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23 SPEAKERS

Del Bigtree

Jenn Sherry Parry, Executive Producer

Yuval Noah Harari, Professor, Department of History, The Hebrew University of Jerusalem

Alex Antic, Senator of Australia

Dr. Anna Peatt, First Assistant Secretary, National Immunization Division, Australian Health Dept. of Health, Disability and Aging

Doctor Nitenberg

Dr. Anthony Lawler, Deputy Secretary Health Production Regulation Group, Australian Health Dept. of Health, Disability and Aging

Male Speaker

Paul Offit, MD, Co-Inventor of the Rotavirus Vaccine, RotaTeq

Male News Correspondent

Jeffery Jaxen, Investigative Journalist, The Jaxen Report

Anthony Fauci, Former Director, National Institute of Allergy & Infectious Diseases, NIH

Female News Correspondent

Robin Philip, injured by Birth Control Injection

Dr. Colleen Denny, NYU Langone Obstetrician-Gynecologist

Bret Weinstein, PHD, Evolutionary Biologist

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

Aaron Siri, ESQ. Lead Counsel, ICAN Legal Team

Marcus J. Zervos, MD, Co-Director Center for Emerging and Infectious Diseases, Henry Ford Health

Ron Johnson, (R) United States Senator from Wisconsin

Sylvia Fogel, MD, Voluntary Clinical Instructor, Part-Time, Harvard Medical School

Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Sherif Z. Zaafran, M.D. President of the Texas Medical Board

START OF TRANSCRIPT

[00:00:05] Del Bigtree

Have you noticed that this show doesn't have any commercials? I'm not selling you diapers or vitamins or smoothies or gasoline. That's because I don't want any corporate sponsors telling me what I can investigate or what I can say. Instead, you are our sponsors. This is a production by our nonprofit, the Informed Consent Action Network. So if you want more investigations, if you want landmark legal wins, if you want hard hitting news, if you want the truth. Go to ICANdecide.Org and donate now. Alright, everyone, we're ready.

[00:00:45] Jenn Sherry Parry, Executive Producer

Yeah! Let's do this.

[00:00:46] Del Bigtree

Action! Good morning, good afternoon, good evening. Wherever you are out there in the world, it's time to step out onto the Highwire. Man, we've been having a good time watching all the social media blow up around our new film, *An Inconvenient Study*. We're just getting in some of the stats. Those that we can track can't track it all. But 3.2 million views of the film 37,000 downloads, 103,000 views on just YouTube, 22.3 million interactions on the film website. And we don't know what's happening in the watch parties. How many people are watching it all one time? I'm assuming 10 million? 20 million, but it's not enough. We want 100 million. We want a billion. This is a world changing film, which means we need your help to continue to share it with everyone you know. That's how we make change. We are really excited about what it's doing to the conversation around Vaccine safety, especially the placebo study and this inconvenient study. Um, as I was watching online, all this going on, something popped up in my feed and I just I just couldn't let it slide by. So I want to play a video because I think it plays into this. This is from one of my favorite Muppets at the WEF, Yuval Noah Harari. I think he says it all. I think what he says in this clip is really the heart of why we made an inconvenient study. Take a look at this.

[00:02:27] Yuval Noah Harari, Professor, Department of History, The Hebrew University of Jerusalem

In order to collaborate on a large scale, you need to convince everybody to believe in the same story. What's really the engine of history is stories, and they don't even need to be true. Some of the most powerful stories in history were fictions, but you need to get everybody, or at least a significant part of the population, to believe in the same story. Otherwise it doesn't work.

[00:02:51] Yuval Noah Harari, Professor, Department of History, The Hebrew University of Jerusalem

Science is not really. At least this is my view as a historian. Science is not really about truth, it's about power. The real aim of science as a project, as an establishment, is not truth, it's power. A particular individual's particular scientists may be very interested in the truth personally, but as an institution, the real aim of science is power.

[00:03:20] Del Bigtree

Amazing, right? Those are two different clips, one from 2021, from 2015. Uh, you've all just the gift that keeps on giving. But he makes a very important point here because it's what I've discovered as a journalist. I think he's nailing the, you know, the head of the nail. Exactly. Which is this. It's not science. It's just a story. It's a story told to create power. If I'm just sort of bring all of that together, forget about the truth. The truth doesn't actually matter. And I think this is interesting because when you look historically at science, the reason we got into science when we started being fascinated by science was we were tired with religion. We were tired of having faith in a God and a deity we couldn't quite understand. We felt vulnerable. We wanted to know the facts. We want to know the truth. We wanted to get to the heart of what was making everything tick. Only one problem. Eventually, as I've been saying in my talks, as I travel around this country, talking on the subject is we essentially took science and then just turned it into a religion, or even worse, really, a cult that has no. It's exactly what you've always saying.

[00:04:25] Del Bigtree

We just need you to all agree on a story. And many of the great stories of our time going back in history didn't have truth, but there were stories that shaped who we are. In this case, there's the story that vaccines are safe and effective, and there's mountains of science that's been put behind vaccines to make sure that the safest product we have. And of course, we've done placebo based trials. It's crazy to think we would ever put a product out there that wasn't actually safe. This is given to our children, by the way. Our infants. Do you think we would ever do something as outrageous as giving children a product that has never been safety tested? How could you? Dare you? Well, it's all crashing down now. An inconvenient study. Our film is a big part of that. Also, the work we've done at The HighWire. And I think that this recent hearing at a Senate hearing in Australia shows you how far reaching this truth is. People are finally asking the question, what happens when you just ask the most basic question? What you get is the longest, most outrageous, boring, ridiculous story of science you've ever heard. Take a look at this.

[00:05:38] Alex Antic, Senator of Australia

Of those vaccines, how many placebo controlled studies have been done on vaccines on the on the childhood schedule?

[00:05:46] Dr. Anna Peatt, First Assistant Secretary, National Immunization Division, Australian Health Dept. of Health, Disability and Aging

Um, Senator, that'd be a very difficult question to answer. Um, and the TGA might be able to add to that. Who do, uh, do the initial assessment on the safety and efficacy of the vaccines? Sure.

[00:06:00] Alex Antic, Senator of Australia

Thanks very much. I'm just going to ask Doctor Nitenberg. He's one of our senior medical officers to to the table to respond. Senator.

[00:06:07] **Doctor Nitenberg**

Can I please ask you to repeat the question?

[00:06:09] **Alex Antic, Senator of Australia**

Yeah. The question is how many placebo controlled studies have been done on vaccines on the childhood schedule?

[00:06:15] **Doctor Nitenberg**

I can take that question on notice. I don't have it in hand at the moment.

[00:06:19] **Alex Antic, Senator of Australia**

You need to take that on notice. Yes.

[00:06:21] **Dr. Anthony Lawler, Deputy Secretary Health Production Regulation Group, Australian Health Dept. of Health, Disability and Aging**

I would just highlight, if I may, um, Senator, this is a this is a question that's also been asked of other regulators. I think part of the challenge that we have is that, uh, while, um, it is frequently held that placebo controlled or double blinded or randomized controlled trials are the gold standard in science and certainly in the introduction of, uh, new medicines, particularly when there's no established standard of treatment, that that is often the case. There are fairly substantial ethical questions, uh, to be to be answered around introducing a placebo controlled trial when there is a demonstrated effective medication that is used to either prevent or treat treatment. So, for instance, given that we do have demonstrable efficacy of vaccines for many vaccine preventable or vaccine preventable diseases, it would be ethically not only questionable, but probably not arguable that a placebo controlled trial would, would, would be, would be appropriate given that you would actually have to specifically not vaccinate children or expose them to disease that we know has serious morbidity when we also know we have an effective.

[00:07:23] **Alex Antic, Senator of Australia**

These are injections that we're giving to every child, almost every child in the country at the moment. And they're not. And we and we can't say at this stage you have to take on notice how many placebo controlled studies have been done, which is the gold standard.

[00:07:36] **Dr. Anthony Lawler, Deputy Secretary Health Production Regulation Group, Australian Health Dept. of Health, Disability and Aging**

No, I it's not.

[00:07:38] **Alex Antic, Senator of Australia**

The gold standard.

[00:07:38] **Dr. Anthony Lawler, Deputy Secretary Health Production Regulation Group, Australian Health Dept. of Health, Disability and Aging**

So so I yeah, I might, I might um I might just try and explain it in a different way. Senator. The gold standard for science is contextual. And so when there are new treatments to be determined, absolutely there is a preference for a placebo controlled trial. So you can you can compare a control arm with an intervention arm. And that way you're able to remove a number of confounding factors, but also able to demonstrate both the risk and the benefit of that treatment. When there is an established treatment for which there is not only demonstrated efficacy in terms of preventing the vaccine, preventing the disease, and the consequences of the disease, but also decades of real world evidence on the safety and the positive risk benefit analysis. Um, the lack of an ethical basis for a placebo controlled trial where, as I say, there is an accepted and efficacious treatment for a significant disease with significant morbidity that cannot be described as gold standard.

