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21 SPEAKERS
Del Bigtree
Jenn Sherry Parry, Executive Producer
Female Speaker
Male Speaker
Kris Armstrong, Director of An Inconvenient Study
Female News Correspondent
Male News Correspondent
Byron Rodgers, Critical Responders, Strategic Response Partners, SRP24.com
Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
Male Speaker, Critical Response, Strategic Response Partners, SRP24.com
Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Sean Kaufman, MPH, Senior Advisor for Global Health Affairs, Immediate Office of the Director
Angela Alsobrooks, (D) US Senator for Maryland
Dr. Erica Schwartz, Former Deputy Surgeon General, Nominee for Director of the CDC
Robert F. Kennedy Jr. United States Secretary of Health and Human Services
Dr. Anthony Youn, MD, Host of the Doctor Youn Show
Dr. Jon Lapook, CBS Chief Medical Correspondent
Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Adam Gabbatt, Guardian Reporter
Prof. Angus Dalgleish, Oncologist

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.

[00:00:44] Jenn Sherry Parry, Executive Producer
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 for us all to step out into the Highwire. Well, we had a great week at Freedom Fest. An Inconvenient Study won two awards while we're there, while we're also celebrating freedom with all the people there. I got to be the judge in the mock trial on ice. Well, you know what? I think we had cameras there. Take a look at this. We are at Freedom Fest 2026. It's all about thinking independent. We screened our film An Inconvenient Study at the film festival. Inside here at Freedom Fest. Well, you're about to see is one of the most important stories I've ever told. It's the story of a top infectious disease expert, a study that might have never seen the light of day and shocking data that could change everything we think we know about childhood health.

[00:02:02] Female Speaker
The thing that shocked me the most was that there was a physician and a hospital system that had all of this data, and they weren't publishing it freely.

[00:02:09] Female Speaker
It's an incredible film. Even as much as I know about this topic, I have a lot of emotional reactions.

[00:02:16] Male Speaker
It really angered me to see the cowardice in our medical scientific community.

[00:02:21] Female Speaker
I'm the mom of a vaccine injured child. That was very emotional for me. I was being screamed at by nurses that I was a bad mom and I was doing everything wrong. When the reality is the product that was injected into my child had been. What did the damage. I'm not surprised that such a study exists that they have silenced. I actually was a research study manager at Pfizer, and any time we came across something that was actually helpful, they actually would kill the study.

[00:02:50] Female Speaker
If I'm going to share one thing with somebody, this is it.

[00:02:55] Female Speaker
Del Bigtree, Jen Sherry Parry and Kris Armstrong, the director, come up.

[00:03:00] Kris Armstrong, Director of An Inconvenient Study
It's impossible not to see what's going on. I think it's a really important film and we're really proud of it.

[00:03:06] Male Speaker
I want to thank all of you for the film. This is the third time I've seen it.

[00:03:10] Jenn Sherry Parry, Executive Producer
We really want to make sure that everybody understands this topic. It's very complex. I think we achieved that. It's meeting everybody at the level that they're at.

[00:03:20] Female Speaker
I'm a nurse practitioner. I was trained in the 70s. I wish I had had that. You are heroes.

[00:03:29] Del Bigtree
If we could fix this, we can fix anything. I want to thank Freedom Festival for taking the risk and not kicking us out of this festival.

[00:03:38] Jenn Sherry Parry, Executive Producer
I appreciate it, thank you everybody.

[00:03:42] Del Bigtree
I love this event. I love the fact that the people here don't all agree on everything. I was the judge on the mock trial about Ice, actually a really amazing debate.

[00:03:52] Female Speaker
He is the host of the HighWire a fine program. Your judge for the mock trial, judge Del Bigtree.

[00:03:59] Del Bigtree
Surveys show that the vast majority of Americans favor stopping illegal border crossings and improving border security. However, Americans are split. It's different minds coming together that believe that they have the right to free speech, that they have the right to debate, and that we should be talking more and more.

[00:04:17] Female Speaker
Happy birthday America!

[00:04:21] Del Bigtree
Later this evening is the award ceremony for Anthem Film Festival. Let's see what happens tonight.

[00:04:28] Female Speaker
Shall we get to it? Best investigative journalism. The first one goes to Del Bigtree for An Inconvenient Study.

[00:04:37] Del Bigtree
We want to thank Anthem for taking on our film. This is one of the most censored issues in the world. To every filmmaker that's in here, telling the stories that the world needs to know. Keep it up. Thank you.

[00:04:55] Jenn Sherry Parry, Executive Producer
What's happening right now.

[00:04:56] Del Bigtree
Alright. Hey, we are packed like sardines.

[00:05:00] Jenn Sherry Parry, Executive Producer
We're hungry.

[00:05:00] Del Bigtree
We needed to eat.

[00:05:01] Jenn Sherry Parry, Executive Producer
So we already won this, and I think we're gonna win another one.

[00:05:04] Del Bigtree
And we.

[00:05:05] Kris Armstrong, Director of An Inconvenient Study
There was a hint that we might win an audience prize or something like that at the banquet.

[00:05:09] Jenn Sherry Parry, Executive Producer
We're gonna be late to our own party, y'all.

[00:05:10] Female Speaker
So we're gonna start with the audience choice, and this goes to the film that hopefully will make a true difference. It goes to Del Bigtree for An Inconvenient study.

[00:05:23] Del Bigtree
I want to thank my team, Kris, Jordan, Jen. If not us then, who? And if not now, then when? Get serious everyone game is on. I definitely want to thank Freedom Fest. That's an event we go to every year. You should check it out. I think next year is the 20th anniversary. Amazing work that they're doing, they're really expressing what it means to be free and the types of things we need to fight for here in America. I want to thank Anthem Film Festival first for having our film, but also for all the other great films that were there. It was amazing. Go to Anthem Film festival.com and take a look at all those other documentaries and films that were there, some really eye opening material. And you know, honestly, anyone could have won any category. Just really great stuff. So while we were fighting freedom for freedom, Freedom Fest and talking about what what the power of America is in the world, we also got to see over this last week what it's like to have a tragedy, met with a socialist country. How well does it handle it? Well, I'm talking about the devastating earthquakes in Venezuela. If you were watching the news, then this is what you saw.

