA Emergency Use Authorizations and CDC Covid 19 vaccination program provider agreements required healthcare providers to report all deaths following Covid 19 vaccination to VAERS, regardless of cause or circumstances surrounding the death. Of note, this requirement does not apply to other vaccines. In addition, VAERS generally cannot access assess causality of adverse event reports, including deaths. We conducted an evaluation of deaths following mRNA Covid 19 vaccination in VAERS through January 31st, 2023, which I will describe in the next set of slides. During this time period, there were 17,631 domestic VAERS reports of deaths following Covid 19 vaccine. Cdc takes every report to VAERS seriously, especially deaths. Cdc requests medical records, death certificates and autopsy reports for every death reported to VAERS after review by a CDC clinician. 52 of these reports were determined not to be a death and were excluded from the analysis. An additional 1790 reports were excluded because the vaccine type received was something other than an mRNA vaccine, which was the focus of this analysis.

[00:32:08] Sarah Meyer, MD MPH, Chief Medical Officer, Immunization Services Division, NCIRD

2940 reports were excluded because we had no confirmation, no information on the cause of death. Despite exhaustive efforts to obtain this information. This leaves us with 12,849 reports, with the cause of death available through autopsy, death certificate, medical record, and in a minority reports through the VAERS report alone. The cause of death was classified based on ICD ten categories. Next, we assessed all deaths reported in the general U.S. population during this time period. These data are based on death certificates for U.S. residents, which are maintained in the National Center for Health Statistics. Multiple Cause of death database. These data on cause of death are categorized by ICD ten diagnostic codes. We then conducted observed to expected ratio analyzes for each age group by comparing the number of observed cause specific deaths among vaccinated persons reported to VAERS to the number of expected deaths in the U.S. population within 42 days of vaccination with an mRNA Covid 19 vaccine. We found that the reported rates of death after mRNA Covid 19 vaccination were below background rates of death in the general U.S. population.

[00:33:28] Del Bigtree, Host, The Highwire

Alright, this is one of the biggest piles of baloney I've ever heard. And if you'll bear with me, Jeffrey, I just at the last minute decided I'm going to try and use a visual here to explain how ridiculous what we just heard is. Uh, for those of you out there, VAERS clearly says every time we point to VAERS, they'll say, well, it doesn't have a control, so you really can't prove causation. But what did she just do there? The CDC just proved the lack of causation. So if it can't prove causation, it can't prove that it doesn't. That there's no cause there. It's not capable of doing that. But that's exactly what she just did. So let's let me explain to you, for those that are out there why this can be confusing. It took years to figure this out. So a real study of, you know, of causation requires that we have a group that gets, in this case, the vaccine. And we have a group of people, let's say, about exactly the same that get a placebo. This is how a study has to be done. And then we track both these groups, usually in terms of like grandpa's Viagra like ten years, or maybe for Enbrel or some other pharmaceutical product. We tracked them for like six years. But in the case of vaccines, we like to keep it to 4 or 5 days with no placebo group.

[00:34:43] Del Bigtree, Host, The Highwire

But that's besides the point. If the study is being done right, one group gets the product, the other group does not, and then we figure out well, after studying them for, let's say, three years, we found out that out of this, you know, 20 people, you know, um, let's say eight of them died. And out of this, 20 people that didn't get it. Two of them died. And so what we recognize is that the death rate is much higher in this, you know, in the vaccinated group or the drugged group than in the ones that received the placebo. And we even have a percentage, you know, you can say, you know, eight out of 20. What is that roughly? You know, I don't know, almost 50% or something like that. You get the idea, 40%, 30%. But you take that 40, 30% death rate and then you say, well, let's put it across the population and we can see where we're at. But you can't do that when you don't have this group, when you don't have the control to compare it to this number doesn't make a lot of sense, right? We don't know how many we're talking about. So we got to put this group away when we're talking about VAERS. And so what we realized with VAERS is, she just pointed out, is that they had an incredible number.

[00:35:54] Del Bigtree, Host, The Highwire

By the way, if you bring up the VAERS, the Open VAERS, and you just look at how high the numbers of reports are there in, say, 19,417 deaths. Folks, there's usually up until Covid vaccine, about 400 deaths reported every year, which I've always said is an astronomical number. We shouldn't be accepting that. But there's been 19,417. So here's how they did their analysis. First of all, they say, let's just take December of 2020 through January 2023. So it's really about 17,000 deaths. And of the 17, we went in and we threw out 52 of them because we just didn't think they actually died. Then there was 2900 of them. So 3000 of them out of, you know, 17. So like, you know, what is that almost, uh, 5%, 2%, I don't know, whatever it is, it's huge. A huge group. We just took out because we said we cannot find their death records. And then we threw out another bunch like 1000 thousand because they didn't actually have an mRNA technology. They only had some form of Covid vaccine that wasn't mRNA. So we were left with this little group that we reduced down based on our own really excellent science. And then we looked at all the deaths that happened in America, and we said, well, let's just compare it to the background rate, which is about this many.

[00:37:17] Del Bigtree, Host, The Highwire

And as it turns out, when we compared the reported deaths on VAERS from the Covid vaccine, it's actually even less than the expected background death rate that was happening in the country. But remember, the country had Covid, the country had people getting vaccinated. We didn't know who was vaccinated, who wasn't. We have a rise in all cause mortality. There were more people dying that year than we'd ever seen. But still, when we looked at those numbers, these didn't seem so bad. But you see, there's a problem. This is the reason you can't use VAERS this way. You can't whittle it down to the ones you just can't ignore, which is roughly, you know, 12,000 deaths. We can't really ignore them, but we are going to compare them back. Right. You can't do that. Because what if this is only 50% of the amount of deaths? Because she said everyone, every doctor was told to report deaths. But we have talked about this on the show. Jeffrey, how many times have doctors said I wanted to report it, but they said, don't report the deaths. That's going to make people be afraid of the vaccine. How many people didn't even know it caused death? How many doctors didn't do it? How many doctors didn't have the time? Clearly. Clearly, we know that this is not the total number. So what if it's only 50%? What if it's only 50%? So now how does this compare to the background rate in the United States of America? Not so good, but hold on a second.

[00:38:36] Del Bigtree, Host, The Highwire

Even worse, most people think that VAERS is underreporting by like 90%, that we're only getting about 10% of the numbers. So that means it's got to be more like, you know, get all these back. You know, I don't have enough. It's like this compared to this. Oh, but what if it's actually what Harvard Medical School said in a study. Can we bring that up all the way back? I believe it was in. Was it 2007? Likewise, fewer than 1% of vaccine adverse events are reported. What if it's that bad? Well, if it's that bad, then this is what the numbers should have been. But we don't know because VAERS has no control. We don't know. It's just random reporting. But if this is actually the number that should have been on VAERS, and this is actually your background rate, what did we just learn? We learned that the oh wait, hold on a second. The CDC will tell you right now you're not allowed to do that comparison. You can't do this comparison because you don't have a control. But wait a minute. When you whittled it down to this, you had no problem doing the comparison when you could make it look like that.

[00:39:41] Del Bigtree, Host, The Highwire

Oh, we'll compare these two groups. But folks, these two groups are not the story. This one is. And this is the story that is being ignored by the CDC as we speak, and is the same type of baloney that is being blown around inside the ACIP meetings right now as we're talking. I hope that helped it make some sense. We all need to control. So if we don't have a control, then you don't have a control. Which means what should have happened here is the only thing we know about the 12,000 deaths that we could not get rid of is this. Many of them had myocarditis or pericarditis and died from heart swelling. This many had blood clots, this many had brain aneurysms, this many died of cancer. And then we say, well, how do those rates add up? And did we look to see what those blood clots were like? Were they made of fibrin? Were they different blood clots than we ever saw in any other child in the world? You see, that is the only studies that can be done. But they refuse to do that study. They refuse to look at autopsies and really get into them. In fact, my understanding is that most of the deaths during Covid had no autopsies. So even though they tell you we really clearly investigated it, all you did was set up a total bullcrap comparison that nobody with a brain or anyone with understanding of math should ever accept. Alright, Jeffrey, I'll throw it back to you. Sorry for the distraction. I hope that makes some sense.

[00:41:09] Jeffery Jaxen, Investigative Journalist

I want to add to that. It's interesting because you're watching the meeting at ACIP for the last two days. They continuously say world's leading safety monitor and world leading safety monitoring. So you get this impression that, oh, there. And that may be worlds leading. If that's the case, that's that's actually tragic. But then they they use that that VAERS system to look at deaths. This is a major system a major issue here. And they just go no nothing, nothing to see here. And like you pointed out, their control group was background population during a pandemic, background population with raging chronic health disease with lowest with the lowest um um life expectancy is somewhere in the developed world. That's your background rate against deaths. And you're going to say, all good, move on. And then the other question would be, okay, well, some of these people died. Obviously it can't it can't look at causality. But some of these 12,000 have died from the shot. So let's have a conversation about that. Let's find out how many had died because this is not a pandemic anymore. So if we're giving a shot it's killing people. But I want to talk. I'll let them speak on that because we have Vicky Pebsworth. She's a registered nurse, also a doctorate in public health science. I'm on the board for National Vaccine Information Center NVIC as well. She called in with a comment and it was about the VAERS system. This is what she had to say.

[00:42:26] Del Bigtree, Host, The Highwire

Okay.

[00:42:27] Vicky Pebsworth, OP, PHD, RN, Pacific Region Director of the National Association of Catholic Nurses, Voting Member ACIP

I am very concerned because, uh, with uptake being as low as it is reported and also, um, the reports to VAERS are extremely high compared to other vaccines. They are um, the last time I looked, it was about 1.6 million reports that came in. I don't know the extent to which underreporting is still an issue for this vaccine, but there are published studies suggesting that underreporting, uh, is about 10%, uh, of adverse events are actually reported. So that being the case, um, I think we need to be, um, very careful and also have access to data that we we probably wouldn't ordinarily have. And, and that is I'm very interested in learning more about what we now know through animal studies. The, the studies that we would typically have for preclinical trial data, the reproductive toxicity data, the, um, you know, various um, bio distribution studies. I think this would maybe help to sort out some of the confusing information that that we have. Thank you very much.

[00:43:54] Male Speaker

Do you want to?

[00:43:55] Sarah Meyer, MD MPH, Chief Medical Officer, Immunization Services Division, NCIRD

Could could I make a comment? I just wanted to respond to your concern about VAERS underreporting. And what I just wanted to share is that some of those reports suggesting vast, uh, over underreporting in VAERS, um, are inclusive of things like sore arm rash things that people don't normally report to VAERS. So I'm not sure about anyone here, but I never reported to VAERS when I had a sore arm last time for vaccination. But CDC has conducted a number of studies that we have published in the literature that shows that for serious adverse events, the reporting rate to VAERS is much higher. So it's up to 76% for anaphylaxis, depending on the vaccine, up to 64% for Guillain-Barre syndrome again. But depending on the vaccine we've looked at this for. In a suspicion falling rotavirus vaccine vaccine associated polio following polio vaccination. So I think I just wanted to point out that for serious reports, we are confident that we get a majority of those reported to VAERS.

[00:45:04] Male Speaker

Doctor first.

[00:45:07] Retsef Levi, PHD, Professor of Operations Management, MIT Sloan School of Management

This is very useful information. I still think that if I take the myocarditis example, I still think that we probably have. We can see if we actually compare the rates in based on VAERS versus the rates based on clinical diagnosis versus versus the rates based on actually testing the troponin levels of people before and after vaccination. We see we see underreporting depending on the system you're using. And VAERS is probably still underreporting, maybe not at the extent of of 10%. And the other thing is, I think that if I understand correctly, the data we do see in VAERS some serious adverse events and some actually new ones that are being reported at rates that are far exceeding other vaccines. Even when you normalize to the number of doses, which does suggest something, I think.

[00:46:01] Del Bigtree, Host, The Highwire

This is such an important conversation, Jefferey. And again, I want to point out how this game is played, right. She said, well, we've done study. We believe that it's really the sore arms and things they're talking about. When Harvard says less than 1%, it's the little things you wouldn't normally look at. And we've done our own internal studies to prove that we're right and that our, that our science stands up. But look what she uses, right? She uses anaphylaxis, for instance, 76% in our study, 76% report anaphylaxis. Well, Jefferey anaphylaxis happens within minutes of the delivery. I mean, it's one of the few things it's not going to happen tomorrow. It's going to happen like that's why they said stay in. They said with Covid vaccine, stay there for 45 minutes. Because if you're going to have an anaphylactic reaction, which is an allergic reaction to the vaccine, it's going to happen within 30 to 45 minutes. So of course, that was at 76%. It happened right before their eyes. They got the vaccine and they dropped over, like all the videos we've looked at. And then polio I love this. And polio is very high reporting system.