[00:08:37] **Alex Antic, Senator of Australia**

How many are we talking about? Many of these, uh, cover multiple antigens. And I think in 1990, the full schedule was 21 antigens, and now it's about 60. So with that in mind, have what placebo controlled safety studies have been done examining the combination of multiple antigens in these injections.

[00:08:55] **Dr. Anthony Lawler, Deputy Secretary Health Production Regulation Group, Australian Health Dept. of Health, Disability and Aging**

Yes. Thank you for that question as well, Senator. The the growth or the or the evolution in the immunization schedule. And again, it might be something that Doctor Pete might, might like to comment on has been cited as as a challenge.

[00:09:11] Del Bigtree

All of that to say, we've never done a placebo trial. That's it. It's just that easy. See how quickly that comes out? We've never done a placebo trial. Look how hard that guys got to work and passes it off first. Well, can I send it to you? Well, I can't answer that. And to you? I didn't come prepared. Well, let me take a crack at this. Let me spin up the biggest story you've ever heard. Uh, you know, reminds me of, like, of a of a child has got, like, the cake and icing dripping off their face, and their little hands have got the cake. And I see, like, Johnny, did you eat the cake? No, I didn't eat the cake. Well, I would agree that there is a cake there, and it clearly looks like somebody might have taken a bite out of it. I can't imagine who that would be. And I think we have to assess the fact that it's a sweet cake and anyone would want the cake. And blah blah blah blah blah blah, making up excuse after excuse. But this is where we're at now.

[00:10:00] Del Bigtree

We're at a point now where the questions are being asked and they are totally screwed. They're screwed because they don't have the answer anyone wants to hear, nobody wants to hear. There was no placebo. So they're playing this game. And we pointed out in the movie they play this game about, well, we can't have a placebo because we have vaccines that have already been approved, but they were approved without a without a placebo. And so this game keeps going. And I'm telling you, it's scary. It's daunting, and it's why this film is so important. And it's why this study is so important. Since you skipped all the placebo trials, now we are having difficulty. But one of the things that you're all pointing out as you watch the film, there's a couple real highlights. I want to play one of them. This is an excerpt from the film that gets into exactly this, this bait and switch of we can't do a placebo trial because we already have a product available. Yada, yada, yada. This is the whiskey study from our film.

[00:10:55] Male Speaker

Are all vaccine trials placebo controlled?

[00:10:59] Paul Offit, MD, Co-Inventor of the Rotavirus Vaccine, RotaTeq

No. And nor should they be. So for example, when Prevnar 13. So Prevnar was a conjugate pneumococcal vaccine.

[00:11:07] Male News Correspondent

The FDA has approved a new pneumococcal vaccine.

[00:11:11] Paul Offit, MD, Co-Inventor of the Rotavirus Vaccine, RotaTeq

It had to be tested in the phase three trial. And so the the control group there was Prevnar seven and had been shown to work.

[00:11:18] Male News Correspondent

It will replace Prevnar which was effective against seven serotypes.

[00:11:22] Paul Offit, MD, Co-Inventor of the Rotavirus Vaccine, RotaTeq

You can't ask parents to to take to put their children at risk of pneumococcal disease when there existed on the market at the time, a vaccine to prevent that. And the World Health Organization has been very clear on this, that would have been considered unethical. Trial.

[00:11:36] Del Bigtree

Doctor Paul Offit is one of the big proponents of vaccinations, probably because he's made a vaccine and made a killing off of it. The rotavirus vaccines on the childhood schedule.

[00:11:46] Paul Offit, MD, Co-Inventor of the Rotavirus Vaccine, RotaTeq

It doesn't matter whether I financially benefited or not.

[00:11:49] Del Bigtree

He likes to go around and say, well, we can't always do placebo trials, especially if there's already a vaccine that covers that disease. So he'll use an example like Plevnar 13. Plevnar 13, in its safety trial was tested against Plevnar seven, the earlier version of the vaccine. And he'll say you cannot test Plevnar 13 against a saline placebo because it would be unethical. You'd be denying children access to a vaccine that is already on the market, and that's not fair to them. But what he leaves out is that Plevnar seven was never tested against a saline placebo, so we don't know if it's safe. So we're testing one product we don't know the safety profile on with another product we don't know the safety profile on. And this is how the entire vaccine schedule works. I like to call this the whiskey study. Let me explain. Let's say there's a group of people that are complaining that whiskey is making people drunk, and they're crashing their cars, and people are getting killed. Now, in order to test, does whiskey cause car accidents, you would set up a double blind placebo trial. One group, the test group would get the ten shots of whiskey. The other group, the placebo group would get ten shots of water. And then we'd have them both drive on a driving course and see who has more accidents. It's obvious, but in this case, the whiskey company is the one doing the study. And what they say is, oh, we're going to do a placebo based trial, but our placebo based trial is not going to be water.

[00:13:21] Del Bigtree

It'll be vodka. Another product already on the market. And so ten people get the whiskey shots and ten people get the vodka shots. And they had them all drive. And guess what? They had just as many car accidents. Therefore, whiskey does not cause car accidents because it didn't cause any more than the vodka did. And so to take this all the way to the end of Doctor Paul Offit's point, if vodka had ever been tested against ten shots of water and there was no car accidents in the vodka group, then it would make sense to test the whiskey against the vodka. But we all know that study was never done. Just like no vaccine placebo study was ever done. This reminds me of the moment we did the football analysis of the Covid vaccine and how it works. So many of you been writing in saying, oh my God, I finally, totally know how to explain this to somebody and how this game is played. I love that about this film. It's so straightforward, so clear. If you haven't seen it, I hope you will go to Aninconvenientstudy.com and check it out. Share it with everyone you know. We've got it out there for free. This is what we're all about with our nonprofit, everybody that Donates to us. I want to thank you for making this a worldwide sensation and allowing us to really push the envelope. We're reaching Australia. I guarantee these questions are going to be in our own Senate as we go into the midterms.

[00:14:43] Del Bigtree

These are the questions that need to be asked. And anybody that is afraid to go near it or has been hiding or obfuscating your days are numbered. This is over. **This conversation is over. We now know the entire science around this vaccine program is a sham.** Now we're going to figure out what we're going to do about how we're going to get to the truth. I got a great show coming up. I got Doctor Mary Talley Bowden was just in a hearing this week. They keep attacking her for things that she did during Covid. Trying to can you imagine? She tried to get ivermectin to a patient that was dying inside of a hospital that she didn't work at, had a court order and everything, but apparently that's not allowed. You're supposed to just be allowed to kill your patients on a ventilator. And with remdesivir, if any doctor tries to interfere with that very important process, they've got hell to pay. I'm going to talk to her. What it's like to have been in the middle of this controversy for this long, it's still dragging out. But first, it's time for the Jaxen report. You know, Jefferey, I think we cut, like, two minutes out of that, drooling on and on, like, you know, Jen, my executive producer. Like it's too long. It's like, that's the whole point. It's amazing how long this guy can put out words that don't say anything other than, we've never done a placebo trial. It's incredible.

[00:16:03] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

Yeah. And the hot potato from that question, no one wants to touch that question anymore because they realize, uh oh, the public is aware. That's it. And speaking of public conversations that are a little uncomfortable. **Tony Fauci has popped up out of nowhere to give a medical talk at Harvard Medical School. And it went something like this.**

[00:16:19] Del Bigtree

Alright.

[00:16:20] Anthony Fauci, Former Director, National Institute of Allergy & Infectious Diseases, NIH

When you're a scientist, it doesn't matter. I have advised George H.W. Bush. We developed the PEPFAR program with George W Bush. I was very close with President Obama and President Clinton. And **it doesn't matter whether you're a Republican or a Democrat. I am not a political person. I'm a scientist. So you're asking the question, Bailey, how do you do that? Just remember who you are. You're a scientist and scientists. Science itself is not a political thing. It's facts and evidence and data.** So, to be honest with you, it sounds tough, but it's easy to negotiate. All you have to do is remember who you are. And it doesn't matter whether you're dealing with a Republican or a Democrat or somebody else. Just remember who you are and you'll be fine.

[00:17:19] Del Bigtree

Just remember who you are. Just tell them I am the science. If you question me, you question the science and remember what you've all said. Science is power, and power is just a story. I mean, it's phenomenal, isn't it, that we live in such totally different worlds that there's our friends of ours that will go and pay to see Tony Fauci, I guess, spew this stuff, and the rest of us want him in a gulag somewhere, paying for all the people he destroyed, both with his gain of function virus that was escaped to the world, and the vaccine that destroyed God knows how many lives going into the future. Yet, you know, we know people like, oh my God, Tony Fauci, what a great man. I cannot believe the guy can show his face in public. It's unbelievable.