[00:06:48] Female News Correspondent
Heartbreak and devastation in Venezuela as two major earthquakes rocked the capital city of Caracas.

[00:06:55] Female News Correspondent
The first quake hit with a magnitude of 7.2. A second quake struck just 40s, later registering 7.5.

[00:07:03] Female News Correspondent
The twin quakes were the strongest the country has experienced in more than a century.

[00:07:08] Male News Correspondent
Nearly 60,000 buildings were damaged or destroyed.

[00:07:12] Female News Correspondent
Rescue operations are continuing in Venezuela, with tens of thousands of people still missing.

[00:07:17] Male Speaker
The police and government didn't help us. We pulled the bodies and survivors out ourselves along with neighbors and volunteers. We dug through the rubble with our bare hands.

[00:07:28] Female News Correspondent
There are hardly any survivors now being found from under the rubble.

[00:07:31] Female News Correspondent
The USGS is predicting a staggering death toll.

[00:07:35] Male News Correspondent
Over 4300 people. The stench here is still overwhelming. It is a combination of smoke, debris and death.

[00:07:43] Male News Correspondent
Search and rescue teams, including one from LA, are now on the ground helping to find the more than 70,000 people reported missing.

[00:07:52] Del Bigtree
The images are astounding and the story is coming out of there. Some people saying the government was just trying to just bulldoze the sites and get rid of it, while there was potentially bodies in there. I don't know how much of that is true, but what I do know is wherever there are situations like that, there are some friends of ours that charge right into the middle of it. Um, I'm talking about, you know, we've got never before seen footage from that Steve and Byron Rogers and SRP here's what they saw when they got there.

[00:08:23] Byron Rodgers, Critical Responders, Strategic Response Partners, SRP24.com
Alright. Well, we're pushing finally to our aircraft into a zone that is in some of the worst condition of most any place on the planet to try and save lives. Touchdown, Venezuela. Now it's time for the boys to get to work. Right now we're going to a site that they say is the worst of the worst. You can just see the absolute damage and chaos everywhere.

[00:08:50] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
I can't promise miracles. All I can promise is that I'm going to do everything I possibly can to make sure that we get to as many people as humanly possible. But last, small percentage were in severe moderate to severe now. Right. So that's that's all we have. It's like that little window is closing very fast.

[00:09:06] Byron Rodgers, Critical Responders, Strategic Response Partners, SRP24.com
There's word that, uh, some family members or some folks might be still in this wreckage.

[00:09:29] Female Speaker
She's pregnant and she's, she's hypertensive. She has all the symptoms for preeclampsia. There's nothing that we can do here. She has to go to the hospital.

[00:09:38] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
You guys in there? Yeah, we just left one one site. There were several bodies that we recovered, no life signs. And now we're off to the next building. Percentages are starting to drop hour by hour of the potential for finding life. But we're not waiting. We're working through the night. This is a nonstop effort. It's a nonstop effort.

[00:09:59] Male Speaker, Critical Response, Strategic Response Partners, SRP24.com
We found two bodies. So now we're gonna extract set up like a rope system.

[00:10:04] Female Speaker
The husband has been working for four days to find them, and he finally found them.

[00:10:11] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
This little girl's right inside there. So we have a mom and three kids. You want to do very delicate how you move around the body. You don't want to dismember the body. I want it to be as a as a group. You look at it and then we decide how we move it. Okay. I'm going to show you over here.

[00:10:29] Male Speaker, Critical Response, Strategic Response Partners, SRP24.com
Thank you. So right now he's confirming the placement of the child and seeing if we can extricate her, which is a difficult task because you're looking at an unstable structure. And what does it need to free her from the building?

[00:10:46] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
There's a process to respect the handle, the body. You know, it's the inevitable fact that what happens in these situations. This is your window of opportunity. Trust me. You went and looked at all the other buildings. This is the highest probability right now anywhere. Hey, Mike. Mike! Hey, Mike. Hey! Over here. You need to move this body.

[00:11:13] Male Speaker, Critical Response, Strategic Response Partners, SRP24.com
But right now, we're in a transition from rescue to recovery. So we can have 24 hour work on piles. But there's so many of them that it's just overwhelming.

[00:11:23] Female Speaker
See those personas en el sotano. Okay. Two people in the in the basement. Okay.

[00:11:30] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
So let's go there. Let me explain something to you. This is how it works. There's no jurisdiction. No, I don't know. It's saving lives. Let's go. So let's just walk in there.

[00:11:39] Female Speaker
Can you turn on your radio?

[00:11:43] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
It's in God's hands. Yeah. Thank you. Thank you for showing up in a big way.

[00:11:49] Male Speaker, Critical Response, Strategic Response Partners, SRP24.com
Everybody's tired. Everybody's aching. Been here all day. All morning. All day, all night. This is where it counts. You're supposed to be a good player now. You're supposed to be a good person now.

[00:12:04] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
Emotions are running high. It's been multiple days. People are seeing their family victims pulled out of the rubble. There was a massive fight breaking out between families and workers and all kinds of stuff here. You know how to hold the space. So if you see something that, uh, that can jeopardize what we're doing, you know, just. Yeah, yeah.

[00:12:21] Byron Rodgers, Critical Responders, Strategic Response Partners, SRP24.com
Do what I do.

[00:12:21] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
Yeah, do what you do 100%.

[00:12:23] Byron Rodgers, Critical Responders, Strategic Response Partners, SRP24.com
Do the little pockets that everyone's digging for right now to try to grab the last few people we can before they demo this whole thing. The whole entire city smells like a graveyard. They're asking for a medic. Coming out of his home. This may be the last survivor that we find.

[00:13:08] Male Speaker
Thank you very much, guys. You're the best guys ever. Thank you. You do what you said you're gonna do. You inspire us. We never forget what you did for us. So thank you very much.