[00:47:05] Del Bigtree, Host, The Highwire

Well, yeah, we live in a country that doesn't have polio. If you suddenly get polio right after getting the vaccine, there's really only one way to get it in the United States of America. So I'm pretty sure that's going to be pretty high, too. And then she puts Guillain-Barré syndrome there at 64%, which, you know, I guess is okay, but it's still 38% below where it should be. And where would these numbers be that we're just talking about with Covid? If you missed it by 38%? And by the way, if you don't tell doctors to be looking for Guillain-Barré syndrome, which is what they all know. It's one of the few vaccine injuries that's really recognized. Then they're looking for it and they're looking for myocarditis and pericarditis. But as I think it's Doctor Levi pointed out there. Even when looking for it, we saw underreporting when you actually test troponin levels, when like, we just really grabbed people and said, how did this affect your heart? We feel that we see this affecting them much higher than is being reported. So this whole thing is so bogus.

[00:48:03] Del Bigtree, Host, The Highwire

And they're going and cherry picking the obvious ones. Well, yeah. Polio you would be getting a high report and anaphylaxis. But what about death? You know what if death happens three weeks or a month afterwards? What if your heart finally shuts down or all of it suddenly goes wrong, you know? And by the way, what if we weren't even considering you vaccinated? Because only right after your first shot. So much here that was hard to watch and hard to listen to how they play this game. I promise I'll let you go on from here.

[00:48:33] Jeffery Jaxen, Investigative Journalist

Yeah. And that's I would be willing to bet that most doctors who even know what VAERS is, don't even know what the the adverse events of the Covid vaccine are, the serious adverse events. I would, I would imagine when it comes out to a month, three months, six months, a year later, if if a child or a person comes into the office and says, you know what, I'm having some problems walking my nervous system. I can't connect with it. Oh, that's no way they're connecting that. We've talked to so many doctors. They're not connecting that to oh, is that Covid shot? A year ago I gave you for 10s in the office that did that. So that's a whole separate question. But the idea the reason we're having.

[00:49:11] Del Bigtree, Host, The Highwire

Follow up there, Jefferey, the head of of of of cyber, you know, when we talk about Doctor Peter Marks that was talking to everybody that was having these neuropathy issues, which is at the heart of Follow the Silenced. He's the one that should know he saw the trials. He's sitting in zoom calls with them. He's saying to their face, I don't believe it. So how many doctors were reporting it that had, you know, that that didn't know? No, I mean, this is where this is the problem. When you say a product is perfectly safe and when Peter Marks gets on zoom calls and says, this idea that people are dying in higher numbers is absolutely ridiculous. Well, then no doctors can report it because they don't want to seem like they're being ridiculous. So we know these numbers have got to be so incredibly low compared to what actually might have been the death rate had you been reporting everybody. We were reporting everybody that died right after Covid vaccine. How big is that number? I'll bet you it's massive. And I'm not saying they all died from it, but boy, you wouldn't be able to say compared to the background rate, it really wasn't a problem.

[00:50:08] Jeffery Jaxen, Investigative Journalist

And the reason we're hammering VAERS is that the CDC will say we have this world class safety monitoring system that has a lot of different monitoring mechanisms in there, but they keep falling back on VAERS and saying, well, we checked with fares versus what's used for a lot of the studies. And Robert Malone asked a great question. Just kind of a follow up question to this whole VAERS conversation. He's obviously now a ACIP member and talking about the Covid vaccine. Why is the Covid vaccine different? Why do we really have to pay special attention to this shot? Take a listen.

[00:50:35] Del Bigtree, Host, The Highwire

Alright.

[00:50:36] Dr. Robert Malone, mRNA Vaccine Technology Inventor, Immunologist, Molecular Virologist, Vaccinologist, Pathologist & Physician

These poly nucleotide vaccines are significantly different from traditional vaccines. We're aligned on that particularly in the in the pharmacokinetics. Having a product that is associated with an antigen that is present in the body for over 700 days, according to the Yale study, is unprecedented in vaccinology. And that type of profile has been associated in animal models with characteristics that are now being observed in humans that are, we might say, is a type of immunologic, um, uh, adverse event having to do with things like broad based immunoglobulin class switching, um, which are really not being captured in any way by our data and yet are fundamental to some of these concerns that are being raised about whether. These products are associated with secondary effects on overall immune function that might impact other infectious diseases, was one of the basis for one of Doctor Levi's pointed questions about, uh, the vaccine effectiveness sampling, uh, estimate method. So I, I infer that really in in the safety analyzes, I think the public would benefit, um, uh, with, uh, expanding, uh, your mission. That's a good thing, right? Uh, to include, uh, some of these immunologic, uh, potential, um, risks and benefits, uh, as well as, uh, the, uh, um, actively incorporating, uh, the, uh, possible risk of, uh, delayed onset effects, given that the pharmacokinetics of this product are very unusual compared to even live attenuated vaccines. Is that make sense to you?

[00:52:54] Sarah Meyer, MD MPH, Chief Medical Officer, Immunization Services Division, NCIRD

Well, what I will say before turning it over to my colleague to talk more specific about the immunologic components of your question, I think, you know, we started vaccination back in December 2020. And so we have several years now. If, you know, we are continuing to monitor in a very robust way to capture any and all adverse events, even if they're cumulative over years from different doses. Um, if we were seeing any effects on organ systems or, you know, safety concerns of any kind, we would be well equipped to pick those up in our safety systems.

[00:53:35] Del Bigtree, Host, The Highwire

By the way, she ends up saying moments later in a totally different answer. You know, VAERS has a very difficult time tracking long term effects. Obviously, the further out you get from vaccination, she says, you know, you have confounding issues that are coming up. And so it's really hard to track long term. So they'll say whatever they have to to get through the conversation. But great great points by Doctor Malone.

[00:53:58] Jeffery Jaxen, Investigative Journalist

Yeah. And it's fascinating. Her answer is is a great point, Doctor Malone. But VAERS has got it. Don't you worry. It's not like, you know, it's not like you're the inventor of the technology or anything. So let's talk about what Malone is saying. Immunologic adverse events harming the immune system. This is a new term for a lot of people. But we've been following these studies. And he listed a couple of those points here. I just want to illustrate those because these are real. This was just two months ago from the Cleveland Clinic. They had a study looking at the formulation that this this year is past year's formulation of the Covid vaccine. And they looked at a 16 week study period. And just to see how effective it was, it said "consistent with similar findings for many prior studies, the higher number of prior vaccine doses was associated with higher risk of Covid 19." Then they go on and say, we don't really know the reason why, but the more shots people took, the more they had a chance to get Covid. Excuse me. And so that's that's the immune system. Something's happening with the immune system. And then you're talking about the spike protein. There's the Yale study that's from February 2025. And that's showing here that the full length spike protein is in circulation up to 709 days after being vaccinated.

[00:55:04] Jeffery Jaxen, Investigative Journalist

It was never supposed to. It was supposed to be there for a week, tops. And it's they're floating around causing inflammation. And then in 2022, Doctor Malone mentions class switching of the immune system. So this is the study here. This is one of the first studies to find this. And it talks about shortly after the first or second dose of the mRNA vaccine, the IgG response. This is your immune system's response to a foreign invader to A to infection. The ECG response mainly consists of the pro-inflammatory. You want that you want inflammation. You want it to fight "pro-inflammatory isotopes IgG one and IgG three and is driven by T helper Th1 cells." But they say here we report that "after several months after the second vaccination, Sars-cov-2-specific antibodies were increasingly compromised of non inflammatory IgG two and particularly IgG four which were further boosted by a third mRNA vaccination and or breakthrough infection." So you don't want IgG four. You don't want non inflammatory. That puts your immune system to sleep. It stops the infection fighting. And that's where the breakthrough infections come in. That's where autoimmune disease come in long Covid. So this is I.

[00:56:08] Del Bigtree, Host, The Highwire

Cancer. By the way cancer is I mean your body. This is your immune system supposed to be fighting cancer. And IgG four says it's not protecting against other diseases. You could have worse flu worse RSV more cancers, all of those things. And he's pointing it out. And as as he's very clearly stating 709 days means this is a totally different product than you have ever been designed to look at before. You are looking at it. You know very well the way you usually do vaccines, but you're looking for a temporal association, which is sometime within a certain amount of days of vaccination. But if this is a time release where this thing is releasing in your body for 700 days over two years, then clearly at any point in time you could be having issues and it's shutting down your immune system and making you available. So all of these issues you would have to take into account. And clearly he's like, Did get that? I mean, literally in his head, do you get that. Well I mean, you know. Yeah. Doctor Malone I mean and boy isn't it nice to have him in there though these types of questions being asked. It's really great because these are the types of challenges that should have been being made against VAERS for the last several, like actually since 1986 when they designed the thing.

[00:57:21] Jeffery Jaxen, Investigative Journalist

Absolutely. And so VAERS the ACIP committee did talk about they did have voting and they voted on RSV vaccine. That's the respiratory syncytial virus. We talked about some of the clinical data from Mab that Merck's vaccine, it's actually a monoclonal antibody. So it's a little different than a traditional adjuvanted vaccine. But before that vote happened, we had one of the voting members, Retsef Levi. And he he kind of put this into an encapsulated position, looking at all the data showing, showing the clinical trials he looked at. There's there's two clinical trials. He was talking about saying, I looked at these clinical trials and I saw some more deaths in the actual treatment group than the placebo group. And I had concerns. This was his concern.

[00:58:02] Del Bigtree, Host, The Highwire

Alright.

[00:58:03] Retsef Levi, PHD, Professor of Operations Management, MIT Sloan School of Management

I'm a scientist, but I'm also a father of six kids, six children. And I think it's also important to put yourself in the shoes of a parent. Um, so I'm trying one of the things that makes me kind of beyond the science of the data. I was asking myself, what if I would be just a young parent for a baby? And I had the amazing opportunity to be in that situation six times. Um, and I know all the information. How would I think about this dilemma? And I think if I had a baby that was born early or had got forbidden, uh, some underlying conditions, knowing the threat that RSV, um, can pose to a baby like that, I would probably, uh, use that these products to protect my child from, uh, from this disease because it could actually cause death, um, to the baby. Uh, on the other hand, if I was the father. And luckily, I was the father of a healthy child that was born on time, that I. Knowing all of this, I would be concerned to use that. And I think, I think that I understand that we're trying to reduce the burden of, of, of hospitalizations and these are all very important metrics. But I think we also need to ask ourselves what the parent would say given this data. And I think that most parents that have a healthy baby would be concerned to use a new product against the disease that has turned out in the past to be quite tricky against immunization and vaccination. I think there would be concerned, and as a father, I can feel that I would be concerned. I just wanted to share that. Thank you.

[00:59:57] Del Bigtree, Host, The Highwire

I think this is a very important point because no matter how they vote, the parents never actually see all this data. If you watch the Highwire, you're seeing this data. We talked about these studies last week where they nearly double the amount died in the new group. And some of them were just comparing to old Vaccines are old monoclonal antibodies. And there was deaths there too. There's deaths everywhere around this, and there's been deaths around the RSV vaccine program, which was discontinued back in the 1960s because of deaths. But this time they've explained all the deaths away. As Doctor Meisner said, well, we looked at those extra deaths and we don't believe they were caused by the vaccine, even though there's twice as many in the, you know, this, this group and the test group than there were in the control. So I think this Doctor Levi is making a very important point. I think if parents were informed, if they were watching the Highwire, I don't think they'd be getting this vaccine whether we approve it or not, which gives me pause. And it should give everybody pause.

[01:00:55] Jeffery Jaxen, Investigative Journalist

Right. And it's great to hear from the parents from that perspective of the parent, because we rarely we really rarely hear that from a voting member of ACIP in the past. They they talk about doing good for public health, doing good for families, but really that that humanistic approach there, that's the real approach. So then we move on to the vote. So this was that vote for the RSV monoclonal antibody from ACIP. Take a look.