[00:18:05] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

And these are tone deaf words from someone whose words do not really match their actions. And I want to go. I mean, people know him really. Now for how he presided over the Covid vaccine rollout and how he really hit a lot of that. And like you said, also the gain of function, the origins of this virus. He actively worked to hide that and delete emails. But let's talk when you don't have facts, because this is what the whole idea is about. The vaccine industry and the paradigm it's based upon his is missing some key facts. And we don't have facts. You have persuasion and you have coercion. And this is what this study did. This is this laid the groundwork for this Covid vaccine over the last four years. This was a study that was published in 2021. And you can see here it's called persuasion "persuasive messaging to increase Covid vaccine uptake." And this is behavior change. And they looked at what are the best sentences, what are the best ways we can get people to change their behavior that don't want this experimental vaccine. And they tried everything. They tried community interests conversations do it. Community immunity. When I start reading these things, you can remember back to some of the messaging you heard from from media, from Fauci himself. This is where they this is where they receive this advice. These are the facts they received. They had self-interests. But then they went into, um, there's one it's called not brave.

[00:19:20] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

They're saying, well, first responders are taking this. Surely you must want to be brave, right? But here's here's a fun one. Trust the science. That's literally what the heading is. I'm going to read this. This is the messaging that they tried out in a controlled trial. They said this. "The people who reject getting vaccinated are typically ignorant or confused about the science. Not getting vaccinated will show people that you are probably the sort of person who doesn't understand how infection spreads and who ignores or are confused about science." Then they tried one called Personal Freedom, and they said this to people in the study. "Remember, each person who gets vaccinated reduces the chance that we lose our freedoms or government lockdowns return. While you can't do it alone, we can all keep our freedoms by getting vaccinated." And the researchers concluded this "not only does emphasizing that vaccination is a prosocial action increase uptake, but it also increases people's willingness to pressure others to do so, both by direct persuasion and negative judgment on non-vaccinated. As the latter, social pressures effects may be enhanced by highlighting how embarrassing it would be to infect someone else after failing to vaccinate." Well, clearly they weren't watching our show. We were the first news outlet to show that it didn't stop transmission in the first place. But the craziest part of this study is when you go to clinicaltrials.gov. You see, when it started, it started in July 3rd of 2020.

[00:20:40] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

That was five months before the vaccine was even given. I want to go into the NIH. It shows that the third phase of the Pfizer trial, the Pfizer, is the first vaccine given in the United States. The third phase of the Pfizer trial started on July 27th, 2020. So this study was literally before it was in the second phase, while this research was still going on. Didn't even know if the vaccine worked. And you have Yale University lining up to persuade people by shaming them, by embarrassing them, by telling them to lose their personal freedoms. Those are the facts that Anthony Fauci rests upon and the vaccine industry for Covid rested upon. That's what we're talking about when we talk about this moment. There's a more important moment that's happening right now in this vaccine conversation, in this industry and it revolves around pharmacies. Just last year, 2024, you had this headline here. We had "CVS, Walgreens, Rite Aid. They're closing thousands of drugstores across America." Walgreens said about 25% of its stores weren't profitable. Well, that's a big deal. That's a huge sector of the population, the consumer population where this mix between consumer and healthcare meet was going offline. And in 2020, something happened. We had the Prep act. The Prep act was created to basically shield countermeasures during Covid. So the vaccine would be shielded. Anybody gives the vaccine would also be shielded from legal liability and also other countermeasures like ventilators, remdesivir, things like that.

[00:22:11] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

And this is for emergencies. The Prep act is something that happens. It's activated during emergencies. Something happened in 2020 that very few people saw. And this is the Federal Register. This is where the government has to legally post any changes to any types of acts. And it says this. The secretary at the time, it was Javier Becerra, "now amends section five of the declaration to identify as qualified persons. Those are people that are covered under the Prep act authorizing who are the authorizing state licensed pharmacists." And you can go down further, pharmacy interns, and they're doing that to do what? To give the Covid vaccine. Now they're in the they're under the big tent, but not only the Covid vaccine. You can read down to the bottom, it says, "to administer any vaccine that the Advisory Committee on Immunization Practices ACIP recommends to persons ages 3 to 18." So now we have the Covid vaccine is being basically taken off the recommendations. The government's washing its hands of it, saying, look, if you want this thing, you talk to your doctor, they'll give you a prescription and then you can go get it, maybe at a pharmacy or something like that, but we're not going to mandate it. We're not going to coerce you into getting this thing. So now we see the handoff. So you have pharmacies. Now just a couple headlines here. These these headlines are everywhere. Now, this is one out of West Virginia.

[00:23:24] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

"Pharmacists in West Virginia can now give Covid vaccine without prescriptions." Obviously CVS big problem with their business model. They've jumped in here to grab this market share. "Cvs Pharmacy and Minuteclinic offer the 20 2526 Covid vaccine" for this is you go into this read it. It's 18 months or older can get it. In Iowa you have Hy-Vee. That's their grocery store with a pharmacy chain attached to it lifts restrictions on new Covid vaccine availability." So the pharmacists all in you go into this article here. It says "Hy-Vee has lifted its restrictions on Covid vaccine, making it available to anyone aged three and older with no prescription required. Previously, Hy-Vee, along with many other retail pharmacies, followed FDA and state immunization guidelines, which vary by state." And get this it says "patients aged 12 and older can get both their Covid 19 and flu shots in one visit to the pharmacy." Now that's conflicting. So you see, the pharmacy are running kind of loose here because it looks like a 12 year old can walk in there and get these shots. Co-administered first of all, in Iowa, a 12 year old can't consent to the vaccination without their parents. So that's a little dubious when you read that. But also co-administration of the flu shot Covid shot. The FDA said we need more studies on this, so the pharmacies are going for it. So what we're witnessing here is a major market move to bypass the doctor patient relationship.

[00:24:41] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

So we have the vaccine hesitancy rates as they say are up after Covid. They're surging. You have this headline here, "vaccine hesitancy rates, high rises highlighting a crucial role for pharmacists." Not because they promote science, not because they're good at facts. It's because this you look in the article, it says "pharmacists are among the most trusted sources for patient seeking health information and care, largely due to their accessibility and location." So we're looking at now a consumer industry, pharmacies, grocery store chains that I guess the word would be dis-intermediating pediatricians and doctors, the pediatricians and doctors have essentially failed. What you're looking at is they've failed to distribute drugs and vaccines, and you're looking at pharmacies stepping in here. So when as a pediatrician saying we have a hard time making a living. The market is passing you by and it's it's clearly looks like it's been decided to move the vaccine industry into the pharmacies because they're protected until 2029. That's when the Prep act was up till why is this a problem? Well, you can see here when it comes, there's a survey, a Washington Post Kaiser Foundation has done a survey and it looked at parents. These are the polling insights of the Maha movement. And I want to bring the attention. There's a lot of great information in this. But one of them is what Maha parents say is important for kids to be vaccinated. And it talks about polio, measles, flu, Covid.

[00:26:04] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

But I want to bring people to the section here on Covid 19. And you look at the Maha versus non maha and all the way to the right, the green, you have Maha supporters saying 28% of them are saying it's important for kids to be vaccinated against Covid 19. Non-maha supporters, they only got up to 52%. So you're not having this rush for the vaccine. But now the next slide is what talking about vaccine safety. So there's no rush to the vaccine. But how safe are the vaccines. And you can see here all the green that's not confident not very confident. Both Maha and Maha supporters are saying childhood vaccine for the Covid childhood safety for the Covid 19 vaccine is they're not confident on the on the safety of this. So it's going to be very interesting when you don't have the doctors trying to coerce and persuade you. You have you're waiting for people to come off the streets because of marketing and advertisements to get their vaccines. But the population does not really want this vaccine, especially for the kids. So this Covid vaccine is the lowest hanging fruit to really put this, put a stamp to move this vaccine paradigm more towards truth and facts. And if this thing goes down, which it really looks like it's going I mean, they're scrambling there. Their hands been forced to punt it. Really? To the pharmacist. We're looking at a major, major upset here in the vaccinating industry with this Covid vaccine.

[00:27:26] Del Bigtree

I don't think it's going to work either. I don't think that educated people want to watch people, you know, waddling by with their groceries and, you know, stuffed animals while they're, you know, getting a vaccine in an open environment. I just don't see it happening. So I think, again, you're just seeing the collapse of the program and they're eating their own to destroying the profession of, you know, the pediatricians by sending their business somewhere else. It's a mess. They deserve it. They've put themselves in this position. It's going to be very interesting to see how this all starts to play out though. Um, but clearly and again, Jefferey, we've got them on the ropes. They're on tilt now. That's what you're looking at. We're reading articles where the most powerful industry in the world is now on tilt, grasping, grappling for some piece of relevance in your grocery stores and drugstores. I just don't. I don't think they're going to pull it off. And so we're watching a new paradigm, you know, being born right before our eyes.

[00:28:22] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

Yeah, absolutely. And being forced. And let's talk about another product of Pfizer. We have the Covid vaccine, but we also have a lot of products. Pfizer, one of the most sued companies in the history of pharmaceutical companies, paying some of the biggest fines imaginable. Well, they have another legal fight on their hands. This is New York Post, "a popular birth control linked to brain tumors and new study as over 1000 women women sue Pfizer over health risks." That's 1200 when you get into the article now. And I want to tip the hat to NBC news. When they do great jobs, we will highlight them. And they jumped on this story and it looked like this.