[00:13:18] Male Speaker
Oh. I'm sorry. Search and rescue. Search and rescue. Search and rescue search and rescue. Search and rescue

[00:13:31] Del Bigtree
Wow. Well, um, I'm joined now by Steve Slepcevic and Byron Rogers are good friends with Strategic response partners. Um, I mean, amazing watching you guys at work. We really haven't had that deep an opportunity to be with you. Uh, some cameras sharing in that experience. But, you know, I went to Haiti when we were with the doctors when that earthquake happened. This reminded me of that where the, the buildings just seem to just be just dropped like pancakes on top of each other. Describe. I mean, you go to a lot of things like this. This looked just devastating.

[00:14:15] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
Yeah. This thing rocked us to our core. Um, the wailing of a mom who got out. And then three days later, we got the baby out and she wouldn't let go of the baby, the dead baby. And having one of the search and rescue team members, many of our guys are out of South Florida. Uh, pray over her with our nurse. Um, just there's just so many heart wrenching moments, right? Where, uh.

[00:14:41] Byron Rodgers, Critical Responders, Strategic Response Partners, SRP24.com
And I would say, you know, being, having seen so many of these types of situations, I'm going to be completely honest with you. When we first arrived, you have to fight back the feeling of overwhelm, right? Your senses just seeing the absolute obliteration of multiple cities, knowing that you can give everything you have and you're going to cover maybe 5%, like 2% of the actual equation. It was one of those situations where you have to just ask God, where do you want me to start? And then you just got to give your best and get to work because there's so much work that needed to be done. And still there's so much work that can that that has to be done. So, you know, when you start to try to understand the magnitude of the problem, and we worked through the night on multiple occasions and then, but knowing that we were leaving these sites and these people are watching us get in our vehicles, you know, some of the hardest moments because that is their new reality. That is what they're dealing with right now.

[00:15:33] Del Bigtree
When you're, you know, you've been in these situations all around the world. How helpful was the government and the system there? Is it designed? I mean, is anyone, I guess, designed to handle something like this? But would you say there's any difference should this have happened in America? What are the differences in dealing in a foreign country like this?

[00:15:57] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
I mean, looking at the fact that a lot of these buildings were built by the Chinese, uh, in exchange for oil and gas, the infrastructure of how it was built included foam inserts, Styrofoam inserts, not enough rebar. The seismic load isn't there. Um, the first earthquake I worked was 1994, when I got shook out of bed in LA during the Northridge quake. So seeing how poorly these built, these buildings were built, that's one of the biggest failures when they talk about communism. Right. And a communist system. Uh, but in Once you take that and you compound it on such a massive scale of an infrastructure that failed, um, this is a warning also for those in high prone earthquake zones that, you know, we think our buildings are earthquake proof. There really is no such thing as earthquake proof. You have a good large seismic earthquake. There's gonna be a lot of buildings that are going to collapse because of systems and building components that fail. Um, but the response was, was, was really poor. We had a really big challenge of just getting in, uh, and being held back until, but I don't think they've ever dealt with something at this scale or had an infrastructure or an emergency response system. So really, it was 27 different search and rescue groups from all over the country working on the piles with the community. Right. I mean, I've never eaten so much street food in my life. There's, you know, daughters and sons, little kids bringing you coffee at 430 in the morning on top of the piles. They could fall through any holes. The building can collapse at any time. It was an extremely risky, risky operation on every level.

[00:17:35] Byron Rodgers, Critical Responders, Strategic Response Partners, SRP24.com
Yeah. And I want to give a shout out to the Venezuelan people because that's the truth. We never we were never hungry. We never didn't have coffee. We were brought in and we were allowed to stay at Daniela. You can see her and her mom when we were brought in to stay at their home. The people of Venezuela band together extremely, just powerfully and and everyone worked together with such a strong community effort. And they kept us fed and watered and plussed up so that we could do the work. We were there to there to get done.

[00:18:04] Del Bigtree
I know you guys are planning on heading back there. What are next steps? What is the next part of this? This doesn't end for them. As you said, this is their new reality. But what are the types of things that strategic response partners what do you do from in this stage? What's needed?

[00:18:20] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
Yeah. This is where a lot of the search and rescue teams leave, and this is where the work actually really begins when all the camera leaves were this one week, really. After the cameras leave, we go to work. We have 353 foot tractor trailers that are being loaded with medical supplies, uh, respirators, because tuberculosis has broken out. A lot of people have respiratory issues, respiratory issues. Right now, the medical system is overloaded. Uh, we're also bringing in not only PPE, gloves, boots, and also tents. A lot of there's thousands of people that are living literally on the streets in front of these buildings that still have buried victims in it. They have no place to go. They don't have a job. They don't have food, they don't have water. So bringing in these four person tents that run about $400, that keeps them off the ground so that the rains come and it doesn't have their tent flooded with water, keeps them out of the mosquitoes, which are now carrying like dengue fever, typhoid, all this stuff that's coming with these diseases and the rat infestation because the sanitation system is just destroyed, right. Um, so that shipment's already on its way. Uh, it's we're it's being housed at one of our vendors, United Restoration. He's got a massive warehouse and we have the logistics already out of Opa-locka aircraft on standby. So those those are being loaded onto pallets and, and being shipped back in there. And we're going back in there because for us, we created a critical path with a Christian organization to be able to get it through it. And our nurses and our doctors team of doctors originally from Venezuela are still boots on the ground, are going to remain there for the duration of it. But our stuff is to do that heavy lift because there's not enough of us out there to do this. And this is where it's so critical that everyone do what they can to really support these people and get them through the most difficult time of their life right now. Uh, to get past this point.

[00:20:16] Del Bigtree
I know one of the hardest things in these situations is to figure out what groups to donate to. I know you guys. I know you're in there. I know you're bringing medical supplies. So how do we donate to the work that you're doing? You said you've got a channel in, you're getting things in. What's the best way to donate to that work for everyone watching right now?