[01:01:17] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

I think we're going to proceed to the voting. So the draft vote is ACIP recommends. And there's actually two of them. The first one is ACIP recommends infants ages aged less than eight months born during or entering their first RSV season, who are not protected by maternal vaccination, received one dose of Clesrovimab. Why don't we start with Doctor Malone?

[01:01:42] Dr. Robert Malone, mRNA Vaccine Technology Inventor, Immunologist, Molecular Virologist, Vaccinologist, Pathologist & Physician

Vote yes.

[01:01:44] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Doctor Hebron.

[01:01:46] Male Speaker

I vote yes.

[01:01:47] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Doctor Pagano.

[01:01:49] Male Speaker

Yes.

[01:01:50] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Doctor Levi.

[01:01:51] Retsef Levi, PHD, Professor of Operations Management, MIT Sloan School of Management

I vote no. I just want to clarify that my objection is based on the fact that I don't feel this is ready to be administered to all healthy babies. I think we should take a more precautionary approach to this, but I respect that the discussion and the opinions of my colleagues. I vote no. Thank you.

[01:02:13] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Thank you. Doctor Meissner.

[01:02:16] Male Speaker

Yes.

[01:02:16] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Doctor Pebsworth?

[01:02:19] Vicky Pebsworth, OP, PHD, RN, Pacific Region Director of the National Association of Catholic Nurses, Voting Member ACIP

I vote no.

[01:02:21] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

And as I recall, vote yes. So we have five votes for yes and two votes for no.

[01:02:31] Del Bigtree, Host, The Highwire

Well, disappointing result there, to say the least. But again, I think it's important that we both state here. Jefferey, I'm not a doctor. I didn't go to medical school. I don't know what you're I think you started medical school and said screw this or something like that.

[01:02:48] Jeffery Jaxen, Investigative Journalist

Yeah. Not a doctor. Definitely.

[01:02:50] Del Bigtree, Host, The Highwire

All I can say is this is is. I just want to make this point. Up until today, uh, every baby that has ever survived and every human alive is here because RSV didn't kill them. I just want to make that point right. The way when you go into these meetings, they create a hysteria out of what problem? What problem do we actually have? I mean, for like, how many parents do you know? Oh, my God, my baby died of RSV. Not you don't know any. I think they even said it's something like 100 might die of this. Probably. Usually I think almost always very immune compromised. Have all sorts of other issues. Again this is a solution looking for a problem. And if you've got one of those ACIP is your place. And clearly they're going to go ahead and recommend this to the public. So again, all I can say to you folks out there is you have to make your final decision on all of these things. But if you were expecting your government to protect you or your government to have your answers for you, um, I wouldn't get relaxed right now just because, you know, some of the people that are in there be informed, and that's what we're doing right here is making sure people are informed. And here is USA today "in surprise move RFK Junior's vaccine committee votes to recommend RSV shot for infants." People thought certainly the haters of Robert Kennedy Jr Thought something else would happen there. So look, the chips fell where the chips fell. Maybe we can get Doctor Robert Malone on in the future to explain why he voted yes. I'm curious about that.

[01:04:18] Jeffery Jaxen, Investigative Journalist

And ACIP committee also did make a move to again. It's still happening right now, but it also did make a move on thimerosal. So this is a preservative. It's a mercury based preservative that's been in vaccines. It's been at the heart of a lot of concern for for over a decade. It's not in many vaccines. It's in the multi-dose vials of the flu shot. Basically, there's only ones left so that they did vote for all age groups, for pregnant women, for, um, young kids as well, to move that to single dose, which has no thimerosal. No, none of that mercury compound in there. So this is a long time coming. It's the kind of driving home that final nail in this conversation on the way to a new one as we move forward and maybe we can look at aluminum, some of those adjuvants now into these vaccines. But this is the bigger conversation before this even happened, before Asup even started, I noticed something that happened. It was very similar to what happened when you released your documentary VAXXED. No one saw the movie, but every media outlet said, don't go see the movie because it's anti-vax. Well, this is what happened to ACIP. Acip. Now, I want to also put a background here before this ACIP committee, before really RFK Jr took HHS and Trump became president. Anytime people like us or anybody questioned vaccines, we were sowing dissent in the government.

[01:05:33] Jeffery Jaxen, Investigative Journalist

We were going to hurt people or kill people. If we had a view outside of the government, outside of outside of the CDC alternative information, we were censored. We some people were put on terror watch lists. This was no joking matter. So now I see the corporate media do this again. This was before ACIP even started. This was last week. "Outside groups organized to form unbiased independent vaccine panel." This is "in the wake of a health secretary at Robert F Kennedy Jr decision to shake up a key federal vaccine advisory committee outside medical organizations and independent experts are looking for alternative sources of unbiased information and even considering forming a group of their own." So they're trying to form their own groups to make their own recommendations. So governments and and schools and states can follow those. These are trade unions. Think American Academy of Pediatrics, places like those trade organizations, these are heavily compromised organizations. These are the same people with conflicts of interest with pharmaceutical companies. Now they're trying to do their own thing. And this is a conservative talking point. So it's narrative went out everywhere. It wasn't just one organization. You saw it even in local media, for example, in new Jersey here, this is an op ed in new Jersey. "New Jersey must act to protect public health from federal sabotage."

[01:06:48] Jeffery Jaxen, Investigative Journalist

Again, a sub committee didn't even start. And this was written. And they're saying we need to put into our health mandates, our health acts in our state that our vaccine recommendations can come from not just the federal government, but also trade organizations and medical bodies and basically whoever we want, we're going to start our own body and say, these are vaccine recommendations. So how the tables have turned in when this is happening and even you have Wisconsin Department of Public Health, when HHS came out and said, we're not recommending the Covid shot for healthy children anymore. Wisconsin came out and said, oh yeah, we are. We're going to put out our own press release, and we're still going to recommend those to every person six months or older. We're going to give it to pregnant women. We don't care what you say ACIP. We don't care what you say HHS, we're doing our own thing. So you're seeing a lot of a breakaway, this breakaway with groups. And remember, if they were smart, they would kind of just shut up and let ACIP regain the trust of the public, let Kennedy do the work to regain the trust because they've lost the trust so bad, and they're continuing driving down the loss of Trust Road.

[01:07:52] Del Bigtree, Host, The Highwire

Right.

[01:07:52] Jeffery Jaxen, Investigative Journalist

Let's see how that goes.

[01:07:54] Del Bigtree, Host, The Highwire

Well, imagine what just happened right now with these states. We're like coming out of Wisconsin. We're not going to listen to them. Oh, but they just approved RSV. Should I not listen to them? Imagine the confusion they got now. What a weird world we're living in right now. It's hard to know what side you're actually on or what boat you're in.

[01:08:11] Jeffery Jaxen, Investigative Journalist

Um, yeah.

[01:08:11] Del Bigtree, Host, The Highwire

But. But on one hand, look, they're doing our work for us, right? Jefferey. They're saying don't trust, uh, the regulatory agents don't trust the the, you know, the federal government with your health. I second that, but I also wouldn't trust my state government either. I think you, the only person you can trust, really is yourself now. And your own ability to do an investigation.

[01:08:30] Jeffery Jaxen, Investigative Journalist

Absolutely. And that's how it's always been. Parents as well. You only trust the parents for the children's vaccines, vaccines. And it gets to the point where you're starting to try to think through all this stuff, and your brain is getting a lot of work and it's starting to get overtaxed. And that brings us to the next study, talking about the brain and what happens when your brain is on AI this is out of MIT's Media Lab. This is a study that came out. It's a very thorough study. And it's talking about it's calling it's cognitive debt. It's talking about cognitive debt when people use artificial intelligence. So what they did was they use electroencephalogram. So they hooked up these people with the brain monitoring equipment. And they had they put them in the three separate groups. So they had they had them write an essay. They had one person or one group used just their good old fashioned brain. You don't use any assistants. You just write. You sit down, you create, you write how we've always done it. Another group had to use search engines, so maybe you can start looking at that. Search engines. The other group had to use these large language models like ChatGPT. And this is what it had to say. It said "brain connectivity is systematically scaled down with the amount of external support. The brain only group exhibited the strongest, widest ranging networks. Search engine group showed intermediate engagement and large language models. Assistance elicited the weakest overall coupling." That's brain coherence. So it's basically saying your brain didn't really fire when you're using AI. But then after the essay was written, they asked them, can you quote the work you just wrote? And they said this "quoting accuracy was significantly different across experimental conditions. In the large language model assisted group, 83.3% of participants failed to provide a correct quotation." They couldn't do it.

[01:10:09] Jeffery Jaxen, Investigative Journalist

It, "whereas only 11.1% in both the search engine and brain only groups encountered the same difficulty." So here's a graph or a bar graph to show that. So that big red line is that 83.3% said, I don't know what I just wrote. So the question is, what are you learning? What's what's really being creative? You have no long term memory of what you just did. How are you learning? The rest of the people said only 11. Little over 11% said, I can't quote that, but majority of those people could remember what they wrote and quote it. And this brings us to I mean, for this this is a jump off of big conversation I want to have just finishing off this segment. So when we when we are interacting with with cognitive tools like AI like these large language models, you can see it's affecting our brain. It's causing our brain to kind of just sit back and shut down and relax. But at the same time, AI is also reaching out towards us. So this is Mark Zuckerberg. So after a little over a decade of him helping to create the loneliness epidemic with Instagram, meta, Facebook, he's now saying that his grand vision is more AI friends than human ones. That's Wall Street Journal. So he's saying you're going to have chat bots as your friends. So what happens when AI is reaching out? So humans have always had domain dominion over this external physical realm, and we've created computers and artificial intelligence. And that was always relegated to like the computer. The it's just the computing realm, but now it's switching.

[01:11:32] Jeffery Jaxen, Investigative Journalist

The computing realm is coming out to us and we are going in to the computing realm. It's this massive switch. And one of the biggest ways we're getting into that realm is through our phones. And so this is the conversation I want to end up with here. And obviously when it comes to brain development, children are the most susceptible. So there's a meta analysis here of longitudinal studies. You know those things VAERS can't do, and the vaccine manufacturers just can't seem to do a safety testing. These are long term studies over a long part of someone's life. This is a meta analysis looking at screen use, electronic screen use and children's socio emotional problems. And it says "our findings suggest there are causal effects between screens and poor socio emotional well-being in children. That is, screen use may increase the risk of children developing social emotional problems, and children with social emotional problems may be drawn to screens, possibly as a way to manage their distress." So it's this negative feedback loop one is looking for the other and vice versa. And smartphones. So the first iPhone came out in 2007, Apple's iPhone. And since then it only took seven years up to 2014 for researchers to create. Because there was so much addiction happening, they created a smartphone addiction inventory. This is used now to study addiction to people that overuse their smartphones. And there's been so many studies, there's been over almost a decade of studies showing excessive phone use negatively changes the brain. So that's not exclusive to AI.

[01:12:56] Jeffery Jaxen, Investigative Journalist

But now we're seeing just the presence of your phone. This is the headline. The mere presence of one's own smartphone reduces available cognitive capacity. This is a published journal. It says "the present research identifies a potentially costly side effect of the integration of smartphones in a daily life. Smartphone induced brain drain. We provide the evidence that the mere presence of a consumer smartphone can adversely affect two measures of cognitive capacity available working memory capacity and functional fluid intelligence, without interrupting sustained attention or increase in the frequency of phone related thoughts." So just having it there people, people's brain, it's like it's like the specter is pulling your intelligence out. But thankfully we are created with the ability to adapt. Probably one of the best features of being human is our adaptive ability. And the brain has neuroplasticity. That's the brain's ability to reorganize and rewire itself, rewire its neural connections when it Encounters, outside work or influences. So it works both ways. So here's another study of this headline. "Giving up your phone for just three days can reshape your brain activity," so it can start to reshape it back. It can actually start to rebuild it. So when it comes to that conversation, though, you know, I'm not an expert, you're not an expert. But some of the experts that do work on phones, some of the world's experts, what do they do with their phones? Well, Pavel Durov, he's the creator of telegram. He recently was interviewed by Tucker Carlson and asked exactly that question. Listen to this.

[01:14:23] Del Bigtree, Host, The Highwire

Alright.

[01:14:24] Pavel Durov, Founder & CEO, Telegraph

I haven't used the phone for for for a year, almost, I find.

[01:14:29] Tucker Carlson, The Tucker Carlson Show

Oh, France took it.