[00:28:58] Female News Correspondent

Robin Philip has been through two surgeries and months of radiation, all due to a tumor she now believes was caused by her birth control injections.

[00:29:08] Robin Philip, injured by Birth Control Injection

If I would've knew. From the get go. Giggle. I would never took that shot.

[00:29:20] Female News Correspondent

In 2018, doctors discovered a tumor called a meningioma pressing on Philip's brain.

[00:29:25] Robin Philip, injured by Birth Control Injection

This right here.

[00:29:26] Female News Correspondent

Emergency surgery left her without vision in her left eye. She even had to relearn how to walk. 1 in 4 women in the United States use it, with black women taking the shot at nearly double the national rate. Philip took it for nearly 30 years. The only time you stopped was when you had your two children.

[00:29:43] Robin Philip, injured by Birth Control Injection

Yes.

[00:29:44] Female News Correspondent

Multiple studies have found a potential link between depo and meningioma, including one that found women who took the drug for more than a year had five times the risk of developing the tumor.

[00:29:53] Dr. Colleen Denny, NYU Langone Obstetrician-Gynecologist

So overall, meningioma is not common. The likelihood of having a meningioma as a Depo user is incredibly low.

[00:30:03] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

So what we're looking at here, this is a major deal because as you saw, 1 in 4 women have taken this or are taking this. And you look over to the legal review. So the legal publications are jumping all over this, because this has the potential to be a gigantic lawsuit for Pfizer. One of the publications says this "Pfizer faces growing legal storm over Depo-Provera." And you look into this and it "says legal experts say Depo-Provera. This is a multidistrict lawsuit could become one of the most consequential pharmaceutical mass torts since the Johnson and Johnson talc litigation. If Pfizer's preemption defense fails, the company may face mounting settlement pressure." Johnson and Johnson has been on the hook for billions and billions of dollars because of their cancer causing with that product with the baby powder. So this outcome will hinge on whether Pfizer has the ability and the duty to warn, did they do that? Did they do it in time? Um, and so really, I mean, when you look at this, when you step back and look at this, this Pfizer product that Pfizer was so excited to prevent women from having babies that it kept important information from them like it was causing brain tumors. That's how excited they were for this product to work. But we look into the studies here and NBC news covered a little bit of it, but there was a Jama study that was just published this year, 2025, actually last month.

[00:31:23] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

And it looked at this Depo Provera, and it's actually the scientific name or the medical name is Depo medroxyprogesterone acetate. Big mouthful there. But it's looking at the risk. And it looked at researchers here examined over 61 million female patient records huge study gigantic study. And it looked at whether this would cause this in these patient records. And it found this. Basically they found a "2.43 times increased risk for the use of Depo Provera or just this drug Depo medroxyprogesterone compared to the controls." And that's an increase in meningioma diagnosis. So these are these brain tumors. Not a good thing. But it talks about this in the conclusion of this study. It says in the study "women receiving depot medroxyprogesterone acetate had a greater relative risk of subsequent meningioma diagnosis, especially with prolonged exposures and starting the medication at older ages." So those are two really important points for viewers out there. Um, prolonged exposures. And this is an injectable hormone contraceptive. Every three months the injection is re-upped by your doctor. So people women using this for longer periods of time, you know, it's showing that it may not be the best thing. This builds on a BMJ study in 2024, which really raised the alarms. This looked at over 100,000 women to assess the risk. And it looked at a couple of these hormone birth controls. And it says this "analysis showed excessive risk of meningioma with use of medrogestone." That's an oral pill "odds ratio 3.49."

[00:33:00] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

So 3.49 times the risk. And then you have the medroxyprogesterone acetate. There's that 5.55 times the risk compared to placebo. And then progesterone that's 2.39. And it says this "excess risk was driven by prolonged use" just over or equal to one year. So this even shorter in this study. And so you have the studies. You have the lawsuits. And it's up to leaders. It's up to governors legislators to really act on this. And that's not what's happening. Why would we look over again to Illinois Governor JB Pritzker? He basically has just signed a law allowing over-the-counter hormonal birth control for universities. It says "governor JB Pritzker signed legislation Thursday morning at the UIC College of Pharmacy, allowing pharmacists to give out hormonal birth control to a patient who has not seen a doctor." So again, you have I mean, are they giving out this birth control? Highly questionable if that's happening. And if it is, it's very difficult. It really needs to be looked at by by the state there. But again, you have this surpassing of doctors. We want them out of the picture. We want to give pharmacists the job to basically just come in, get your shot, get your birth control, get your vaccine and be on your way. No conversations, just be done with it. But this brings up a greater conversation here of reproductive rights, of fertility, of population control. And something just happened out of the United Nations.

[00:34:31] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

And we know from our previous reporting, the United Nations has been highly suspect. They've run some of the sterilization campaigns over the decades in lower developed countries. A new report just came out by the United Nations Population Fund, which we had our eyes on here. And this is called "the state of the world 2025 report." And they call it the real fertility crisis. And it's very interesting here. They don't even mask their words. They say in this report, "many leaders and advisors, especially those in developed countries, predicted a race to oblivion unless measures were implemented to control women's fertility." This is Ehrlich and Ehrlich, 1968, that Paul Ehrlich. And that's the overpopulation bomb, the population bomb in this book. And it says here in the UN, "too often through practices such as coerce, use of contraception and forced sterilization or abortion," which the UN ran in a lot of cases. So they're saying that was wrong. Um, and they're pivoting here, which, you know, hats off to them. But the pivot is is a is kind of a symbolic win for this conversation. And they say this and this is should also parallel. It echoes what we're seeing with the vaccine paradigm. Informed consent is coming to the forefront also happening in the fertility crisis. So the UN Population Fund report says this "reproductive agency," that's what they're calling it, "the capacity to exercise informed, empowered decision making over one's reproduction." This capacity requires more than an ability to say yes or no.

[00:35:58] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

It requires "an enabling environment in which individuals and couples can make choices unfettered by legal, political, economic, and normative constraints is a fundamental aspect of bodily autonomy, self-determination, and human rights." And they're calling for international frameworks to recognize reproductive agency essential for gender equality and empowerment of women and girls. But this also is a greater kind of bellwether for the entire medical industry when it comes to anything from fertility drugs to contraception to the vaccine industry. And so why is this a big deal? Well, maybe the UN has been reading these headlines. This is just from last year. "Us birth rate hits all time low." Cdc data shows that CBS news and you can see these headlines all over the world Japan. You're seeing them over in the UK. You're seeing them as well. There is a big fertility problem. And the UN looks like it's pivoting majorly. And I want to end on this. Fertility may not be about how many interventions the medical community can give, maybe rather what we avoid or cultivate within ourselves. That is the actual story. Two new studies just came out. One of them shows "organophosphate pesticide exposure in semen quality in healthy young men." This is a pilot study, and it says "a major strength of this study is that it is the first to analyze associations between organophosphate pesticide exposure and semen quality, and healthy young men from the general population, and not infertile men" or farm workers as well.

[00:37:23] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

Add that and it says this. This is what they found. "Specifically, we found that organophosphate pesticide exposure to be inversely associated with sperm motility, which many consider to be the the parameter most predictive of successful fertilization." This is your glyphosate. This is your chlorpyrifos. A lot of things we covered on this show, Zen Honeycutt talked about it as well. This is a major study, and it's showing in the general population. You really want to avoid this stuff if you're trying to get pregnant, have a baby. But also we have another piece of research that's coming in the microbiome. This is still sadly, when it comes to the mainstream, it's not well understood, but it is becoming well understood. This is another study just out last month. Hot off the presses "from gut to gamut how the microbiome influences fertility and preconception health." And they're calling to set standards and integrate this microbiome science into reproductive medicine to basically re-conceptualize fertility. So these are these are big moves because it's not about, again, how much pharma can give you, but it's maybe about how much can we detract from this? How much can we look at our own bodies and the actual living system as a whole of our own body when it comes to fertility? Because there's some major problems that need to be solved. These the fertility crisis is not going away anytime soon.

[00:38:40] Del Bigtree

Well, and it looks like the fertility crisis is on purpose, which is something that we've got to ask ourselves again as we led this show out on. Science is power. That power is derived not by truth but by a story. The story that we're overpopulated is one that we've carried for, I think, far too long, and it's allowing us to make really bad decisions. When you look at Pritzker. I mean, I guess if you believe you've got a controlled population, then both stopping fertility, stopping birth works with the product. And if that product happens to give you brain cancer and kills you off, that's a two for one, two for right there. We just reduced the population by several. Um, you know, I don't know if that's his thinking, but it certainly appears to be the outcome as we see more and more of these companies that were trusted for far too long. Pfizer I mean, it's amazing that anyone buys any product from this company any longer that they're allowed to have a business inside of this country when they murder as many people as they do knowingly. You know, when they hide all of the science that they have internally, it's just but we keep telling this story and more and more people are listening. And I want to say, Jefferey, as I sit here thinking, you know, so many young mothers are now watching this show and thinking about like, what do I need to do? How do I prepare for my birth? What do I do once I get there? There's so many ways to detoxify and things, but immediately looking at what products are using right now that maybe you shouldn't if, giving birth is in your future. Jefferey. Great reporting. Appreciate it as always, and I'll see you next week.