[00:20:37] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
Well, as you know, we're extremely resourceful, right? We're pulling in all our resources, all our connections through our hospital networks. And the best way people can support us is to simply go to give, send go.com/venezuela. That's how they can donate. They can be their contribution. Even if they donate $400 that houses a family of four, gets them off the street, keeps their kids, and those that are surviving, many of them lost their entire families. Maybe a husband and wife and just their kids are gone now. Or vice versa. The kids are there with an aunt or an uncle. Um, just just trying to survive. That's where they're at right now. In this moment.

[00:21:12] Del Bigtree
Give, send, go/Venezuela. I also know Steve, Byron, you guys, you go in there on your own dime, you dive in, you're putting all of your energy into this. So folks, let's take care of these guys that are charging in. They're really special. I remember the guys in Haiti that just dropped everything and ran in there. The difference makers, when the rest of us, you know, sit around having fundraisers and talking about it, you guys are the kind of people that just go in and make something happen. We'll stay in touch with you. All the best. Give our prayers to all the families you're in touch with out there. And thank you for the work that you do.

[00:21:50] Steve Slepcevic, Critical Responders, Strategic Response Partners, SRP24.com
Thank you. Thanks for having me. And thank you to your audience for being a big part of this.

[00:21:54] Del Bigtree
Absolutely. Alright. Take care. Alright. Well, we have a really big show. We want to get deep into a topic that I think it's really becoming controversial, which is peptides. Are they good for you or are they bad? Is is this just is there really such a thing as an easy way out? Can you lose weight without working out? We're going to get into all of those questions coming up. But first it's time for the Jaxen report. Alright. Jefferey what's happening in America this week or in the world, I guess for that matter?

[00:22:37] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Yeah. Well, yesterday the Senate Health Committee was buzzing with the nomination hearings for Trump's pick for CDC director. That's doctor Erica Schwartz. But also alongside her, they had to pack another person in Sean Kaufman. He's nominated for the assistant secretary for Preparedness and Response for HHS. That's the person responsible for Barda and the countermeasures like the Covid vaccine during Covid pandemic for emergencies. So let's focus on him first, because he said something interesting in that whole hearing. You know, a big conversation is vaccine injury, especially Covid vaccine injury. Listen to what Kaufman had to say when questioned. Take a listen. Okay.

[00:23:16] Sean Kaufman, MPH, Senior Advisor for Global Health Affairs, Immediate Office of the Director
Earlier I was asked by a senator are the mRNA vaccines safe and effective? Absolutely. But you know what? I'm not going to put an asterisk because and this is important. Many, many, many millions and millions of people around the world took those vaccines and did not suffer. But I cannot sit here and forget the ones that did. With any medical intervention, there will always be adverse events and it's insensitive. And it basically, in my. It erodes trust. When we choose to write them off, when we choose to fail to acknowledge that they have legitimate issues. And so though I believe vaccines are safe and effective, I think it's important if I'm going to serve the American population, that all of those individuals are recognized, treated with compassion and acknowledged.

[00:24:08] Del Bigtree
So, I mean, that statement in many ways is similar to what I would try to work with Bobby to say. I mean, look, I know we get triggered when he says that mRNA vaccines are safe. But really, in this regulatory space, what you really want to hear is we recognize vaccine injury is happening, and we're going to take care of those people and do something about it. If you have that mindset, certainly that's going to open a door to like, how many? Exactly right. I mean, it seems like it's a step in the right direction, though. Probably not the, you know, the giant, you know, you know, insurmountable change or, you know, that we're looking for.

[00:24:46] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Yeah. And Doctor Schwartz echoed the same. She said that mRNA technology like the Covid vaccine also safe and effective. But she then said something that hit really, really close to home for our audience here at ICAN and Highwire. Take a listen to this.

[00:25:01] Del Bigtree
Alright.

[00:25:02] Angela Alsobrooks, (D) US Senator for Maryland
Doctor Schwartz, after your nomination, Secretary Kennedy's anti-vaccine ally, uh, Aaron Siri, called you the queen of mandating vaccines during your time at the Coast Guard. And so what is your response to Aaron Siri and other anti-vaccine advocates criticizing you for supporting vaccine mandates?

[00:25:21] Dr. Erica Schwartz, Former Deputy Surgeon General, Nominee for Director of the CDC
Senator, I want to be the CDC director for all Americans. I don't want to be the CDC director just for Americans that believe in vaccines. I want to be the CDC director for Aaron Siri and people that have concerns about vaccines. I, I approached this position with humility. I want to be a nation centered CDC director. I want to make sure I understand why parents have vaccine hesitancy. As Sean mentioned, I don't want to ignore them. I don't want to dismiss them. I want to have an open conversation with them. I would love to have a conversation with Aaron Siri. I would love to understand his concerns about vaccines. I would love to have an open and transparent debate, and that's the kind of CDC director that I would like to be.

[00:26:06] Del Bigtree
The reason parents are hesitant is the skyrocketing rate of chronic disease. It seems to be being brought on by vaccines. Hopefully that curiosity, her desire to debate people like Aaron Siri will lead to some change. I hope so. I mean, you know, it's what we got, right? These are the types of people that can get confirmed now, I guess is what we're dealing with.

[00:26:27] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Yeah. And I have to say, the fact that Aaron Siri name, the lead attorney for ICAN, actually just was in there as a talking point and received not laughter or just ignoring, but actually received a thoughtful response by her. She said, I would willingly open debate him. I think that's a good sign. It's a good start. Will the debate happen? We'll see. But let's talk about real change that's happening. And that is HHS and RFK Jr. The secretary and the head of HHS. This is the Hill headline here RFK Jr. Plans Covid 19 vaccine injury list. Here's another headline in compensation puts HHS gears up to draft Covid vaccine injury table. More like atonement push. But what are we talking about here? It's called the unified agenda. So this is the government's government's federal regulatory publications. So in there, this isn't Kennedy or HHS at a podium saying, we're going to change this. Trust us, this is an actual publication by the government where HHS puts it in a public statement, a formal intent to change the table, or in this case, for the Countermeasures Injury compensation program to create a table. So let's go to this unified agenda. And it says this proposed rule is going to establish a table there. And what about the table. It says the table will list and explain injuries that based on compelling, reliable, valid medical and scientific evidence are presumed to be caused by Covid, Covid, Covid 19 countermeasures and set forth the time periods for which the onset of these injuries must occur after the administration or use of the Covid covered Covid 19 countermeasures.