[01:14:31] Pavel Durov, Founder & CEO, Telegraph

Oh, France took it. But even before it took it, I wasn't using my phone. I didn't have a SIM card in the phone. I just use it to test telegram, the app. Because we have constant product updates. I have to test it at least twice a week, but I don't. I'm not a user of a phone.

[01:14:47] Tucker Carlson, The Tucker Carlson Show

So I just want to say again, you're an engineer too. I mean, you're not like a marketing guy. You're like a build the app guy. So you understand the technology?

[01:14:54] Pavel Durov, Founder & CEO, Telegraph

Yes.

[01:14:54] Tucker Carlson, The Tucker Carlson Show

Because you built it?

[01:14:55] Pavel Durov, Founder & CEO, Telegraph

Yes.

[01:14:56] Tucker Carlson, The Tucker Carlson Show

So you're coming from a highly informed perspective. When you make technology choices. Is that fair?

[01:15:02] Pavel Durov, Founder & CEO, Telegraph

You could say so.

[01:15:03] Tucker Carlson, The Tucker Carlson Show

Yeah. One of the most informed, probably in the world. And you don't have a phone. What is that? Like, why don't you have a phone?

[01:15:09] Pavel Durov, Founder & CEO, Telegraph

Well, I don't use phone regularly. Right. I probably own a phone, but I don't use phone. I don't care with a phone with me because I find it extremely distracting. I find it also, um, potentially, um, uh, harming my privacy. And, uh, I also just. I don't think it's necessary device for me to have when I want to focus on something. I would rather use my laptop or my iPad, uh, and put together some nodes or some, uh, interact with my team. Right. So I wouldn't want to just open my phone and disappear there. Consuming, uh, short form content. And that's why I don't use the phone.

[01:15:56] Tucker Carlson, The Tucker Carlson Show

I'm trying to extract this from you for one simple reason. Which is, I think that when you come across someone who knows an immense amount about technology really understands the technology. It's interesting to know his perspective on technology. Like with everything, you know, you don't use a phone. So I just think, you know, people can draw their own conclusions from that.

[01:16:18] Jeffery Jaxen, Investigative Journalist

So I don't want to lose myself in my phone. I don't want to be distracted. Privacy issues. I mean, he's kind of saying what we're seeing in these studies. I don't want that in my life. I don't want my brain to experience that.

[01:16:31] Del Bigtree, Host, The Highwire

There's one section of my life that I can definitely relate to this. It's just in the little driving app that I use. And I'm telling you, I joke all the time. If the power ever goes off on my phone or somehow this app got wiped out. It doesn't matter that I just drove where I am, I might as well have been kidnaped. I have no idea where I am because I've just totally turned my brain off. Just go left, go right, go left. By the time I'm there, I don't know what direction anything is. So you get it right if you're not using your brain. Certainly if AI is writing your, your, your stories or you know, anything like that, you're not going to remember it. Jefferey, a great reporting. Thank you for that. That great dive on the Advisory Committee on Immunization Practice meetings. Um, obviously, you know, we're turning a corner at least more of the right questions are being asked. I look forward they didn't vote on Covid 19, right on the vaccines or anything like that, because a good part of, you know, the original discussion yesterday was all on that. But it was really, I think, laying course for future votes and things that might be happening. Alright. Well, um, have a great weekend and I'll see you next week.

[01:17:33] Jeffery Jaxen, Investigative Journalist

Alright. Thank you.

[01:17:34] Del Bigtree, Host, The Highwire

Take care. Well, you know, hopefully what you recognize when you watch the Highwire, there's no other show that is bringing you this level of detail on the things that are really going to affect your lives. When this woman is basically stacking up army men and making the wrong kind of conclusion, it's actually going to affect your life. It's going to affect the health of your children, whether or not they can get in school or not. All because these recommendations go, especially if you're in one of these states that mandates the vaccine without any form of an exemption. This is a huge part of what we've been doing here. And we've been talking about the free, the five. For many of you, there's five states left. We won back the religious exemption for Mississippi. Um, but then, you know, all of a sudden it went to free the four because, uh, after Mississippi, West Virginia's own governor ended up, having an executive order. And this is because of the work we brought lawsuits in West Virginia. He actually agreed with us back when he was the attorney general. So when he became governor, he said, you know what? I'm going to do it for you, Aaron, Del. I remember the cases.

[01:18:40] Del Bigtree, Host, The Highwire

So he wrote an executive order saying you have a religious exemption out of vaccinations here in the state of West Virginia. And so we went, yay! Now it's free. The four. But just about a week or so ago or I mean, before that, Aaron started bringing a lawsuit because the school boards in, uh, in West Virginia are pushing back and saying, we're not going to listen to the government. We don't have it. To "update West Virginia Board of Education issue statement on vaccine compliance." Basically, it says "the WVBE direct the state superintendent of schools to notify all school districts to follow the law that has been in effect since 1937." 1937. You haven't been able to opt out based on a religious exemption. So now we're kind of back to Free the five, which is what we're going to talk about right now. Um, in really an unprecedented moment, our own, uh, attorney, Aaron Siri, stood on stage with the governor of West Virginia. I'm bringing talk about the lawsuit that ICAN that we are bringing to codify, to strengthen and solidify this executive order by the governor. Uh, this press release. This press conference went down yesterday. Take a look at this.

[01:19:56] Patrick Morrissey, Governor of West Virginia

Today. A lawsuit was filed in Raleigh County Circuit Court on behalf of a young woman, a mother exercising her religious liberty to seek a religious exemption to the state's compulsory vaccination policy. I think it's important to do. Miranda Guzman is suing the county school board and the state Board of Education on behalf of her four year old daughter. She's seeking an injunction against the State Board of Education's decision, in hopes that her child will be able to attend school this fall.

[01:20:30] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

How many people in this room, by show of hands know somebody whose children could be excluded from school if the governor's executive order is not honored? Almost everybody in the room raised their hand. The plaintiff here is a God fearing woman, single mother, who's just trying to raise her child. She has a number of religious exemption, religious beliefs that are contrary to these giving these products to her child. Including, as the governor said, a number of these products, and actually all of them in one way or another, are implicated in abortion. For example, the MMR and the varicella vaccine in every single vial has millions of pieces of cellular and DNA debris from the culture itself aboard a fetus. While the Bible says you should heal your sick. But it doesn't say is that God messed up and that a child born today needs 29 injections by the first year of life, including in utero.

[01:21:33] Dr. Arvin Singh, Secretary of Health, West Virginia

There is no meaningful evidence that such exemptions have led to increased incidence of disease at the population level.

[01:21:42] Patrick Morrissey, Governor of West Virginia

We're not aware of one shred of evidence that by moving to be a state that respects religious liberty and exemption, that there is any that there is any negative public health effect, I dare the other side to provide that they're misleading you. We're going to tell the truth, and we're going to make sure the truth gets out. I am not going to let an unelected body of bureaucrats stop and strip religious liberty protections that are afforded to them under West Virginia law. Period.

[01:22:16] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

I have a message to you, to all the medical organizations out there who are fighting against letting kids back in school. They're part of this community. They're not going anywhere. They are God's children, and they shouldn't be excluded from school. And the attempts by medical health authorities to exclude them by these organizations. You are hurting your own agenda. When you try to bully people rather than persuade them on the merits, that doesn't cause them to come around. That causes them to fight.

[01:22:48] Del Bigtree, Host, The Highwire

Well, that's what we do in these situations. There's a moment to fight. There's a time to fight. This is our fight. This is the fight of the Informed Consent Action Network and the Highwire and the general that guides us through all of these fights. That works for us, works for you. Joins me now. Aaron Siri. Um, Aaron, this is, uh. I thought we were through this, right? I thought I thought we were through West Virginia, but then you've just got these pharma shills that seem to be planted everywhere in the nooks and crannies of humanity. So tell me a little bit about this case. How does this case work? Why is it important? What can it achieve in West Virginia?

[01:23:27] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

So we brought a lawsuit in federal court, and we sued the health department because they didn't provide for a religious exemption process to be able to get a religious exemption to send your child to school. Well, as you pointed out, we brought one federal lawsuit that said that we had another federal lawsuit. We actually did get an injunction on behalf of homeschoolers relating to that. And as that was going on, the attorney General of West Virginia agreed with our position in the case when he was the who's the now governor, who was then the attorney general, who then filed an amicus brief, a friend of the court brief actually agreeing with us on a little bit of different grounds, not on the First Amendment, but under state law. Anyways, uh, when the governor, the attorney general then became governor, as you pointed out.

[01:24:14] Del Bigtree, Host, The Highwire

Yeah.

[01:24:14] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

Governor Morrissey bravely, honorably. He did the right thing. He did the brave thing, which is he didn't do what was expedient. He didn't do what was popular. He didn't do what the majority agreed with. Because if that's all rights protector, useless. He did what he's supposed to do. He did the brave thing and he said, no, we're going to protect this minority, no matter how much others might not agree with me, because that's what rights are for there to protect the minority folks who have views that are difficult maybe to accept. Okay, well, he signed the executive order, just like you said, which is it honored the under the state law that there should be a religious exemption under basically the an equal protection religious statute called epra. With that said, okay, what that did, is it granted exactly what we were seeking effectively in our federal lawsuit, which was supported by ICAN, which is that the state health department grant religious exemptions. And following the issuance of the governor's executive order, that's exactly what happened in West Virginia. The health department in West Virginia started to issue religious exemptions. Families were obviously elated. Here they are. They finally can attend. Their children can finally attend school. Okay.

[01:25:32] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

But. Um. And so I should also add that we dropped our federal lawsuit. Why? Because we got everything we were seeking. We got the health department was now issuing religious exemptions. Now comes a new actor into the mix. And that is the state Department of the Board of Education. The board of Education, an unelected body of individuals.

[01:25:55] Del Bigtree, Host, The Highwire

And not doctors, by the way, like educators. Yeah.

[01:26:01] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

Uh, they decided on their own that no, schools should not accept the religious exemptions that are now being granted by the state health department. So the state health department is still granting them. The Board of Education is telling schools don't honor them. And so now we brought another lawsuit to and we have now sued the State Department, uh, the Board of Education, uh, saying that what they're doing is, is a violation of West Virginia law and that they need to honor these religious exemptions. So, uh, just another round, um, you know, and, uh, you know, we we are we're confident that we'll eventually prevail in this one. And if there's another roadblock, we'll go and fight through that one to as many as they want to put up. You know, they could they could keep trying to take away people's rights, but they're we're not going anywhere.

[01:26:47] Del Bigtree, Host, The Highwire

Why? I mean, like, here's an interesting position because we're always asking the question, is it better to deal with things legislatively or in the court system? But really, here's a situation where we really have put that to the test. You have Governor Morrissey, who uses his executive authority to bring about change in West Virginia, something we've been fighting for. I've been to West Virginia, uh, almost every year for the entire time we've been at this since the end of 2016. Uh, you finally get this relief. But really, we're back to the court. Really is the stronger place, isn't it? To just define the law as we want to understand, to set that precedence, which really will make a difference in this case.

[01:27:30] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

We're doing everything so through ICAN legislate.

[01:27:34] Del Bigtree, Host, The Highwire

Yeah.

[01:27:35] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

We are trying to get the law in Arizona. Excuse me. In West Virginia changed. I spoke before the legislature there. And you have you spoken to them in the past. And the bill was up and it was, you know, relatively close to restore religious exemption through through the legislative body. And we could have done it that way. We would have taken it.

[01:27:54] Del Bigtree, Host, The Highwire

Yeah.

[01:27:55] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

Um, but, um, and, you know, they're going to keep that effort is ongoing to try to get it through. That means at the same time, we're pushing through the the court system in the manner I just described. And separately, the governor, just to be clear, it's his executive order is just really reconciling two pieces of law. It's not like the executive order in itself created the religious exemption. It didn't. All that executive order did is set it as follows. The existing law in West Virginia, uh, provides that you need to have certain vaccines to go to school. Then subsequent to the passage of that law. Uh, West Virginia passed epra. This statute says that the state of West Virginia cannot unduly burden religious practices. Okay. And here this clearly, this vaccine law clearly unduly burdens religious practices. If you can accommodate children who have, for secular reasons like medical exemptions, you can accommodate children for any reason. There's all types of situations where you don't need vaccines to go to school in West Virginia. You can accommodate teachers. You can accommodate others. Then you can accommodate religious beliefs, and you can let those children attend school as well. And all the governor was saying is, when you read the older law in conjunction with the new law, it's clear there needs to be a religious exemption. That's all he was doing. He was just properly interpreting West Virginia law. So yeah, we're going to we're not we're not we're fighting on every front. The goal is for these children, these families to be able to live their convictions and be able to attend their children's school and not have to choose between those two things.