[00:40:08] Jeffery Jaxen, Investigative Journalist, The Jaxen Report

Alright. Thank you.

[00:40:09] Del Bigtree

We're all about the truth here. The Highwire is not not not a story. It's about truth. What you see is we are reading you the studies as they appear. It's why people that watched the Highwire during Covid didn't get the Covid vaccine. Because while every television set in everyone's house was screaming 95% effective, this television set, this Highwire program in everybody's house was saying it's not 95% effective. In fact, here's the emergency use authorization by the FDA themselves. They don't know if this vaccine can stop transmission because they didn't even study it in the trials, which is crazy. We've said from the beginning, you're trusting a product that's never been through a placebo based trial. They can't say it's safe. You even hear in the film An Inconvenient Study doctor Marcus Zervos. It's one of the first things he said to me when we sat down back in 2016, and he agrees and admits that he said this. I remember when Brett Weinstein came up to me as he was getting deep in his revelation on childhood vaccine programing.

[00:41:06] Bret Weinstein, PHD, Evolutionary Biologist

You know, I look back on my assumptions and of course they were reasonable assumptions, but the system itself is not reasonable.

[00:41:15] Del Bigtree

That is the house of sand that this vaccine program is built on. It's why it's a core part of the work that we do here at The HighWire. Yes, we talk about food. We talk about chemicals in our food and pesticides and herbicides. We're doing a deep investigation on what is happening in our skies. More shows coming on that. But our jam, our focus is on vaccines. How did you prove they're safe? That's what we've been suing about. We spent millions and millions and millions of dollars suing our government, suing agencies, suing Mississippi to give you back the right to choose. Currently about to win a lawsuit in West Virginia. We're almost through it, giving you back the right to choose so that you don't have to be vaccinated. But this film right now, An Inconvenient Study, is doing something so many of you writing in. I had so many great texts this week saying, I've never been able to get my father to look at this issue at all. He's a science guy. It has to come from a doctor. I asked my mom, will you please see if you can get dad to watch this video? And he texted me and said, I just watched that movie. That is compelling science. I'm going to share it with everyone I know. I can't tell you how many people we're hearing that from. So if you're one of those people out there saying, acting like you've seen An inconvenient study, but you really haven't seen it yet, you really ought to see it. I know you think you know what's in it, but it's never been put together like this. So just to really get it into your bones, here's the trailer of An Inconvenient Study.

[00:42:40] Female News Correspondent

The health of American children is in crisis.

[00:42:43] Del Bigtree

There is a study that could shed light on this chronic disease epidemic. Compare vaccinated children to unvaccinated children.

[00:42:49] Peter A. McCullough, MD, MPH, Internist, Cardiologist & Epidemiologist

This could be one of the most valuable studies in the field.

[00:42:52] Del Bigtree

4.47 times the amount.

[00:42:54] Aaron Siri, ESQ. Lead Counsel, ICAN Legal Team

Five and a half times risk.

[00:42:56] Del Bigtree

Study was a bombshell. Only one problem. They're not going to publish it. What do you think about this study you guys have done?

[00:43:01] Marcus J. Zervos, MD, Co-Director Center for Emerging and Infectious Diseases, Henry Ford Health

I think it's a good study. I'm not going to do it. Publishing something like that. I'd be finished.

[00:43:05] Ron Johnson, (R) United States Senator from Wisconsin

It's really sick.

[00:43:06] Sylvia Fogel, MD, Voluntary Clinical Instructor, Part-Time, Harvard Medical School

I mean, obviously, like, really emotional.

[00:43:11] Del Bigtree

This film really is a difference maker. I've been more proud of something we've done since I made VAXXED. You know, almost ten years ago. I watched how that changed this conversation. We want every senator, every politician asking, why are there not placebo trials, and what are we going to do about it? That's at the heart of this film. And then we need more and more vaccinated versus unvaccinated studies to be happening all around the world, all around the world. This needs to happen, which is why we're pushing it all around the world. So I want to say to you, it's not easy to produce a high end film like this and then give it to the world. The only reason we're able to give it is because there's people out there that care enough to say, you know what, I want everyone that is not willing to look at this, to be able to watch it for free. But I'm invested in that. I'm invested in the future, which is what is happening right now. And so I'm asking you, if you've watched this film and it moved you in any way, ask yourself, what value does that film have in the world? What value does it have when you share it? And we'd love to see a donation just based on that. Maybe it's just a \$10 movie ticket. You know what? I watched it, it deserves \$10. Maybe it's more, but right now, if you watch that film, I hope that you'll just type in 72022 on your phone and hit donate. You just don't know how much we can do to promote it and push it out there.

[00:44:26] Del Bigtree

We are not getting any algorithmic free ride, believe me, everyone's telling us how hard it is to share it on all the social media platforms, which is why we're sending most people to our own website. But YouTube and inconvenience studies are doing great there. Aninconvenientstudy.com. It's free. It's easy. Uh, share it with everyone you know and tell that friend, hey, if it works for you, why don't you throw ICAN a donation? They're doing huge work. Not just in this film. Not just films in the future, not just The HighWire, but they're suing on behalf of our children to change the laws around these conversations. So \$25 a month for 2025 would be awesome. You become a recurring donor. It really helps us know, can we make another film? Can we bring another lawsuit? Those are the things that we're debating right now. We are really pushing full speed ahead. It would be really great to have your assistance right now. So everyone that's donated made all this happen, this brilliant film. Thank you. You're the executive producers of one of the most important films in the world today, and we appreciate it. All right, well, this movement, you know, medical freedom or Maha or whatever you want to call it, has always been, you know, built on the shoulders of warrior moms. And in this case, this is a warrior mom who is also a doctor. That really just seemed to say, I'm mad as hell and I'm not going to take it anymore. This is Mary Talley Bowden. Take a look.

[00:45:51] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Hello, I'm Mary Talley Bowden. Um, believe it or not, this is my first press conference. I'm a solo physician. Uh, I've been here for two years. I started off with the intention of just doing ear, nose and throat and sleep medicine and somehow stumbled into Covid. Over the span of the pandemic, I've been open seven days a week. I've tested over 80,000 people, and I have treated about 2000 people. I'm a good doctor. I fight for my patients. I, um, I treat my patients the way I would want myself treated. So it was quite a surprise to me. Um, last Friday, when I got a text message from the Houston Chronicle telling me that my hospital privileges had been suspended.

[00:46:45] Male News Correspondent

The local doctor's privileges pulled after a series of tweets about Covid 19 vaccines and treatments.

[00:46:50] Male News Correspondent

Ear, nose and throat specialist Doctor Mary Bowden resigned from Houston Methodist after having her privileges revoked.

[00:46:57] Female News Correspondent

Houston Methodist says Bowden tweeted about the drug ivermectin, which the CDC advises against, along with non-factual tweets about vaccines and the hospital's practices.

[00:47:08] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

I have gone above and beyond. I have helped people when their primary care doctors are telling them there's nothing you can do. All I've tried to do is help people.

[00:47:18] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

As an ear, nose and throat doctor, I'm very used to and very comfortable seeing patients with respiratory tract infections. So people started coming to see me, and I basically just did what I thought I needed to do. So I've become the emergency room. I'm giving high dose IV steroids. I'm giving 25g of IV vitamin C, but I am keeping people out of the hospital. And so I started using ivermectin and I found that ivermectin worked. And, you know, I started speaking out and of course I got I got ridiculed, smeared, canceled. I'm still fighting for my medical license. So I put everything on the line to tell the truth.

[00:47:56] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

I think they're trying to make an example out of me. Um, I think they're trying to show people. You speak your mind. If you dare challenge the vaccine agenda, then this is what happens to you.

[00:48:10] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

I mean, any other product would have been pulled a long time ago. There's no other explanation than there's just. There's fraud. There's corruption, there's ego, there's money, but it's not science.

[00:48:23] Del Bigtree

Well, she's certainly one of the bold voices that came out of the Covid pandemic. If you had any issues there, then you probably know who Doctor Mary Bowden is. And it's my honor and pleasure to be joined by her now. Mary, thanks for joining us today.

[00:48:36] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Thanks for having me, Del.

[00:48:38] Del Bigtree

Um, take it we haven't had you on The HighWire to discuss, so just briefly, what's the moment you're practicing physician I'm assuming you sort of had a record of getting along with hospitals and boards and everything else prior to Covid. What's the moment? What's that light bulb moment when you say something is wrong here?