[00:28:00] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
So why is this important? Well, again, we have no table. So if you took the shot, Covid shot, you were injured and you go online. It's an online online process only. You're not calling someone at the countermeasures compensation program to help you with the petition, you fill out a little box and you have to make the case. You don't get to choose from a table of already injured, listed injuries that are known by the medical community. You have to make your case, medically and scientifically that this shot hurt you. Well, how is that going? Let's look at Hrsa that administers directly this countermeasures injury compensation program. That's the Health Resources and Services Administration. And here are the most recent numbers you can see here. A total of over 14,000 claims filed in this court for Covid 19 injuries, vaccine injuries. And you can see only 62. That's 62 claims compensated. This isn't a testament to how safe the Covid vaccines are. This is a testament to how failed this program is. And you can see on that chart there's been so many that have been dismissed because they missed the deadline, which is one year after that shot goes in your arm. If you can't prove that if Hrsa doesn't get your application fast, you're out of the program.

[00:29:12] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
No. And it's an administrative process. So there's no court. You basically just get a thumbs up or a thumbs down. And right now you see myocarditis, you're seeing Guillain-Barre syndrome. You're seeing something called thrombotic thrombocytopenia syndrome, very painful syndrome. Those are the three things that have been compensated. But anything else you have to basically create that table. So this vaccine injury list that Kennedy wants to create is going to be a huge help for anybody seeking, seeking compensation for their medical bills. And, and really just finally, some truth and reconciliation for the injuries and damage that have been caused by these shots, which it has happened. We know this. It has happened now, Kennedy has done other things as well. Just to add this in there, this is another headline here. Hhs Secretary Kennedy signs Covid 19 emergency use authorization declaration terminations. A lot of people are saying, well, this this takes away the liability exemptions. No, it really doesn't. What it does, it takes away all the euas, the emergency use authorizations that allow these vaccines to just get basically free rein to skate in and be used during the pandemic. So what's this going to do is put some onus and some pressure on the manufacturers already in a slumped Covid vaccine market. They're going to have now more pressure to get these regulatory approved. It's not just a rubber stamp anymore.

[00:30:27] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
So it's going to it's going to hurt the vaccine manufacturers more than it will anybody else. Um, but now one of the things let's go back to this vaccine injury compensation table. Ican our attorneys at ICAN have been on this. So when you hear the congresswoman, um, during the hearings for Doctor Schwartz, for CDC director saying Kennedys anti-vaccine ally, not really. We've been at ICAN and Aaron Siri, we've been on HHS to change his table through multiple HHS secretaries. Here's our letter from 2024 directed at HHS, HHS Secretary Xavier Becerra. We said this on behalf of the Informed Consent Action Network. I can be right with increasing concern regarding your continued failure to establish a Covid 19 vaccine injury countermeasures table. Despite the passage of more than three years since the government's rollout of the Covid 19 vaccines that was in 2024. But throughout the last three years, starting in 2023, through multiple lawsuits, through formal legal demands, ICAN has pushed on every government door we can to get this countermeasures program fixed. It's a broken program, and I can say to the government, I can say to Sean Kaufman, if he gets in there and the CDC director, good luck on getting any Americans to trust a countermeasure, a vaccine. If there's a pandemic when you have not fixed this program, no one will trust this moving forward. This has to be fixed right now.

[00:31:49] Del Bigtree
Just for people to understand what this table means. I think it doesn't. In your usual court system, nothing like this exists. But in these no fault court systems, which is the government realizes they forced you to take a product. They realized, just as was stated in that Senate hearing, some people are going to be injured. And this table says we are seeing we know the most common injuries that are happening. We recognize that the vaccine can cause these issues. So you're not starting at square one trying to prove that what's happening to you happened out of the blue and that the vaccine caused it, which is the situation you're in right now. You're coming with no evidence. There's no precedence. In a way, this box is the precedence that says we recognize, oh, you have myocarditis. You're not going to have to fight that hard. We know that. That's what caused. So prove to us you have myocarditis. That's all you have to do. And then we'll pay you out. So the longer that list is, of all things, the easier it is for these people to get through this process, to not like, be fighting to create science that doesn't exist. It's the accepted place in which you're going to get paid out. So the longer that list, the more thorough that list, the more people that are going to get taken care of. So that's why it's important for anyone that's wondering, like, how does this work? I hope that helps make sense.

[00:33:04] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Yeah. And so this is basically about the government's inclusion in health decisions. That's where it all started. And let's move to government's inclusion in educational decisions. This is a shocking story that came across our desk this week. Our entire team is just jaw dropped by this New York Post. Parents face prison sentence for homeschooling after court accuses them of intellectual neglect. Well, let's go into this article. You're not going to believe this. This is a Sao Paulo criminal court ruled against Adauto and Lina Donato de Nardi, alleging they had failed to include programs on gender and sex education and tolerance and diversity in the curriculum for their daughters age 15 and 11. The Alliance Defense Freedom International said. According to the legal group. The court also ruled that the parents failed to properly integrate their children into Brazilian culture, citing the girl's preference for religious and classical music over popular trap and tanto music. Isabella Monteiro, the defense attorney representing the family, said the judge made an ideological decision to convict them based largely on the older daughter's preference for sacred music over mainstream music that often features explicit lyrics. The artist told Fox News Digital they began homeschooling the girls in 2020 during the Covid 19 pandemic, after realizing their schools were failing to give them a proper education. Lita said the girls, as a mother, thrived in homeschooling and said she decided to continue educating the girls at home. What a disaster. Prison sentence. You're facing a prison sentence because you didn't integrate your children and force them to listen to the popular music and give them tolerance and diversity and gender education. I don't know where this is going, but for the people saying, well, that's in Brazil. I mean, in America it's very different here.