[01:29:32] Del Bigtree, Host, The Highwire

Well, I really appreciate the work that you do for ICAN and The HighWire. Aaron, this is a special moment. It was great to see you standing on the stage with Governor Morrissey. It's great seeing you speaking at the state capitals all across this country, fighting this fight for our work. But for all the children out there and the families. I just want to thank you. I've said it before. I think you're going down in history. This this fight is in your hands in so many ways, and no one could be handling it better than you. So thank you for the work that you're doing.

[01:30:05] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

I appreciate the support and the ability and the opportunity to engage in these fights. So this this civil right, individual right is critical. Um, it is almost in many ways a last frontier for these massive corporations. They view our bodies and our children's bodies as a commodity. And the more that they can control them, the more money they can make. And so I do view it as the, as maybe one of the central civil rights issue, individual rights issue, constitutional rights issue of our time.

[01:30:34] Del Bigtree, Host, The Highwire

Alright. Well, that's why it's so important I'm going to talk about that. I'm going to let you go, but stick around after the show. I want to do an off the record with you, since you were the first one that said to me, Dell, we should go to these ACIP meetings. This is where it's all happening. I want to get your take, because we've been going to those ACIP meetings for years now. Off the record, right after the show, we're going to talk about what you thought of these ACIP meetings. So if you want to stick around after the show, we're going to do that. Thank you. Aaron, thank you for this lawsuit. Uh, you know, you've got our we're our prayers are with you and with the state of West Virginia.

[01:31:06] Aaron Siri, Esq. Lead Counsel, ICAN Legal Team

Thank you.

[01:31:07] Del Bigtree, Host, The Highwire

Alright. Thank you. So, look, you may be sitting there going, wow, how do they afford those lawsuits? I mean, lawsuits against, you know, like in states and we're all over the country, we're fighting in California, we're fighting in Maine. And, uh, you know how. You.

[01:31:21] Del Bigtree, Host, The Highwire

If you're brand new to this show. This is one of the most unique experiments that's ever happened. Could we do a show where we point out the problems in the world that we're seeing, and then we take one of the greatest attorneys that's ever lived, and we go and try to solve the problem, to fix the problem. That's what we do here at The HighWire. I don't if there's another show like that, please write in, let us know. I want to support them too, but I want to know where else you get to go, where you get to actually make a difference in the world, to see the issue, and then stand up like warriors with us and then make it happen. Save the children's lives. Make sure that children can go into school this next school year in West Virginia without being vaccinated with that new RSV bullcrap that was just passed by ACIP. If you want your kids to get through that, especially in West Virginia, and you want to set precedents saying you better not mess with The HighWire and Aaron Siri, because if you try to pass a law in the state that has medical freedom right now, we're coming after you. And by the way, the rest of the free, the four, which is what it's going to be when we're done here.

[01:32:26] Del Bigtree, Host, The Highwire

Know, that Highwire and delegation. Aaron Siri coming after you. We're all coming after them. But the only way we do that is with your support. You know, no one's independently wealthy here. We don't. We're not doing this on our own. The nonprofit Informed Consent Action Network. One of the things I love saying to the press is, you know who our biggest donor is? The masses, the people. It's the \$5. It's the \$10 a month that brings in most of the funding that makes this show, and especially these legal cases, happen. We are the most successful nonprofit in this space at winning. We've won against CDC, FDA, NIH, HHS. We won back the religious exemption in Mississippi. We planted all the seeds that are growing right now in West Virginia. That is going to be this oak tree of freedom that we are going to grow there right now through this lawsuit. But we really need your help right now. We are fighting on every front. And if it's not clear that the Savior is not coming through ACIP after what we just showed you and everything else, this is how we do it. As Aaron said, we strike from all sides. We are involved in legislation. We work to get people into office that can make a difference.

[01:33:32] Del Bigtree, Host, The Highwire

But we don't go to sleep. Then we fight and we go to battle. We get into courtrooms and we'll stand on state capitals and we'll do shows, and we'll out people and we'll out the truth, and we'll show you the real science. It's taking a huge team to deliver all this for you. I hope it matters to you. I hope it matters enough that you say, you know what? Today I'm going to become a recurring donor. Just go to the top of the page Thehighwire.com hit on, donate to ICAN and I don't care how much it is, we're asking for \$25 for 2025, but honestly, whatever you can afford, even if it's a nuisance right now, it's a nuisance to sign up. Just go through with it. Whether it's \$0.25, \$0.50, a dollar, \$10, or if you're doing really well, maybe it's a hundred Dollars a month. It is all going to a great cause. It will make it easy. You can do it by mail, by stock, international transfer, crypto vehicles, gift cards, legacy giving. You can text us right now 72022. And all you have to do is type in the word donate. That shouldn't be that big a nuisance and just say, you know what? Today I'm going to start giving because it actually makes a difference in the world, in a place where we can all be pessimistic and we can look around and say, ah, nothing's really happened.

[01:34:42] Del Bigtree, Host, The Highwire

There's a lot of great things happening. It's happening. Little spits and spats and some big moments and then some bad ones. But we are true. We never stop. We never stop fighting for you. I hope you'll help us by becoming a donor today. And thank you for all of you that have made all the work that possible, that we've done since the end of 2016. Uh, really, really great victories have been a part of the work that we're doing. And you, those that you support us, you get to pat yourself on the back. And guess what? Everyone's supporting us right now. I don't care if you're coming in late right now to this horse race. When we win West Virginia. If you were donating, you'll get to say I did that. Alright. I look forward to that moment. Um, speaking of Advisory Committee on Immunization Practices, speaking of the right to opt out of a vaccine program, there are vaccines being given on day one of life, the hepatitis B vaccine, when only 0.5% of women is my understanding. They're giving birth this year, or even hepatitis B positive, which was the only ones that are at risk. 99.5 of them still have to get a hepatitis B vaccine to be able to leave the hospital.

[01:35:51] Del Bigtree, Host, The Highwire

Don't you want to be able to opt out of that? Don't you want when the Advisory Committee on Immunization Practices, we know that they're looking at autism, but are they looking at everything? What about all the different issues that have been covered on the high wire through the years? One of the big ones that we used to talk about and haven't for some time is SIDs, sudden infant death syndrome. Sometimes it's called sudden unexplained death. The sudden and unexplained death of an infant under one year of age. Usually during sleep, I think it's sudden, unexplained death when they're over one years old. But this is a ridiculous term. It's not scientific yet. It's what we've just relaxed into. For decades, this was an issue that was really, I think, best described in A Beautiful family in Nick and Marjorie Catone and their, um, their baby. Yeah. The famous MMA fighter. He came on the show, uh, their son Nicholas passed away after a DTaP vaccine. Just to remind you, we just wanted to revisit this story to bring importance to what's now happening in science. Um, grab your tissue box. Uh, let's remember this incredible family and this ordeal that they went through. Take a look at this.

[01:37:07] Marjorie Catone, Son, Nicolaus, Died Following DTaP Vaccine

Nicholas was just an extraordinary, special baby. I'm like, the moment he was born, he was happy, healthy. Um. Never cried. Loved his sister. Loved us. Played all the time. Ate everything in front of him, you know, just happy. Happiest boy ever.

[01:37:27] Nick Catone, Son, Nicolaus, Died Following DTaP Vaccine

You know, I think every father always looked forward to having a son and doing a lot of the things that, you know, fathers and sons do. And he was just a special kid, man. He just he'd walk into the room and he would lighten up that room and he'd get everybody laughing and smiling. I remember I woke up and she said, you know, it's weird. Nicolas is sleeping, you know, pretty late, you know? And so she went in and she cracked the door and stuck her head in, and then kind of went around the hallway and then kind of did a double look. And then she went in and realized he didn't move. And I was in the kitchen Changing, you know, emptying the dishes from the dishwasher. And I heard her scream. And I knew right away she came out screaming that he's dead and he's dead. He's dead. And, you know, I ran over and just fell on my knees. She held her for about an hour. And then they said that, um, you know, you got to let him go. And, you know, she didn't want to let him go. So I kind of had to take them from her arms and carry him back into his room and, and put him back in his crib and, uh, say goodbye to him and so they can finish their investigation.

[01:38:47] Marjorie Catone, Son, Nicolaus, Died Following DTaP Vaccine

When the detectives came in. I mean, they asked us about Nicholas's history. And as healthy and happy as he was, I had told him he was recently vaccinated. That was the only thing in my mind that was sticking out. He's vaccinated 17 days prior.

[01:39:01] Nick Catone, Son, Nicolaus, Died Following DTaP Vaccine

Plus, he was sick on and off with fevers. He was really lethargic a few days before and not like himself.

[01:39:07] Marjorie Catone, Son, Nicolaus, Died Following DTaP Vaccine

It was a Sunday prior to his death. He had a really high fever, like 100 and 202 two. But like Nick said, not himself.

[01:39:13] Nick Catone, Son, Nicolaus, Died Following DTaP Vaccine

I never read an autopsy report, so I didn't know what I was getting into. Maybe she did, but I just as a father, I felt I needed to read it. And I saw the whole, you know, manner of death natural. And that's when it kind of set me off. And I got really mad about that. You know, there's nothing natural about a 20 month old kid just passing away.

[01:39:35] Marjorie Catone, Son, Nicolaus, Died Following DTaP Vaccine

The only thing that they found wrong was slight swelling on his brain, fluid in his lungs, and an enlarged liver. So to me, knowing what I know now, all three of those go hand in hand with vaccine injury and death to cerebral edema. So there's fluid around the brain, swelling of the brain, fluid in the lungs, and then the liver congestion, which is where everything goes through to process out for toxins. And that's it. The body, you know, it goes through every system head to toe. It's very detailed. And then at the bottom it's sudden, unexplained death and natural cause. And to me, there's nothing natural about a 20 month old baby just not waking up.

[01:40:10] Del Bigtree, Host, The Highwire

My question to you is, you know, you hear sudden infant death syndrome or, you know, sudden unexplained. I can imagine a statement like that or giving it that term for like a year or two. We've had this term for decades.

[01:40:23] Marjorie Catone, Son, Nicolaus, Died Following DTaP Vaccine

Right. Right. Like 30, 40 years.

[01:40:25] Del Bigtree, Host, The Highwire

Do you now have any faith that they've really looked into what's causing these deaths?

[01:40:29] Marjorie Catone, Son, Nicolaus, Died Following DTaP Vaccine

No.

[01:40:32] Del Bigtree, Host, The Highwire

Well, I want to thank Nick and Marjorie for allowing us to revisit that story. My understanding is it's their anniversary today. They now have three beautiful girls. Their family is thriving, proving the power of the human spirit and our ability to go through incredible tragedies. So our love goes out to Nick and Marjorie. And happy anniversary to the two of you. And. And thank you for your story. Um, right now we want to talk about it because we may be on the verge of understanding what is causing SIDs. And at this moment where we have some pliability inside the federal government, we're hoping to make this as loud a statement as possible. But a new study was just done by Doctor Gary Goldman, doctor who was "born defenseless. Why infant liver maturity may be the missing piece in understanding vaccine safety. Sids and NDDS" of course he's the coauthor on that. He's also a former research analyst for the CDC and did incredible work in California on the chicken pox vaccine. But it's my honor and pleasure to finally, this is a doctor we've wanted to have on the show for many years now to be joined by Gary Goldman. Doctor Goldman, thank you for joining us today.

[01:41:52] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Yes. Thank you for having me.

[01:41:55] Del Bigtree, Host, The Highwire

Um, tell me about what was very interesting in reading your study that it really comes down to the liver. And I found it interesting as we were revisiting that interview that was done years ago. Marjorie, at the end of it, said that the issues that they saw was some inflammation in the brain, but issues with the liver, and I don't know if that directly correlates, but what you're talking about is this importance of the liver. So tell me, first of all, why did you get into this study? What was it about SIDs that drew your attention to begin with?