[00:49:03] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Well, the turning point for me, it came on the single day where three things happened. I had a surgery center reach out to me and say, you can no longer operate here if you don't get the Covid shot. I had a hospital in Fort Worth, Texas Tech hospital denying me privileges after a court ordered them to give give them to me. Uh, and this was involving a patient who was dying in the in the hospital. The wife was suing to get ivermectin. Me as an expert witness. She recruited me as a doctor that would prescribe the ivermectin. And the court ordered Texas Huguley Hospital to grant me emergency, temporary, temporary privileges. The clean record. I've never been sued for malpractice. At that point, I still had a good reputation. Uh, and so they just denied my privileges. Um, and then, you know, I had a patient come to me and say that her, her oncologist at Houston Methodist Hospital was going to stop seeing her if she didn't get the Covid shots. She had history of bladder cancer needed to be seen. Uh, and he called her and said, well, their department was discussing not letting the vaccine. The unvaccinated come in their clinic. So I sent out an email to my patients and I said, you know, this is my turning point as a physician. And going forward, I will only be treating the unvaccinated. And that caused a lot of waves.

[00:50:31] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

And I never upheld the policy. Uh, but that email went viral. And, um, I also at the same time, you know, in response to that, I got I got a lot of feedback, both good and bad, but most of it was good. And so I posted it on Twitter. And at the time I really didn't have much of a following. I mean, I'd get like one, like on a on a post, but I tweeted out the same message 25 times and I just said vaccine mandates are wrong. And then I screenshotted testimonials from the feedback I got from that email. And that's where it all all came to a head. Uh, a few days later, I got a text message from a reporter at the Houston Chronicle asking me to confirm, is it true that your privileges have been suspended at Houston Methodist Hospital? And I did a double take? I'm like, I don't know what you're talking about. Um, and that's how I found out that they were, you know, suspending my privileges. And they tweeted about it. And then the next thing I know, I've got like CNN and Washington Post and all these people coming after me, uh, it was it was crazy. Um, but it, you know. And then they turned me to the medical board, and it's just been a, you know, a big fight since then.

[00:51:43] Del Bigtree

Was that, um, I mean, just your perspective on vaccines, since that's a big part of it, you know, ivermectin and vaccines prior to the Covid vaccine, had you pretty much, you know, gotten all the vaccines necessary to be a medical professional?

[00:51:59] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Oh, yeah, I was, I was I fell in line. I have four kids. I was, you know, even upset if they couldn't get in in time for their three, six, you know, nine month checkup because the doctor was backed up. I was, you know, full on, uh, very compliant. Got my flu shot every year. I offered flu shots to my patients. I did not offer the Covid shots, so. And I did not get the Covid shot. And so that was a change.

[00:52:26] Del Bigtree

What was it about that shot that that sort of changed your your perspective?

[00:52:34] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Well, I looked at the study in the design of the study and I didn't. I didn't like that. So people would get these, the shot or the placebo. And instead of systematically testing everybody, you know, periodically, it was it was left up to the physician to decide whether or not to test the people. And that raised red flags for me. So that was my initial. And then, you know, I'm low risk. I just didn't have risk factors. I got Covid very early on and I responded very well to hydroxychloroquine. So I had no fear of the disease. Uh, and I was just, you know, it was rushed and that just I had seen other medications come and go. I'd seen antibiotics that were touted as safe and effective and then were pulled off the market. Vioxx. That was during my time as a resident. Vioxx. We were prescribing left and right. And next thing you know, it's been shown to cause major cardiac issues. So I, you know, I was naturally suspicious just because it was so fresh. And then just looking at the study.

[00:53:36] Del Bigtree

It's interesting because you said something that I almost hear, I'm almost never hear a doctor say, which is I looked at the study, I looked at the study design, obviously, I'm assuming of the Pfizer or Moderna vaccines and the trials which we were doing here on The HighWire. But so many doctors never took that step, and which I think puts you automatically in my mind in a different category. I've interviewed, you know, hundreds of doctors, if not more, um, the ones that went along with it. I mean, there's just this sort of culture of, I'm not an investigative scientist, I'm a doctor. I don't bother with looking at studies. Was that normal for you? Because that's out of character for from what I've seen in a lot of medicine.

[00:54:24] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Yeah. I don't know what what came over me, but I did the same thing for ivermectin. I went to the FDA's website. I looked at the original Study that Merck submitted to the FDA. And in that is all sorts of toxicity data. And people don't talk about this either. But there's something called the lethal dose 50, which is a benchmark number to indicate how toxic a medication is. So if the Ld50 is low, then it's pretty toxic. If Ld50 is high, then it's less toxic. And you know, the Ld50 of ivermectin is about 100 times higher than what we use to prescribe for Covid. And people were upset about ivermectin because, you know, for parasites you use three milligram dosage. And it's like a one and done thing. But for ivermectin we use a lot higher doses. So that's where I think people got nervous and excited about it. Uh, so I just, you know, before using it, I wanted to really make sure it was safe. And then I did a literature search and I tried to find, uh, accidental and intentional overdose with ivermectin. And if you do that, search for Tylenol, you will find thousands of reports. Not so for ivermectin. I couldn't find a single report of either accidental or intentional overdose with ivermectin, and that's what prompted me to start using it.

[00:55:42] Del Bigtree

Which seems to me doctors all the time, uh, you know, go outside, you know, repurposing, you know, repurpose, use of a drug is accepted across medicine and science. This one was so shocking to me because it could be argued that ivermectin is one of the safest drugs on the planet. So if safety, safety should have been the number one concern at a point where they're saying, we don't know how to treat this, we don't know what's going on. So if doctors want to try things which, you know, certainly the Prep act was making it possible for doctors to get outside the box. Why this? Why why did they go after both? Hydroxychloroquine incredibly safe, used by millions of people around the world even, that are suffering from malnutrition. Take hydroxychloroquine and then and then ultimately ivermectin, which proved even more effective in all of your work looking at it. And, you know, you've obviously done a bunch of podcasts. You keep talking about it. What happened? What do you what is your theory on what happened here? What was this about?

[00:56:48] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

It was an orchestrated attack and it was all meant to promote the Covid shot. So you look at March 2021, only 10% of the population had gotten these shots. Government was nervous about that. They put something the FDA put something on their website telling people not to take ivermectin for Covid. Uh April 1st, 2021 Houston Methodist Hospital becomes the first in the country to mandate the shots. That's five months before Biden. Uh, same day April 1st, 2021 Biden launches Covid 19 Community Corps \$10 billion propaganda uh Program goes just boatloads of money going out to influencers, church groups, sports groups to promote the safe and effective narrative of the vaccine. August. Late August 2021 FDA puts out the horse tweet again. They're frustrated. This is the third and largest surge of the pandemic. Clearly, the shots aren't working. They've been out for quite a while, and all of a sudden in the late summer, early fall 2021, we see a huge spike in Covid in Covid patients. Government doubles down, puts out the horse tweet. And the horse tweet is the attractive healthcare worker. She's nuzzling a horse says, seriously y'all, you're not a horse. You're not a cow. Stop it. That that tweet just goes viral. And at that point on, it became very hard for me to prescribe ivermectin. The medical board started coming after doctors all over the country who are promoting ivermectin. A couple weeks later, Biden mandates the shots and takes away monoclonal antibodies. If you look at the timeline, it's very clear.

[00:58:32] Del Bigtree

Amazing. And so our government then was involved in promoting and rushing out a vaccine. Is there something about the technology you think that was necessary to get out there? Was it the adult mandate? They wanted adults to get used to being vaccinated. Like why? Why? You know, I have my perspective. But from your perspective, because you're a doctor. I'm not. I'm just a journalist that's watched this crazy thing happen and watch doctors, you know, act in ways we didn't expect, like blocking people from seeing their loved ones inside of a hospital when they were on their deathbed. I mean, literally being inhumane, uh, with people that like, what do I care if I don't? I don't care if I'm at risk for getting sick inside your hospital. I want to see my loved one, you know, uh, blocking use of of a drug that was so incredibly safe. Lots of studies, obviously, out there. You had Pierre Kory speaking to the Senate, saying this is a wonder drug. Um, what was the agenda, though? Why this vaccine? Why this moment? What are your thoughts on that?

[00:59:32] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Well, I mean, I believe the virus is a bioweapon. I believe it was released on purpose. And the the Covid shots, uh, was part of that. Um, it was, you know, a countermeasure. Um, and, you know, I don't think there's a simple answer to that. I mean, I think that's part of it. I think part of it is the financial. I mean, imagine giving a shot that has to be injected to the entire world. And you have, you know, no liability if anything goes wrong. I mean, it's like the ideal product, right? I mean, um, and then there's a lot of ego involved. There's there's, you know, there's, you know, medicine has become so centralized. You know, the when I got out of medicine, it wasn't that way. Well, it was getting that way. But now, I mean, so many doctors are just employees. They don't. My practice is set up differently, and it was very purposeful and it served me very well during the pandemic. Um, but if you are working for a third party, whether it's the government or insurance companies or a hospital or even a big practice that's owned by private equity, you've got a third party whispering into your ear and influencing how you practice medicine.

[01:00:49] Del Bigtree

So you had another. There was another hearing this week here in Texas over your use of ivermectin. I believe taking it to patients in hospitals that you weren't. I guess they're claiming that you didn't have the right to be in those hospitals. Let's just watch a clip. This is one of the people that, um, you've been in tug of war with. So let's take a look at this.