[00:34:45] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Think about that case. Think about how the government was monitoring and what the charges were for those parents. And now let's flip this to the United States, particularly Connecticut, who just passed a homeschooling law. This was Connecticut's headline here governor signs as Lamont governor signs controversial homeschooling law. It says this the law requires parents to submit annual forms, disclosing their intent to educate their children at home, which feeds a state registry. The law also mandates a list of subjects to be taught at home, including reading, writing, math, geography and history. So what happens if it's not to the liking of the government? It also goes on to say, if a parent wants to withdraw his or her child from public school to begin homeschooling, the law also says that withdrawal can't occur until the School Superintendents office conducts a background check. Well, if you're out there in America and you're thinking about homeschooling your children, or if you are homeschooling your children, there is a organization that's been working for over 40 years defending homeschooling parents in the courts and in legislatures, homeschooling, Legal Defense Association. They have this map here and you can see the states with regulations. You have the blue ones have low regulation. So a lot of America there has low regulations for homeschooling, which is good. But then you go into the darker blue is moderate regulation. Then the reds you see on the east coast here, high regulation. You can add Connecticut to that. And those are places where you're going to homeschool your children. You may want to make sure all your boxes are checked or consider another state, because you're going to have a lot of government intervention there.

[00:36:12] Del Bigtree
Wow. I mean, I think back, I was homeschooled as a child. I remember my mom moved us to the mountains. She just said, I just wanted to take us out of sight, out of mind. And now you look, I guess that's, you know what parents. We were in Colorado at the time, but I love that about this show. Jefferey that because we're an international show, you point out that story and people can say, oh, well, that's Brazil. And then you realize it's in our backyard. And what I keep saying is you're just seeing what this globalist authoritarian mindset wants for you, your family, your children, just because they haven't gotten away with it in America yet doesn't mean it's right around the corner. And then you see susceptible leadership like Connecticut. And here it comes. But what I mean, can you imagine, I think, what are they doing? Two months in prison or something like that? I mean, it's not like they're not going away for years. Right? It's uh. Right. But I'm.

[00:37:03] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Facing it right now

[00:37:04] Del Bigtree
Yeah. But I mean, for like, your kids are playing classical piano. Well, they're not listening to rap. Uh, they're going to jail. I mean, absolutely crazy story. But speaking of stories, Jefferey, we teased it last week. You've got a new show starting this week on The HighWire. Tell me about it.

[00:37:21] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Yeah, it's, uh, it's coming in hot. It's starting this Monday. We're going to be competing with the prime time slots here. So it's called the download with Jefferey Jaxen. Right. Everywhere I go, people just want the download. Give me the info. And that's what you're going to get Monday. Short sweet downloads. Um, working all through the weekend here to launch this. We're moving fast on this to bring it to you as soon as possible. So you're going to see that that's at 8:00 p m eastern, 5:00 Pacific. And that's going to be the slot every week on Mondays, we're going to be catching all the stories that, you know, every week we talk about stories for The HighWire here, and there's all these stories that that fall on the cutting room floor, so to speak, and we're going to pick those back up. That is going to be the download. So check it out this Monday.

[00:38:04] Del Bigtree
And all those things that you're always calling us. Just stuff happening over the weekend. There's stuff breaking now and now we're going to get it. I love that you're bringing another touch point to the work that we do for people to tune in. So tune in to The HighWire dot com this Monday, every Monday, 5 p.m. Pacific Time, 8 p.m. eastern. Uh, for Jefferey Jaxen and download. Amazing Jefferey. We're all very excited. Uh, good luck with that.

[00:38:29] Jefferey Jaxen, Investigative Journalist, The Jaxen Report
Alright. Thank you.

[00:38:30] Del Bigtree
Alright. Cool. I'll catch you next week. Alright. Well, every week if you are just signed up to our mailing list, you get our legal update. And this week's legal update is one sort of I told you so. As ICAN warned, RSV vaccine for pregnant women may pose risks. We wrote to the government about this. Three years ago, ICAN sent a letter to members of FDA's vaccine committee warning of the dangers of Pfizer's RSV vaccine Abrysvo. A recent study supports Icahn's position that those concerns were warranted. A recent study shows safety signals for pregnancy associated hypertensive disorders, including gestational hypertension, premature rupture of membranes, pprom, and preterm Prom after receipt of the vaccine. In fact, even though the study was sponsored by Pfizer, the study authors couldn't avoid stating that further epidemiological studies are needed to refine risk estimates. You can see there you can look up those studies, and it's part of what we provide to you. This is what it is from the Jama network sequential Safety surveillance of RSV pre F vaccination during pregnancy early in the post-approval period. These are the types of things, by the way, that you're like, oh, what was that study high wire talked about? I have a friend that's, you know, going through pregnancy. Her doctors talked to her about this and you're like, where is that study? Look, this is what we do.

[00:39:48] Del Bigtree
This is the this, I think, is the best part of what we do. Not that we just talk about it. We put that study right in your hands. We put, in fact, every piece of evidence that we show you on this show. At the end of the week, we call it the high wire protocol. Total transparency on the data that we're speaking about. All you have to do is sign up to the newsletter. So go down to the middle of the page. If you're watching on The HighWire dot com, go to the middle of the page where it says brave Bold News. Type in your email right there. And now all of a sudden you get the tools, the links, the videos, the photos, the studies right in your hands so that you can show your friends actual evidence of what we're talking about. Not just because someone said so. And all of this work is made possible by those of you that donate to ICAN. So please, if you have not donated recently, we would love your assistance. We've got incredible lawsuits that are going on right now. In fact, the fight of our lives is still going on with West Virginia. We've got the Amish case. Many of these cases looks like they are now aimed for the Supreme Court, because we've got activist judges now pushing back across the country.

[00:40:58] Del Bigtree
We want to see we want to help these cases move along in any way that ICAN can. And that is what you do when you donate. So become a recurring donor. You can go to icon.org.org and donate, become a recurring donor. We're asking for $26 a month for 2026 for everyone that sponsors this work. I want to thank you. And if you're listening right now, you can text us at 72022 and then just type in the word donate and I'll send you a text back. Make it really easy to become a part of the Informed Consent Action Network. This is what it is, right? We're a network. We're working together. We're making a difference in this world. Well, there's a, you know, one of the things that we love to do, as many of you write in all the time, to the show, info@icon.org and say, hey, why aren't you talking about peptides? Or why aren't you talking about this or that? Well, you know, peptides is a big conversation. Now, whether you're a transhumanist or a biohacker or a longevity expert, or you just feel like crap and want to feel better. You're seeing it on socials. This is the conversation we're all watching happen.