[01:42:30] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Well, it just wasn't only SIDs. The immature CYP 450 enzymes, which are largely inside the liver, are responsible for metabolism and detoxifying various drugs and even vaccine excipients and components. And so it can have a. There is so much variation within an individual, especially infants. Uh, this is something that needed attention. Uh, we have infants that, uh, die of SIDs and unknown cause. Why is that? Yet some are perfectly healthy. And it comes down to the, uh, the each infant has a very individualized, specific set of, uh, enzymes. That partly genetic part is developmental, as with age. And these enzymes take 2 to 3 years to fully mature. So giving vaccines at a pre-term or at a young age can, uh, cause numerous issues due to the immature liver CYP 450 enzyme system.

[01:44:06] Del Bigtree, Host, The Highwire

Now this enzyme. Is this a new discovery? What made you suddenly start looking at it? Because it's the heart of I mean, what you're saying is this is the enzyme that breaks down a lot of the junk or the toxins that are in vaccines, but also environmental toxins that we're taking in. Right. And and we see that babies are very toxic nowadays.

[01:44:30] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Yes. Well, uh, let's see, basically, we could start with adults and let's consider two examples. Uh, for patients that are prescribed warfarin as a blood thinner or anticoagulant. The FDA recommends considering genetic testing to account for individual differences in how the drug is metabolized. And it turns out they test a cytochrome, which I call CYP 450 enzyme. Now there's a whole family of these. There's 57 different families of these genes, and they all tackle different substrates or different substances. Now the CYP cytochrome P450 enzyme, labeled two C9 is the enzyme that plays a primary role in metabolizing warfarin, and certain genetic variants can reduce that enzyme's ability in individuals to cause, uh, a breakdown of the warfarin. Some individuals, the breakdown can be slow. In some it could be very fast. If it's slow, it results in the accumulation of the drug in the bloodstream. And this can, Raise the risk of excessive bleeding and in extreme cases lead to fatal outcomes. If standard doses are used without adjustment for slow metabolism. So that's a case where this testing is already done in adults. There's one more example. I'll be quick. Suppose an individual has a mental health condition involving serotonin imbalance such as depression, anxiety, panic disorder, or post-traumatic stress syndrome PTSD. If they are prescribed a selective serotonin reuptake inhibitor, an SSRI, and CYP2 D6, another cytochrome P450 enzyme, reveals they're a poor metabolize. The drug will stay in their bloodstream longer than intended. This will lead to elevated drug levels and increase the risk of psychiatric side effects, including suicidal ideation. So pharmacogenetics testing is increasingly used to guide safer, more effective drug prescribing, just as it helps tailor adult, uh, drug dosing. It could also identify genetic variations in the key enzymes in infants and children. And these enzymes play a critical role in metabolizing and detoxifying vaccine excipients, including aluminum salts, polysorbate 80, and certain preservatives. So pharmacology genetic testing could help identify infants with genetically reduced enzyme activity, allowing clinicians to Individualize the timing and selection of early life vaccines, and this personalized approach may reduce the risk of incipient accumulation and adverse effects during vulnerable periods of immune and neurological development.

[01:48:11] Del Bigtree, Host, The Highwire

It's amazing, and you point out such a great point in that. So what you're saying is we already know these enzymes, enzymes are important. So much to the fact that we are doing this testing to protect adults that are about to take a drug that we know that has to have a certain breakdown level, or the drug could become toxic and even dangerous in the form of SSRIs, could lead to suicidal ideations. Yet we don't give our brand new babies that we know their bodies are not really fully developed. These enzymes, we know that they're just starting to develop them. We are not doing this type of testing, which we have. We respect adults when they have to take products, but we're not doing this for vaccines, so that seems like a no brainer to me. How did you focus your study in then on, you know, SIDs, specifically how many kids you know, did you know, did you look at like, what was the process of the study that you were looking at?

[01:49:09] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Well, at first we it wasn't only SIDs. This is is extensive for virtually any adverse.

[01:49:18] Del Bigtree, Host, The Highwire

Autism could be affected by this to autism and other neurological disorders.

[01:49:24] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Yes. And I can explain why before modern medicine, infants were exposed to natural toxins and contaminants like you mentioned in the environment, uh, mainly also through breast milk. And without vaccines, infants had no need to metabolize synthetic excipients or aluminum based adjuvants. The SIP 450 enzymes are mainly located in the liver in those cells called hepatocytes, and they're responsible for metabolizing and detoxifying. Get this 70 to 80% of drugs and also some vaccine excipients. And these enzymes are underdeveloped at birth. And they mature over the first 2 or 3 years of life. And so that's why that's a nice graphic that we have. It shows that it takes a significant period for these enzymes to really kick in and have the developmental maturity to do the job of detoxifying. So we could take, for instance, hepatitis B given on the first day of life.

[01:50:44] Del Bigtree, Host, The Highwire

Yeah.

[01:50:45] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Those enzymes.

[01:50:46] Del Bigtree, Host, The Highwire

Bring that up. But when you're saying this, I want to be looking at this graph. Folks, look at this. That is where you're at 5% development of this enzyme to break it down. A hepatitis B vaccine is coming in. We've talked about the fact that the aluminum load is, you know, ten times what the oral dose was ever approved. It's massive. There's also aluminum in the vitamin K shot. They're getting on that very first day. So you're just pounding that that little fetus that doesn't have the enzymes to break all this stuff down. And that's just the beginning of this journey to, as Aaron Siri just said, 26 to 29 vaccines. By the time you're at 12 months, many of those coming at at three months and six months. I mean, it just it's kind of mind boggling. I think, Doctor Goldman, because back when you were a child and probably maybe, you know, early on in med school, it used to be we knew don't vaccinate a child until they're like two years old. Their bodies aren't able to handle it yet. We're just plowing these kids 26,30 vaccines within the first year of life.

[01:51:52] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Yes. And, uh, we have a related, uh, study dealing with number of infant vaccines. And the increase, as those increase, infant mortality increased among developed nations. And we in the analysis there, uh, eliminating that early neonatal vaccination saved one death per thousand births. Just eliminating that alone.

[01:52:25] Del Bigtree, Host, The Highwire

Wow.

[01:52:25] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

So, uh, a lot of these studies are are interrelated. And even today, uh, there, as you said, there's over 20 vaccines scheduled in the first year of life, each carrying adjuvants, stabilizers, Preservatives multiple trait, and these multiple trace doses can add up, reaching unsafe levels. And you're right about, uh, the MIT study, uh, that, uh, from the FDA has a value that's likely eight times higher for aluminum safety than it should be, according to other, uh, federal agencies.

[01:53:10] Del Bigtree, Host, The Highwire

Yeah.

[01:53:11] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

So this really calls for greater attention to individualized risk, and particularly in infants with known vulnerability. Now there's a genetic difference. We I think we have a graphic on that that leads to, uh, variations in liver enzymes. There it is by ethnicity. And if you notice whether a child is a poor or a rapid metabolize can vary by ethnicity. A small percentage of infants in all ethnicities are poor metabolisms shown in that red bar that most of them are are average in the green, and some are rapid. If you have a rapid metabolism and vaccinate them, the reaction may occur. The the immune activation may occur so quickly the child may need another immunization to kick in with protection. So it ranges from poor or even no metabolizing to ultra rapid, which could also lead to difficulties. Uh.

[01:54:27] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Let's see. Uh, sometimes people, uh, wonder that, uh, with these metabolic differences, Is it still routine medical practice to vaccinate all infants, including those who are preterm, using the same vaccine schedule. And this approach fails to account for the differences we just saw in developmental maturity by age and interpersonal genetic variability. Now, even more concerning immune activation itself, which occurs when you receive a vaccine, uh, creates a vicious feedback loop with these cytochrome P450 enzymes. Uh, it makes these enzymes less capable to, uh, detoxify the vaccine excipients. And it amplifies the systemic toxicity so that immune activation alone, uh, causes the Cytochrome P450 enzymes to work less efficiently. The cytochrome, such as interleukins, interferons, and tumor necrosis factor. They are small signaling proteins that coordinate the immune response. They act like a text message between immune cells, directing them when and where to respond. Some cytokines create inflammation to fight off the invaders. Others cool it down once the threat is gone. But when working properly, cytokines keep the immune system balanced. But what happens is, in infants with immature CYP 450 enzymes, this balance can easily tip their bodies may lack any efficient shut off switch for cytokine activity. A prolonged cytokine activity and response can lead to chronic inflammation, tissue damage, and increased risk for seizures, autoimmune reactions, and neurological neurodevelopmental disorders, including the possibility of SIDs. So a short burst of cytokines is helpful, but when the signal keeps going too long, it causes more harm than good. And I prepared a special illustration for the audience with it's called the infant yes. Versus the adult coloring.

[01:57:08] Del Bigtree, Host, The Highwire

Okay.

[01:57:09] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

And imagine an infant liver as small as a fragile cup. It's still developing with only a narrow drain at the bottom. Each vaccine dose, while intended to protect, can add a few drops of excipients, like the aluminum or polysorbate 80. In adults, the liver's rivers drainage system driven by. Fully matured SIP for 50 enzymes clears these enzyme classes excipients efficiently. But in infants, this system is immature. The drain is slow. What enters the cup lingers longer, placing extra stress on the body's delicate balance. One dose may not overflow the cup, but multiple doses before the drain matures can lead to a quiet overflow. Subtle and unseen, the result potential disruptions in immune signaling, hormone regulation, or brain development. So we may not notice the spill. No rash, no fever, no seizure. But something has shifted. And as these shifts accumulate across generation, We risk accepting a new normal. Forgetting what true resilience in an unburdened infant once looked like.

[01:58:42] Del Bigtree, Host, The Highwire

That's so brilliantly laid out and easy to understand. We have this tiny little cup. The enzymes in it are just developing. They can't break this stuff down the way an adult can. They can't get it out of the body. And so it's just overflowing, which really fits with a lot of the science I've looked at in the study of autism that I got deep into in 2016. So many parents saying my child just didn't methylation as fast as others, they couldn't detoxify quick enough. So that overload. And we don't know what toxic level the baby is being born at already. We know there's 260 drugs and chemicals in the umbilical cord of most mothers, so our babies are being born toxic to begin with, and then we just start injecting them with these crazy toxins. Aluminum Polysorbate 80. Formaldehyde. You name it. And? And I just sit here thinking, you know, Doctor Goldman, that first year of life should have just been a baby drinking breast milk. That is all that baby should have been experiencing. That's all it experienced for hundreds, if not thousands of years. And now we are just a floating this liver. That was never. I mean, whether you believe in God or evolution was never designed to handle this toxic load that our medical establishment is pouring into these bodies, saying it's going to make them healthier. My question for you is, I know it's insane, but you used to work for the CDC. Did you used to believe this vaccine program made sense? I mean, you know, what was your transition in looking at this?

[02:00:21] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Well, you know, I bought into the the whole, uh, vaccine program. My children were vaccinated. In fact, I considered getting employed in a CDC funded project to be like the gold standard in my career. So it wasn't until eight years of experience that my persuasion and thinking started to change.

[02:00:50] Del Bigtree, Host, The Highwire

What was that experience specifically? What was it that triggered it for you?

[02:00:55] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Well, that that could be a whole story in itself. But I'll go into a little of it. Um, basically, during my eight years with the project, I authored or coauthored some 11 or so studies that highlighted positive aspects of the varicella or chickenpox vaccination program.

[02:01:20] Del Bigtree, Host, The Highwire

Okay.

[02:01:20] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

And these studies were quickly approved by the CDC and the, the, um, varicella, uh, active surveillance project principles. And usually they were. Yes. You wanted to say something?

[02:01:38] Del Bigtree, Host, The Highwire

No, no. Go ahead. So so you were you were getting a quick response. You were doing studies showing, you know, the benefits of the vaccine. And those were getting published right away. So all good.

[02:01:48] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Right. And so the CDC was thrilled to see a decreasing trend of 80%, uh, in reported chickenpox cases. I think I sent a graphic of that, uh, number of cases, uh, by month for 1995 through 1999. The program's a success,

[02:02:10] Del Bigtree, Host, The Highwire

Right.