[01:01:09] Sherif Z. Zaafran, M.D. President of the Texas Medical Board

Given the attention this specific case has received over the past years, I would like to address the facts and clarify why this action against Doctor Bowden specifically was taken today. There's been considerable speculation and public statements about the alleged motives behind the board's decision for the board. This complaint came down to whether the respondent's attempt to treat a patient in a hospital without the necessary privileges constituted unprofessional conduct. This question was examined by two independent administrative law judges at the State Office of Administrative Hearings. After evaluating the evidence provided by both the board and the respondent. The judges determined that the respondent's actions were inappropriate and deliberate, thus constituting unprofessional conduct. And this is why we're here today. Despite claims to the contrary, the board has never, ever been concerned with the type of treatment the respondent was attempting to provide, and I believe I have made multiple multiple statements to that effect. We do not care what type of treatment is being provided, and that was never the case in this specific case. Also, TMB would have brought the same case against any other physician attempting to treat a patient in a hospital without privileges, regardless of the circumstances or the treatment, even if it was to give a patient Tylenol in that hospital.

[01:02:38] Del Bigtree

Well, I just want to say from the get go, I watched during Covid a death rate of about nine out of ten on people that were being put on ventilators and remdesivir in hospitals all across the country. So any doctor that was trying to get ivermectin or something else out there, you're an absolute hero. But what were the circumstances? What are they like? You said, you had a court order in one case to bring ivermectin to a patient. Is that the same case that this is all about, or is it multiple cases? And what is the accusation you're making?

[01:03:12] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Yes. This case it's I've only it was only one case. Um, so it was actually four years ago almost to the day. Um, wife of Jason Jones calls me there. The hospital, Texas Hospital is talking hospice. They've tried everything. They're giving up. She wants him to try ivermectin. They refuse, so she sues them. And in that lawsuit, I testified. Senator Bob Hall testified, and we won. And the hospital was ordered to grant me emergency temporary privileges. They were not given any discretion in that. It was it was supposed to be immediate. I submitted an application and like I told you earlier, they denied my application. They said they weren't going to approve my privileges, so I just I submitted there was all this back and forth. And, you know, also keep in mind, this is like I've never been so busy in my life because we are just slammed with Covid patients, patients. So I'm juggling all this and I'm basically just handing this off to the lawyer. Right. The patient's lawyer to, you know, tell me what to do. Where are we on this? Because it was pretty confusing because they had to go back to the judge. Anyway, I finally get it and I have text messages showing this from the lawyer saying, we're good to go, you can go to the hospital. It's all been sorted out. Well, you know, the administrative hospital administrative secretary told me you do not have privileges. So I had to choose between her, which we were suing her or the lawyer. And I listened to the lawyer. So I sent the nurse to the hospital and they claimed that it caused a big disruption. Well, the nurse videotaped the entire thing. It was super calm. There was there was no yelling, screaming, pushing. When she was asked to leave, she left. But they're claiming that me sending the nurse to the ICU waiting room, she didn't get into the ICU was dangerous to other patients. And that I pose a threat in the future to patients if I don't get punished.

[01:05:09] Del Bigtree

Did this patient ever get the ivermectin?

[01:05:13] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

No. So they appealed and they went on appeal. Uh, the the patient's wife did rub ivermectin on him every day, and he actually did make it out of the hospital. uh, but he was never able to make a full recovery. He lost half of his body weight in the hospital. Uh, and he did pass away, uh, in April of 2023.

[01:05:34] Del Bigtree

Uh. It's terrible. So. So now, you know, people want to just let Covid go. They say that was behind us. That's obviously it's not behind us for you. You're still being dragged into these ridiculous. Um, and it looks like it just admonish you because they're even saying this is an offense that would warrant taking your license and that they've never been against the product that you were using. Um, is that all? Is that is that what you believe to be true?

[01:06:05] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

My initial complaint that I received has the word ivermectin on it. Um, during my deposition, they talked about ivermectin. They mentioned it 86 times. Um, when they brought, they didn't perform a preliminary investigation. So before even putting me through any of this, they're supposed to, you know, talk to the the parties involved. They didn't talk to the lawyer. They didn't talk to the nurse. They didn't talk to the patient's wife. They just took the hospital's complaint at face value. And initially they wanted me to pay \$5,000, take eight hours of CME and retake the jurisprudence exam. And I just said, I mean, you know, that's what they give to sex offenders. I was like, no, that's ridiculous. Uh, maybe if they had just given me a spirit as he referred to, you know, maybe I would have just taken that and gone. Um, but it's a bad system because if they come after you like that and you choose to fight it. I mean, now I've spent over \$250,000 fighting this, uh, for years. You know, it's a bad system because if you if you want to fight it, it is going to cost you a ton. And then and then you go to this administrative court, which is, is not I mean, yeah, maybe it's independent. It's biased. I mean, it is, you know, you look at in the federal system, if if you go to an administrative court, odds are 90% of the time the administrative court is going to win. So you're, you know, you've got that against you. Uh, so now it's going to go to the district court or it's going to go to the 14th Court of Appeals, which will be slightly better, I hope, in terms of fairness.

[01:07:41] Del Bigtree

And why fight it? Why? I mean, it looks like it's a slap on the wrist and an eight hour, you know, speeding ticket course in a way. But it sets a precedent, I guess, for other doctors. Is that what you're concerned about?

[01:07:56] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Yeah. I mean, it's I'm fighting on principle, and I'm not the only one that's been targeted by the medical board over things that happened during Covid. Uh, Stella Emanuel, Richard Urso, Joe Verrone. Around. I don't know if you know Eric Henson. He lost his license because he would not wear a mask in his office. I mean, this is Texas. Wow. Um, so I it's just we need to bring awareness. Texas is not what people think. Uh, we have the largest medical center in the world in Houston, the Texas Medical Center. And it's. And I call it the medical mafia. I mean, there is a reason that mandates started in Houston and it started in Texas. They knew if they could get away with mandates in Texas, they could get away with them anywhere.

[01:08:40] Del Bigtree

So now when you look at the vaccine program, when you look at drugs being approved, when you look at, you know, obviously there's been a huge shift in in government. I think because of this, I think people have reacted and said, enough people in America said that just wasn't right. I was locked down. My child's education was destroyed. I, as I drive through these No Kings marches right now, I just think I'm with you. I don't want a king. I don't want a king that, locks me in my house and doesn't allow me to go outside. Arrest you for surfing in the bay all by yourself. You know, forces you to take a product that hasn't been properly tested. I mean, so, you know. But when we look at where we're at right now, what is your concern for medicine? I mean, you obviously studied this. This is what you do. I haven't seen any apology, I don't think, from any major medical institution in America. Have have we? Has anyone said our bad? We should have let you have ivermectin. It was wrong for us to block that or we shouldn't have, you know, forced remdesivir or vaccines. Are we ever going to get an apology?

[01:09:52] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Yeah, I doubt it. I mean, the problem is the trust has been destroyed. I see it every day in my office. People are fearful of going to the hospital. I keep a list of trusted doctors, and it's like gold to my patients because they just don't trust anymore. And I don't blame them. I don't, I don't trust, I don't want to go to the hospital. Um, and this is, you know, this is a festering wound and it's huge, and it's not going to heal on its own. We need, you know, the government could help with that with the messaging. Uh, we could, uh, you know, Marty McCarthy, the FDA could come out and make a statement about FDA. I actually sued the FDA over that horse tweet, and we won. And they were forced to take it down. They were forced to take down the misinformation from their website. Uh, but it'd be nice to have some proactive measures where they could just say, hey, I still hear people saying, oh, I thought that was only for animals. Still, I know, um, and they could send some messaging out that, oh, yeah, ivermectin is, you know, just the facts. It doesn't have to say, oh, take it for Covid, but just give some, you know, reeducate the public on on how this drug actually works. Um, but yeah, you know, the thing that gives me hope, though, is that people are not taking these shots. Um, there's this illusion of consensus that is totally false. If you looked at that ACIp meeting in September, the CDC showed that only 10% of physicians or health care workers are getting these shots. Wow. So we're getting the message out. Um, it's just I we just unfortunately, the government is just not acknowledging what the rest of the country knows.

[01:11:31] Del Bigtree

So now, stepping into where I'm at, we've just put out a film, An Inconvenient Study. You had a very nice tweet about it. I appreciate that this is hard to watch. As a mother of four and a doctor who followed the CDC vaccine schedule, I would do things differently now. Please share with every young mother you know. Um, when you look at the childhood schedule, is this difficult, is it difficult to move from Covid, which, you know, a lot of people. Doctor Peter McCullough, when he first came on to our show, the Covid vaccine is bad. The childhood vaccine program is great. I did this with Bret Weinstein. You know, almost everybody that first, you know, woke up around Covid just thought this was an anomaly. Now it's becoming more and more clear. As you know, we've been beating this drum. No placebo trials on any of the childhood vaccines. No ability to do a post-marketing placebo trial because it's unethical. And when you watch this whole game being played as a physician, as you know, where are you at now when you look at, you know, this is a a is a foundational principle of modern medicine, is the childhood vaccine program. What what what would you tell your, children or grandchildren if they were having kids now?