[00:42:01] Male News Correspondent
Peptides, everybody. That's what we're talking about.

[00:42:03] Female Speaker
Why was I so late to the game on peptides? Like everybody's doing them.

[00:42:08] Female Speaker
This is my first morning trying peptides.

[00:42:10] Female News Correspondent
They've really become popular among wellness influencers fitness gurus, celebs.

[00:42:16] Female Speaker
Is this the worst thing that I've included into my routine? These two peptides have changed my life. Let's talk about it.

[00:42:20] Robert F. Kennedy Jr. United States Secretary of Health and Human Services
I mean, I'm a big fan of peptides. I've used them myself and used them with really good effect.

[00:42:26] Male Speaker
Alright, this peptide just gotten completely out of hand at this point.

[00:42:30] Male Speaker
Peptides are dangerous.

[00:42:32] Male Speaker
There are some real legitimate concerns about the peptide craze that we're all caught up in right now.

[00:42:38] Male Speaker
People are are using themselves as human guinea pigs. The four of us have hundreds of peptides in our bodies right now that are helping our bodies to work naturally, supposed to do naturally.

[00:42:47] Female News Correspondent
There are short chains of amino acids that serve like signals to the body to do certain things like build muscle, perhaps heal tissue. Insulin is an example of a peptide. They are the P in GLP one, like Ozempic.

[00:42:57] Male Speaker
Here's the problem. These systems that they signal they're advertised as quick and targeted. But these systems are actually complex and nuanced. And that is where the risk comes into play.

[00:43:07] Dr. Anthony Youn, MD, Host of the Doctor Youn Show
That is a very, very dangerous thing to do because we don't know exactly what they're going to do to your body.

[00:43:12] Male News Correspondent
Some researchers have even expressed concern that cancer cell growth could be a possibility. But the reality is that we do not know the full extent of possible side effects.

[00:43:23] Male News Correspondent
A lot of these peptides you can just buy online and it will say for research purposes, that's a red flag. Watch out for that. If it's not something that your doctor prescribes, if it's not something you're getting from a legit source, that's when we start to worry.

[00:43:34] Dr. Jon Lapook, CBS Chief Medical Correspondent
There's a gray market out there and it's like the wild wild west. And the gray market is huge. It's huge. You don't know what you're getting. Is it nothing? Is it something that's dangerous?

[00:43:43] Del Bigtree
Well, we put out several videos this week asking for your questions that you have out there. We've refined them down to the questions that I have here. I'm going to ask some of those. My first guest is going to be taking on some of those questions is Doctor Tyna Moore. She has really made a name for herself in this conversation, huge on social media, doing great work and has people with amazing testimonials. If you haven't, pay attention. Here's Tyna Moore.

[00:44:11] Male News Correspondent
Doctor Tina Moore.

[00:44:12] Male News Correspondent
Doctor Tina Moore.

[00:44:13] Female News Correspondent
Doctor Tyna Moore is a distinguished naturopathic physician.

[00:44:17] Dr. Anthony Youn, MD, Host of the Doctor Youn Show
She's also the host of the Doctor Tina podcast, which is one of the top health and wellness podcasts in the country.

[00:44:23] Female News Correspondent
She's also a naturopathic doctor, trained both ways holistically and traditional medicine, and so she understands the full gamut.

[00:44:31] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I have been in medicine for nearly 30 years. My background is in regenerative medicine. I help people rebuild their joints naturally with natural substances, stem cells, PRP. Been doing that for a long, long time. But it's not just about shooting fancy substances into people's joints. You have to get the person into a healing state first. So you need them optimized so that they want to heal. So that means hormones. That means nutrition. That means lifestyle. It's far more important that you get the person in an optimized state so that they want to heal. People want to say, oh, it's this, or there's this magic bullet, or there's this magic shot, or there's this magic, whatever it is. And it's not. It's the work. You have to put the work in every day. And you have to optimize your wellness the best you can. I'm just trying to help them untangle it.

[00:45:15] Del Bigtree
Well, it's my honor and pleasure to be joined by Doctor Tyna Moore.

[00:45:18] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Thank you.

[00:45:19] Del Bigtree
Great. Thanks for coming into the Highwire and joining us for this really important conversation.

[00:45:24] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Oh I'm honored. You guys are heroes. So thank you for the work you're doing.

[00:45:27] Del Bigtree
Thank you. Just let's just start this conversation out with what is a peptide?

[00:45:31] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
A peptide is a string of amino acids. And so and they are bonded together with a peptide bond. And basically a string of peptides in kindergarten terms would be a protein. So our body is made up of proteins, which, when you break that down, is made up of peptides and amino acids.Really basic.

[00:45:49] Del Bigtree
And so it's a naturally occurring phenomenon in my body.

[00:45:52] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
For the most part. Yes. Some of these peptides that are popularized right now have been tweaked a little bit. We can talk about that too, but yes.

[00:46:00] Del Bigtree
Alright. Great. Well, let me bring on someone to help you out with this conversation. Jim Lavalle has been at this for a long time, a guru out there amongst the biohackers that I know. This guy is held up on a pedestal. This is Lavalle.

[00:46:14] Male News Correspondent
This is Jim Lavalle.

[00:46:15] Male News Correspondent
Jim Lavalle.

[00:46:16] Male News Correspondent
Mr. Jim Lavalle.

[00:46:18] Female News Correspondent
He is a long time clinical pharmacist, clinical nutritionist, and the chief science officer for Lifetime.

[00:46:24] Male News Correspondent
And you're also the co-chair of one of the biggest societies in the world where doctors get together and study longevity medicine, the American Academy of Anti-Aging Medicine.

[00:46:33] Male News Correspondent
You are on kind of the Mount Rushmore of our The industry in so many ways.