[02:02:11] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

But when you get into the details, there's a naturally occurring cycle of chickenpox, a 3 to 5 year cycle. So we were in the peak of the cycle and it was decreasing naturally anyway. So when you look at that, uh, chart, the first three years are decreasing. But that can't be due to the varicella program because it's not even widespread yet. It's due to a natural occurring cycle. That's the way chickenpox works. It has this multiple year cycle. So but the CDC wanted to publish a paper on it and, and did uh, praising its, uh, continued use. And uh, so here's what happened. Um. What, uh, we started in 1999 where the chickenpox no longer showed seasonality to get calls from school nurses who were starting to report cases of shingles in their school age children, and in their whole career they hadn't seen this many occur. So what we did was, um, I made a petition or a justification to start the surveillance of shingles in the next five year cycle, starting in year 2000. Now, here's where the problem begins. Why wasn't shingles started initially with the the project? By not surveilling or doing surveillance.

[02:04:00] Del Bigtree, Host, The Highwire

For people. Let me just interrupt just really quickly. The shingles is the same herpes zoster virus, right. It's a reoccurrence usually comes in adults because it's been dormant, but it comes from the same base virus. Just want to make that clear that shingles is usually something that happens in in elderly, uh, rarely in adults when they're immune compromised. But you start seeing the kids. I just want to make that clear. Okay. Go ahead.

[02:04:26] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Yes. So, uh, basically, let's see. We, um.

[02:04:34] Del Bigtree, Host, The Highwire

You said that you thought that we you said that we should be tracking, uh, the varicella vaccine at the same time. We're tracking shingles.

[02:04:42] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Yes. So the FDA even suggested that there might be an increase in shingles. And yet we started this project and totally ignored the pressing problem. Or the pressing question, would shingles increase because just a 20 to 25% increase in adult shingles would in adults, in those adults, would actually offset every benefit. If every case of chickenpox or hospitalization or death were removed, It would.

[02:05:20] Del Bigtree, Host, The Highwire

wow.

[02:05:21] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

If incidents increased and we were not able to answer that question with the beginning of the project. Why is that? That should show something is very amiss here.

[02:05:38] Del Bigtree, Host, The Highwire

And then did you end up did you end up tracking the shingles? What did we learn about shingles?

[02:05:43] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

We started. We started collecting shingles cases in 2000. By the end of the year, the incidence rate of shingles in children who were not vaccinated, who had a previous history of natural disease, was approaching the same high rate in adults. This chart actually shows 446 was the ascertainment per 100,000. That is, cases of shingles in children. That's the same. That was in adults because they lost the exogenous boosting that occurred from circulation of the wild type natural disease.

[02:06:28] Del Bigtree, Host, The Highwire

So you're saying let me make that. Let me understand that. So kids that had caught chickenpox, we didn't realize they're being boosted by being around their siblings or other students that were getting chickenpox. Once you started vaccinating, that there wasn't a contact with the kids that had had chickenpox. They weren't being boosted by being around those that were infected, and therefore they start exhibiting shingles, which is this sort of disease that comes when you do not get the boost from being around chickenpox. Is that is that the basic gist of it?

[02:07:05] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Yes. Nicely said. It's a reactivation of the same herpes zoster virus that initially enters the body with a primary chickenpox infection.

[02:07:18] Del Bigtree, Host, The Highwire

Right.

[02:07:19] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

And so, uh, basically, even among adults 2000 to 2001, it showed a statistically significant increase. So these were, uh, preliminary deleterious adverse findings that the CDC desired to seemingly ignore or suppress. Now, what the CDC did was they conducted a separate study of shingles incidents in a community where varicella vaccine was not even widespread. And guess what? They found no impact. So this study was severely criticized and was used by the CDC to indicate there were mixed results on the issue of increasing, uh, shingles and their rates. So now they had a study that showed no effect of universal varicella vaccination program on the closely related shingles. Epidemiology. When the CDC did publicize or report shingles incidence rates, they were not ascertainment corrected. They were unadjusted so that they merely reflected the incidence of reporting to the Vasp, the varicella active surveillance project. But I used capture recapture statistical methods. And I was able to determine the number of chicken pox and shingle cases the project had missed. So this provided an ascertainment corrected or true number of cases in the population. And it turns out that CDC's reported incidence rates reflected only half the true rates in the population. Now these incidence rates based on 50% case ascertainment were published and quoted by other researchers. The shingles rates in the Vasp appeared much lower than other historical studies, but they were only half the true rates, so this contributed to a repetition of misleading shingles incidence rates when presented to the CDC or quoted by other authors. Interestingly, Doctor Julie Gerberding, who served as director of the CDC from 2002 until her resignation in 2009. Uh. Well, then she became the president of Merck's vaccine division, which is the manufacturer of the varicella vaccine. So it's easy to kind of put two and two together there.

[02:10:11] Del Bigtree, Host, The Highwire

How well were you received at the CDC when you started collecting their numbers and putting out the real shingles data? And by the way, there are countries. My understanding is the UK doesn't mandate the chicken pox vaccine because they know it increases shingles in the adult population. For all those reasons, they saw that the risk benefit wasn't worth it, just as you pointed out. So you're not alone. Other countries have opted out of the childhood chicken pox vaccine for exactly this reason. But when you pointed out what other nations now know to be true, how did the CDC respond?

[02:10:44] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Well, again, the the that the Vasp, which is varicella active surveillance project, which provided annual reports to the CDC, uh, they in some cases published and presented the scientific papers that I produced word for word, uh, everything produced from the Vasp went through me as the sole research analyst. I even received a certificate from the CDC for the achievement and dedication to the project. But, um, they. After 2000, the CDC and principal investigators of the Vasp were persistent in their seeming suppression of my data and analyzes pertaining to shingles. And this persistent obstruction to restrict my research resulted in my resignation. After eight years with the project. And I stated in my resignation, I'll quote it "when research data concerning a vaccine used in human populations is being suppressed and or misrepresented. This is very disturbing and goes against all scientific norms and compromises professional ethics." And I had to discuss my findings with Doctor Philip Krauss. Back then, the head research scientist of the FDA and he supported publication of this preliminary data and results.

[02:12:27] Del Bigtree, Host, The Highwire

Wow. So you've been at this for some time. Doctor Goldman, and obviously, when you start watching the CDC, cooking the books as as how I would describe what we're talking about, that must be very disheartening. So as we sit here now, more and more got Covid vaccines coming on. We just had the Advisory Committee on Immunization Practices meeting over the last two days. We've been discussing that throughout our show. But the vaccine program is at an all time. You know, I mean, the amount of vaccines are given at an all time high confidence in the vaccine program is in an all time low. But as we look at, you know, many of the conversations that are being had, Robert Kennedy Jr has run to be HHS secretary, kept saying, this is the sickest generation of children we've seen. We've seen this dramatic rise in autoimmune and neurological disorders from roughly 12% in the 1980s to now. You know, between 50 and 60% of our children are chronically ill. He's saying he's going to start doing comparative studies in your heart, having worked at the CDC, the work that you're doing. Do you believe if it's all put on the table and all should be, we're not choosing sides. Do you think vaccines are going to stand out as having been a contributing factor to this decline in our children's health over the years? To now, more than 1 in 2 is permanently and chronically sick.

[02:13:55] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Well, I'm not prepared to make such a global statement, but the vaccines do need their timing. Uh, the number. Uh, what is in the current immunization schedule does need to be adjusted. And I'd like to share with you one more bold move that I made personally. Okay. After I resigned, I went ahead and published the shingles studies that I had previously submitted to the CDC and that Vasp for their review and approval, but they never responded. Uh, three of my papers were published together in a well-known European journal called vaccine. But prior to their publication, I notified the CDC and Vasp of my intentions to publish to determine if they wanted recognition as authors. Since the data was collected from this CDC sponsored Vasp project, the response I received was a notice from the Los Angeles County Legal Department to cease and desist publication in a medical journal. So I called the attorney to get more explanation. I asked why this demand to cease and desist? He said the principal investigator does not agree with your findings. I said, well, it's not uncommon for researchers to disagree on findings. Why don't we leave the discussion up to the editors of the journal to decide if the studies are sufficiently robust to publish? And he said, you don't understand, Goldman. They do not want it to be published. So the conversation ended, and my attorney argued that the data were available to anyone through the Freedom of Information Act. And he threatened to follow up with \$1 million counter lawsuit based on federal and state false claims acts. And so the cease and desist demand was dropped and all my studies were peer reviewed and accepted for publication.

[02:16:08] Del Bigtree, Host, The Highwire

Wow. I think you're my new personal hero. Doctor Goldman, I want to thank you for all the work that you've been doing over the years. I want to thank you for this incredible research that makes so much sense. You're really putting together a couple of, I think, missing dots in this conversation. We need to start looking at the enzymes that are inside the liver of our babies. Are they are there enough there? Are they differing between different babies? That would explain why some kids are having severe reactions and others aren't. Some of these kids just cannot handle the toxic load that's happening. We're testing adults for this very issue. You're making the point. We should be testing our babies and children before we start vaccinating them. So we're going to continue to watch your work. Do you have any social media or is there a best way to look out for the work that you're doing right now?

[02:16:59] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Well, yes. I'm looking for a, uh, farmaco geneticist, uh, that specializes in these, uh, cytochrome P450 enzymes.

[02:17:10] Del Bigtree, Host, The Highwire

Okay.

[02:17:11] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Possibly, uh, a coroner who has access to, uh, recent infant deaths so that because a lot of times they don't do the, uh, brain, uh, uh, testing and metabolic testing that would show it's not SIDs, it is a vaccine related death. And also, we wonder why are males affected more than females in autism? Again, that goes back to this, uh, immature enzymes, the testosterone that's involved, it puts a much higher load on these enzymes. And so, uh, just briefly, that's why males seem to be more affected. So, you know, the goal is to first do no harm. And so pursuing personalized vaccination strategies using routine pharmacogenetics at birth, enzyme profiling or at least delayed scheduling that could be the next frontier in safer precision public health.

[02:18:26] Del Bigtree, Host, The Highwire

Doctor Goldman, thank you for taking the time today with so much clarity. You've explained an issue. We're going to do everything we can to find you some technicians that can maybe help with this coroner. We have a huge audience out there. A lot of them are scientists. We'll let you know who reaches out. And I appreciate you coming on the show. We've wanted to do this for a very long time. Obviously, everything happens at the right time for the right reason. Thank you for joining us today.

[02:18:53] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

Thank you.

[02:18:53] Del Bigtree, Host, The Highwire

Alright. You take care.

[02:18:56] Gary Goldman, PHD, Former Research Analyst for CDC Epidemiological Research Project

You too.

[02:18:57] Del Bigtree, Host, The Highwire

Wow.

[02:18:58] Del Bigtree, Host, The Highwire

Um. I mean, look at what he's saying. You have these enzymes that are we. Now, we know for a fact are just starting to develop in an infant. We're slamming them with the hepatitis B vaccine. Vitamin K shot. God knows what. 2 or 3 months later. And then the activation of the immune system, the immune system kicking in, shuts down the enzymes that are already depleted because they're underdeveloped. So that could be an issue. I mean, uh, what we. I mean, I just want you to recognize what just happened here. We may very well have just heard the mechanism by which so much of this harm is happening from vaccines. Is it really liver and enzymes? Could we test for it? Could we see who's strong, who's not? Uh, it's all happening right here in the Highwire. But in Washington, D.C., it was happening at the Advisory Committee on Immunization Practices. One of the sections when people say, well, what's really happening here? I'm not happy with the results that came out of there, but I am happy with the discussions that are happening. I was also happy to hear that there's some new groups. They have these, you know, these groups that get together and study, you know, certain issues at ACIP. Martin Kulldorff talked about those groups and a couple of new ones that I think are important because it's things we've been talking about. Take a look at this.

[02:20:13] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Work groups play a very important role in the work of the ACIP, selected from around the country. Work group members are experts on the vaccines, diseases and safety issues under consideration. They investigate issues in detail and forward recommendations to the ACIP work groups must must be shared by an ACIP member, so new shares are currently being appointed to the existing workgroups. There are currently 11 important work groups looking at vaccines for chikungunya. Covid 19. Cytomegalovirus. Human papillomavirus. Influenza. Meningococcal disease and pox. Pneumococcal disease and RSV. Some new work groups will also be established. The number of vaccines that our children and adolescents receive today exceed, what children in most other developed nations receive, and what most of us in this room receive when we are children. In addition to studying and evaluating individual vaccines, it is important to evaluate the cumulative effect of the recommended vaccine schedule. This includes interaction effects between different vaccines. The total number of vaccines, cumulative amounts of vaccine ingredients, and the relative timing of different vaccines. We will also be convening a new work group to look at vaccines that have not been subject to review in more than seven years. This was supposed to be a regular practice of the ACIP, but it has not been done in a thorough and systematic way. We will change that. We are learning more about vaccines over time and to stay true to evidence based medicine. We have a duty and responsibility to keep up to date with scientific research, to make sure that ACIP recommendations are optimal for both individuals and public health.