[01:12:49] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Yeah, I mean that you're that that film rattled me. I mean, I was crying, I was teary eyed. It was really because I have four kids and I didn't even question it. And it's, you know, Yeah, I mean, definitely a wake up call. And I yeah, I, I in terms of what I tell patients, I'm like, if it were me and my kids, I would hold off till we actually have real data. I mean shocking five they studied hepatitis B for five days. They didn't teach us that in medical school. And shame on me for not looking into that. But yeah, that it was a blow. Um, I don't know if you saw my post this morning, but I'm just rethinking all sorts of things now.

[01:13:30] Del Bigtree

We have it right here. Thanks to the pandemic, I'm now questioning all vaccines, Tylenol, psychiatric medications, organ donation, the definition of brain death, cholesterol lowering meds and the list will likely continue to grow. I had Doctor Paul Marik on, um, probably a year or so ago. He said exactly the same thing. I'm questioning everything I learned in med school now. I wonder how much of it was truly good science. It's like everywhere I look, it's just assumptions and bravado and a lot of funding and financing from the pharmaceutical industry. It's getting really, really hard to know what of medicine we can believe in anymore.

[01:14:13] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

I completely agree. I completely agree and I don't I'm glad I don't have young children because that's that's a battle. I mean, you have to deal with the schools and I love what Joe Ladipo is doing because and that's another thing. Like, I just never questioned the fact that in order for my kid to go to school, I had to inject him with, you know, multiple vaccines and that just. Oh, sure. Now. Oh my gosh, why why should we force somebody to get anything injected in their body ever. We should never do that. So it's just it's it's amazing.

[01:14:49] Del Bigtree

It's a wild time. How you know, do you feel like doctors are waking up? I mean, is there is. I mean, I know you have some sense of hope. Do you have doctors reaching? Because that's who I'm concerned about. I feel like the population is moving very quickly, but 90% of doctors across America are turning down the booster means 90% of the doctors in this country are now going against a CDC recommendation. Um, is that a good sign? Where are we at? How long will it take to get back to the scientific method? How long will it take before all of medicine says we're going to ask harder, deeper questions?

[01:15:29] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Yeah, I don't know. I mean, it's almost like we need another pandemic to jumpstart this again, because people have sort of let this go by and are complacent and no one's really talking about it anymore. So, uh, yeah, I, I definitely have I feel like there are more doctors out there that are like minded. At least I see them on X, and every once in a while I'll get emails or calls from other doctors, which gives me hope. Um, but I think by and large, the true believers are still out there, and, uh, I don't know if we'll ever change their minds.

[01:16:07] Del Bigtree

How was this experience for your family? You know, your husband, your kids. You know, taking on the medical establishment is no small task. Were you afraid? Was there conflict around that?

[01:16:21] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Well, funny enough, I got a divorce six months before the pandemic.

[01:16:25] Del Bigtree

Okay.

[01:16:26] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

And I if I. If that hadn't happened, I probably would have been muzzled because my ex thinks quite differently than I do. It's very bizarre. Um, but my kids, luckily, were in a school that was super supportive. Um, I did have one kid who was in eighth grade when everything hit the fan. You know, I'd gotten the news and he was rejected from every private school we applied to, even though he had good grades and very well behaved. And, uh, I know for a fact that one of the schools admitted that it was because of me. So that was the hardest part. But, you know, they, uh, are very supportive of me, and, uh, they are proud of me now. Um, so, uh, it's been fine, and I luckily, I was in a school that. No mask, no no shots, no lockdown. I mean, it was great. It was a wonderful school.

[01:17:24] Del Bigtree

That's wonderful. Well, Mary, you're a hero. I think by, you know, our entire audience is in our book watching you stand up for what's right. It's not easy. Uh, you've taken a lot of slings and arrows, and I just want to thank you. You're still. I mean, while all of us get to move on with our lives, you're still getting dragged, uh, through this conversation, but you're not giving up. I mean, in some ways, it seems like they want to wear you down, and you're not letting that happen. So I think that's huge. And I just want to thank you for your courage, because I think these are those things that are going to be written into the history books. When we look back at this horrific moment with Covid, I think it's transformational moment, but only if we document it, only if we stand up and make sure that the courts and everybody recognize what happened there. So without you, we have no history. And so I really want to thank you for taking that on. It's super important.

[01:18:18] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Well, thank you for having me, Del, and helping me spread the word.

[01:18:21] Del Bigtree

Absolutely. Look, if you stick around for off the record after the show, you and I at times haven't been totally aligned on Robert Kennedy Jr and the government. But I want to have a conversation about that where you're at, what you think now and what you'd like to see happen. So we'll have a quick conversation after the show about that. How's that sound?

[01:18:39] Mary Talley Bowden, MD, Stanford Trained Physician, Board-Certified in Otolaryngology & Sleep Medicine, Successfully Treated over 6,000 COVID-19 Patients

Sounds great.

[01:18:40] Del Bigtree

Alright. Good. Okay. Well, there's so much work that we're doing here at ICAN. We've got An Inconvenient Study. We're pushing that all around the world. I hope that you're helping with that, sharing it with everyone. You know, we've got legal battles, 90 different legal cases going on. We really could use your support. One of the easy ways to do that is to get a brick. Lay a foundation right here on the campus of ICAN with our terrace. Program. This is my favorite brick of the week.

[01:19:07] Del Bigtree

One of my favorite bricks really points to the fact that we don't just point out problems, we stop people from hurting themselves like this one. My children are healthy because of honest and brave people like you. Thank you. That is a huge part of what we do here at The HighWire. It's why we made an Inconvenient Study to warn people. You may not want to do this. There may be a better way. I also think this speaks to all of our brilliant guests, like today's guest, Doctor Mary Talley Bowden, who I'm sure has made a lot of children healthy with her words. Let's do this show.

[01:19:41] Del Bigtree

I certainly hope you'll take the opportunity to get a brick, or a bench, or one of the plaques that is available to be on this campus. Uh, we're going to be having fundraisers. And once you've bought a brick, by the way, you can come and visit and watch the show. It's going to be a lot of people watching the show over the next couple of weeks for exactly that reason, so I hope you'll be a part of this community. The Informed Consent Action Network. Well, one of my favorite things that's happening with An Inconvenient Study is both in the film, but the study itself. Right. We received a cease and desist letter from Henry Ford saying that, that the study is not a good study, and that's why they didn't publish it, not because they didn't like the results. If you've watched the film, if you've watched even the trailer, you know that their head of infectious disease, Doctor Marcus Zervos, is the one that's really making the statement. It's a good study. I would publish it just as it is. The only reason I'm not is I'm afraid I would lose my career. Well, it's created a debate online. There's people attacking the study. There's those defending the study. We read many of those things to you last week, but that's the scientific method at work.

[01:20:47] Del Bigtree

But really someone weighed in this week that I think it just shows how powerful this this entire conversation is. I'm talking about Doctor Peter. Gotcha. Professor Peter Gotcha is one of the co-founders of the Cochrane Collaboration. They're famous for testing science and making sure good science is done around the world. He is a pioneer in science and highly revered. He weighed in this week. Here's a couple of his tweets. Professor Jefferey S Morris. Valid criticism. The Henry Ford study. This is one of the people attacking the study. "I agree that the study could have been done better, but its results are concerning and the study should be repeated by others." I couldn't agree more with that statement. That is what we do when we see a signal retweet or about the Henry Ford study. "Imagine if it was the other way around that the study had shown that those vaccinated become less chronically ill. It would be running 24 over seven on every news channel from here to Timbuktu. We need honesty and symmetry in reporting." Wow, that looks like it came right from my mouth. It goes on to say "people have touted that vaccines are safe, are becoming increasingly nervous and shrill. They fear what is coming. No drug is safe. But for vaccines, we know next to nothing about their harms, as there were no placebo controls in the big trials."

[01:22:05] Del Bigtree

Folks that's huge. That's the scientific community speaking. It's happening right now as we speak. So if you're donating to The HighWire and ICAN, you have just, just, just given, you know, brought the scientific method back from life support. We've given a shock. It's up. It's breathing, it's working. We've got to do more. We've got to share this with everyone. You know, this is how we change our politics. This is how we put pressure on our own government. With Robert Kennedy Jr and Donald Trump and everyone they're working for, we've got to say unanimously, all together in a single voice, we want vaccinated versus unvaccinated. Studies done immediately. Not partially vaccinated, Not looking at certain vaccines and other vaccines, which the FDA is saying it's doing. No, no, no, the entire vaccine program is now at question against those that receive none. That is the heart of the question that we're putting out. It's the question of the year. It may be the question of our lifetime. I can The HighWire is asking it. You're sharing it. And we appreciate you being a part of this incredible journey with us. This is what we do. This is truth. This isn't storytelling. These are facts. And we're cutting through the stories every single week. And I'll see you next week on The HighWire.

END OF TRANSCRIPT