[02:22:15] Martin Kulldorff, PHD, Chair, Advisory Committee on Immunization Practices (ACIP)

Among other topics, this new vaccine group may look at the universally recommended hepatitis B vaccine at the day of birth. Is it wise to administer a birth dose of hepatitis B vaccine to every newborn before leaving the hospital? That's the question. Unless the mother is hepatitis B positive, an argument could be made to delay the vaccine for this infection, which is primarily spread by sexual activity and intravenous drug use. Vaccines are important for combating measles. For the first dose at age 12 to 15 months. A previous ACIP meeting recommended two alternative options equally with either separate MMR and varicella vaccines in two different needles um, or the combined MMR vaccine in one needle, even though the latter cause and excess number of febrile seizures. Aware of this, most pediatricians administer separate MMR and varicella vaccines, and CDC has also expressed a preference for that to minimize vaccine adverse reactions. The ACP may follow the lead of pediatricians and reevaluate this earlier recommendation concerning MMR v for one year old children. This working group may also look at new research concerning the optimal timing of the MMR vaccine to resolve religious objections that some parents have considering the MMR vaccine being used here in the United States. He could also look at other MMR vaccines, such as the one used in Japan.

[02:23:53] Del Bigtree, Host, The Highwire

Well, I wanted you to hear that because I think what you you are hearing a, you know, a change, right? Things are changing. It's sort of like a new coach has come in to a very bad basketball team and is trying to turn the game around, trying to get the team to move differently. Are you going to come right out of the gate and start winning games? Probably not. We certainly didn't win some games this week, but we did see a better practice structure. We did start seeing things that could be leading to better results in the future. So let's celebrate what we can. And I think the fact that these focus groups are being developed are very important. This is what we have been fighting for at ICAN The HighWire since we began. Number one, can we look at this stupid hepatitis B vaccine that's being given on day one of life? As I pointed out so many times, huge aluminum load for a sexually transmitted disease your child is not going to come in contact with to they're sleeping with prostitutes or sharing heroin needles. Finally, there's going to be a group looking at that. We're going to track that. But I mean, it's at least being said to the public as being said, you know, inside the halls of the CDC, very important. They're going to look at the overall cumulative effect of the entire vaccine program by stating that alone, they're admitting we've never done it before. Shocking, right? Shocking that they've never looked at. Are you healthier when you get all 72 vaccines compared to those that maybe got some or none or timing and spreading it out? He talked about the cumulative effects, the reaction between vaccines we're going to start looking at.

[02:25:28] Del Bigtree, Host, The Highwire

Wow. No duh. Finally we're going to start seeing these focus groups looking at these things. We'll see who's in those focus groups. Does it make a difference. But at least the conversation is happening. And then conversations about the MMR vaccine, huge religious issues there. There's aborted fetal cell lines, DNA of aborted babies inside of that vaccine. Is it possible that people that want to vaccinate would do it if they could get a different vaccine, or spreading them out, or breaking up the MMR? All conversations that we would like to have. I want to point out that as we look at this, as we look at ACIP, don't forget the entire purpose of this group is to approve vaccines. They believe in vaccines. So if you are, you know, home birthing, as my wife and I did with our children, and you're saying we're not going anywhere near those. This ACIP meeting is never going to be a television show you're going to enjoy, because it has one purpose to get more vaccines in the world, and hopefully they'll be safer than they've been before. But I'm going to point out that if we are expecting our regulatory agencies and the government of the United States to make your health decisions for you, you're I got news for you. They're not going to be making good health decisions. They're going to be making these broad, sweeping discussions that even a father on the panel will say, hey, if as a parent, I knew how bad the trials were on this vaccine, I wouldn't want to give it to my kids.

[02:26:55] Del Bigtree, Host, The Highwire

But as soon as we vote yes, no parent is going to know that there were problems in those trials. That's what we're here for. I'm not going to tell you whether you should vaccinate or not. I've been really open that I have a bias. I have not given my children a single one of these vaccines. I myself was never vaccinated. Somehow I have survived. Somehow, when all you do is give a baby breast milk for the first year or two of their lives and keep them inside the home and around their family instead of injecting them with chemicals and aluminum and formaldehyde and polysorbate 80 and thimerosal, which will finally be removed, and and proteins and foreign proteins and hamster kidneys and monkey kidneys and aborted fetal cell lines, you know, shockingly. You know, for those that are going through that process, I think there's a reason why your kids are so damn sick. But that's just me. It's a hypothesis. I have a hypothesis that getting so outside of nature, that attacking the liver of a child whose enzymes can't even break this stuff down with sexually transmitted diseases, that will never be a problem for them. Maybe you're causing a problem. So finally, the conversations are happening. Thank God. But I would be remiss right now if I walked away with this show or from this show today without dealing with the one conversation that is driving you all crazy. What about wearables?

[02:28:22] Troy Balderson, (R) U.S. Representative for Ohio

There is a tremendous amount of research that shows that greater engagement with one's health leads to better outcomes. In recent years, American innovators have created and improved wearable devices so that not only are consumers able to better engage with their health through monitoring data, but they are able to share that data with providers. I believe American consumers, in line with the 21st Century Cures Act, should be able to access these innovative wellness tools. Secretary. Secretary Kennedy. Do you agree that consumers should continue to have access to these tools?

[02:28:58] Robert F. Kennedy, Jr., Secretary of HHS, Former Presidential Candidate, Environmental Attorney

Absolutely. And in fact, we're about to launch one of the biggest advertising campaigns in HHS history to encourage Americans to use wearables. It's a way of people can take control of their own health. They can take responsibility. They can see, as you know, what food is doing to their glucose levels, their heart rates, and a number of other metrics as they eat it. And they can begin to make good judgments about their diet, about their physical activity, about the way that they live their lives. We think that wearables are a key to the Maha agenda. Making America healthy again. And we are going to my. My vision is that every American is wearing a wearable within four years.

[02:29:48] Del Bigtree, Host, The Highwire

I'll tell you, this is why I would never want that job. Um, look, I don't wear wearables. I still I'm still concerned about my cell phone. I think that cell phone sitting in my back pocket is monitoring far more than I want the world to know about. But I'll tell you this. I haven't met a biohacker that's not wearing one. I mean, everybody sort of in the elite world of longevity and living forever has got some form of an aura ring or an Apple Watch or a Fitbit. So many people out there are using these things, and I think that it's crazy to have your own health information just being thrown up onto the cloud. I think that that's very dangerous, especially when you have, you know, Yuval Noah Harari from the WEF and videos we've played over and over again. The show has gone way too long for me to to play it right now, but he basically says that we are so obsessed now. We're not just tracking where you are or what you're doing. We want to track under your skin. They want to know what your vitals are. They can't wait to see the next time that there's a debate going on, to see what's happening inside of your vital organs. Is your blood going up when you know Donald Trump speaks for Hillary Clinton? They would love to judge what's happening with you. I mean, I'm sure in countries like North Korea, they'd love to just Minority Report and come in and arrest you because they know what you're thinking based on the wearable that's pumping up into the stratosphere for everyone to look at.

[02:31:10] Del Bigtree, Host, The Highwire

So no, I don't think it's a good idea. I think wearables are kind of scary, but they also have massive health benefits for people that are using them that are really tracking their blood sugars and things like this. And I want to say this because I've been in some of the rooms that the conversations that I heard with, you know, Doctor Oz and Robert Kennedy Jr and things that were all happening, you know, as the election was going on. This was something that they really cared about. And both these guys, I will tell you, the thinking that I heard right in front of me was simply what they don't like is that all of these people that are, you know, near the poverty line or are really struggling, some of them maybe in Snap programs that they have no access to all the tools at all the rich little biohackers get to use to look at their health and monitor their blood sugar. And they thought, if we're going to really do things, why don't we make these things available to those people that are underserved? Shouldn't everybody have the same ability to say, hey, when I eat a box of Fruit Loops, my blood sugar spikes, and I actually start to research and look into it and maybe I can make a difference.

[02:32:16] Del Bigtree, Host, The Highwire

This is a tool, these these glucose monitors that so many workout people are saying you should use it. I can tell you. Robert Kennedy Jr. Is not thinking this is how we're going to control the world. He's thinking this is how I can get a poor kid that is struggling with his health trying or her health trying to get through school. Trying to focus but are really not feeling good. This is a way that maybe they could engage. Maybe their parents can start to understand this issue that so many of us understand. What they're seeing is when he says, everybody, I'm telling you, I know this guy. He's just saying everybody should have access to the tools that the elitists have. That's how he's wired. It's how his father was wired. Could it go on to be used against us and track us and put us in all sorts of systems? And is it exactly where the WEF wants to see us go? Probably, probably. So all I'm discussing right now is the motivation. I, you know, I've been in the room in this conversation happened. They're really trying to figure out ways to stop the chronic disease epidemic, to stop the obesity and the type two diabetes that is just skyrocketing all through this country. We are we have the the worst issue of diabetes in the entire world, the worst issue of obesity. And if there was a tool, I mean, people, I would tell you right now, I know people in our movement that are pounding on Bobby's door every single day.

[02:33:43] Del Bigtree, Host, The Highwire

Will you start recommending Ozempic? Do you realize what a lifesaver this would be for all the people that are obese, that have no other way to go? At least get them down to a body weight where they can feel good about themselves and maybe start working out. He's listening to that every day. I'm not sure. Right now he's saying, no way. But when you are looking at trying to, you know, curb the chronic disease epidemic and I'm making no apologies here, I'm just saying to you, put yourself in their shoes. If you only had two years to show, we can reverse this. You might say, I'll use a monitor. I'll use whatever some of you would probably say. Let's get into some peptides. Whatever it takes, man. We are sick and we are dying and we are screwed. That's where we're at. So yes, be clear if you don't wear a Fitbit or don't want to, then don't. But boy, if you're wearing one right now and you're ever if you ever wear this person, you've got an aura ring that you wear sometimes, or a Fitbit or an Apple Watch, or if any of you catch your friends screaming about Robert Kennedy Jr and they're wearing one of those things. You may want to check in with them and say, hey, what's going on there? Because a lot of people are wearing this stuff.

[02:34:53] Del Bigtree, Host, The Highwire

It may be the future for those that want to choose it, and for those that want the choice, even if they don't have a lot of money but want to do something about their health, shouldn't the government make that a choice that should be available to them too? I don't know. These are the issues that happen when you're a leader, when you're stuck in a position where you actually have to try and do what's right for the world. There's always someone that's going to see a negative side to it, just like I see a negative side to a lot of this ACIP conversation that happened this week. I still think there are a bunch of vaccine promoters. I think that everything they think they can cure. They're at a war with nature. Rsv has killed what? How many? I don't know, never even really heard of it until I've heard that polio vaccine might be part of the cause of RSV. I don't know. But as I said before, we lived until today. Just fine. Just like our parents live with ten vaccines. Just fine. They were fully vaccinated. Now you need 72. England isn't giving a chicken pox vaccine. Other nations, as Martin have said, have a full vaccine program that's like 20 or 30 or 40 vaccines less than we are getting. So what is the right amount? Should we be vaccinated for every damn thing you can? Or maybe we should say, hey, how many people does this thing kill? How much assault do we want on the livers of our children? Where are their enzymes at? Can we do some testing? Can we test the entire group of vaccines? You know, they'll be given all at the same time.

[02:36:22] Del Bigtree, Host, The Highwire

Is it okay to give them the same time? Can we start being logical? I think that that's starting to happen. But let me say to you, you should have the right to just opt out. Period. Period. That's what I'm going to fight for. Tooth and nail. In West Virginia, in Connecticut, in New York, in California. And any state that tries to take away your right to say, I don't trust that group of scientists that just looked at deaths in a trial and said, we're going to accept those deaths for an issue that really never kills healthy children. You deserve the right to choose. You have to be informed to be able to make those decisions. And I don't think there's a better show in the world that's informing you right now. We need you to share this everywhere you can, and we need your help to keep doing this show at the highest level that we can. We're never going to stop investigating. We're never going to stop telling you what we see and how we see it. This is the Highwire. Broadcasting live every Thursday. I'll see you next Thursday on the Highwire.

END OF TRANSCRIPT

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