[00:46:37] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
I've been in this area of personalized medicine, precision health since 1984. You know, everything from metabolic syndrome, diabetes, pre-diabetes. I work with athletes in all five major league sports to have them at optimal performance. And then I have people that are in trouble. So people with autoimmune disorders or people that are going through oncology or people that have metabolic syndrome. I research fixing people's metabolism.

[00:47:03] Male Speaker
Okay.

[00:47:04] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Assessing labs or whether it's, um, looking at nutrients or peptides or bioidentical hormones.

[00:47:11] Male News Correspondent
Look, I know your age. You're 60 plus. Uh, I also saw a picture of you without your shirt on. I saw you, you are ripped. You're in great shape. You walk your talk.

[00:47:21] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
That's right. People deserve vitality at every stage in life. Whether you're an eight year old or an 80 year old, you should be able to feel the best you can.

[00:47:29] Del Bigtree
Alright, Jim, thank you for joining us today. I really appreciate it. Sure. Start out with you. I mean, when you work with athletes, these guys always seem to be at the cutting edge of health. I think because they're in perpetual pain, they're pushing their bodies to another level. I think they're willing to also take some risks. Right? So so my question is how long have peptides been here? Like we're hearing it now. But how far back does this go? How long have we been, you know, delivering peptides.

[00:47:56] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
I mean insulin was the first peptide. So that's 100 years ago right. In terms of athletic performance, probably Eastern Europe in the Olympics in the 50s. 60s.

[00:48:07] Del Bigtree
So are there times when peptides are illegal? I mean, the type of things that would be illegal, like enhancing performance.

[00:48:12] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Oh yeah. They're they're performance enhancing drugs and can't be used by professional athletes. So right now peptides are not allowed to be used with with athletes that are being tested.

[00:48:23] Del Bigtree
Oh really? That's fascinating. I did not realize that. So as natural as we want to say they are, they're boosting your abilities on some level.

[00:48:33] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Yeah. I think you have to think about maybe boosting the ability to heal so that someone is able to recover from an injury quicker.

[00:48:40] Del Bigtree
Right, right.

[00:48:41] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
So, you know, it may not be a bad thing to be able to improve your healing capacity. But at the same time, you got to follow the rules.

[00:48:47] Del Bigtree
You know, it's interesting because I think about Lance Armstrong was such a big story around that, right? Just like, you know, how much oxygen you can get in your blood. Where is it coming from? How are you getting that? It's all it's about recovery, right? Can I, you know, ride up a mountain and then the next day be ready to ride up another mountain? I guess so. We want these abilities. And so if we're not athletes, then is there anything wrong with boosting these? I mean, one of the questions here, I'm just going to start right here. Um, are peptides part of a transhumanism agenda. I'll throw you a big one. I'm going to jump right into a big one here. Uh, because that's the question right. Is it am I enhancing myself? Is that a good thing? What is what would you say to that? Is it is it transhumanism?

[00:49:32] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I don't think so. I think that we're trying to optimize systems and age well at the end of the day. And so the term longevity gets thrown around a lot. But I think at the end of the day, we're all aging, we all are feeling it. And so we as physicians and clinicians are looking for ways to help folks sort of not necessarily get an edge. We're not even we're I predominantly work with people who are active and fit and take good care of themselves. And that's, I think where peptides perform best is in people who are already sort of optimizing and doing all the things. But we're not I'm not trying to create a superhuman. I'm trying to get people to get their aches and pains to go away so they can get moving again.

[00:50:08] Del Bigtree
How about you?

[00:50:09] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
I got to agree. I mean, I think that peptides, we make them and as we get older, we get we get damaged, we get exposed to something. Sometimes we derail our ability to make that peptide. And if we can really harness that, like create a bridge back to homeostasis, normal health, good metabolism, we get to age gracefully. Uh, I think peptides in certain circles are looked at as. Oh, yeah, that's a part of transhumanism. Man, we're out to optimize. We're going to live to 180. Yeah. Right. All that. Right. And I think the people that have been in it for a while and are using it responsibly. Health care providers, I think they're more interested in just how do we get people to feel better? How do we get them to have less pain, have more vitality, enjoy their life better? And not necessarily that goal of like what doctor said, you know, the superhuman.

[00:51:02] Del Bigtree
Right. Then let's get to, you know, I think the peptide that's obviously put this thing at the center of the map, both in its success, but also being a target discussions of dangers. We're talking about, of course, GLP one ozempic these products that are out there to begin with. What is a GLP one? What is that? What is what does that stand for?

[00:51:28] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
It is a peptide that our body makes in our gut and in our brain, and we have receptors all over our body. And it is designed in our bodies to have a very short half life. So it's created and it's out of the system very quickly. I think ultimately, it has a lot to do with digestion and appetite. So slowing down digestion a little bit, going in the brain and telling us we're full, don't eat anymore. It's been harnessed and tweaked a little bit in the medication form so that it has a longer half life of somewhere near 5 to 7 days, and now people can use them to hopefully deal with the disease of obesity, which I think that's the big argument, is a lot of people don't believe there's a disease of obesity, and that can be argued.

[00:52:12] Del Bigtree
Do you use GLP ones with some of your clients?

[00:52:15] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Absolutely.

[00:52:16] Del Bigtree
Okay. What is how. How do you go about using it? Is there is it is there a way to do it? Is there a right way and a wrong way?

[00:52:22] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Sure. I think the way that medicine came out of the gate with it for not people that weren't people with diabetes, but at obesity, high dose, which created high side effect profile, a lot of nausea, you know, gastric distress, vomiting, dehydration, because people wouldn't drink enough, they wouldn't eat enough, they'd lose muscle mass. What we've been teaching for the last five years at the International Peptide Society, American Academy of Anti-Aging Medicine is for health care providers to understand how to titrate the dose and get to the minimum effective dose, to kind of correct the chemistry of, you know, I have an appetite hunger signal that can't turn off right. So people are eating too much, too often, too late picking the wrong foods. And, and so you titrate that dose. And then also you have to look at what else is going on. So, you know, do you have high stress hormones? What are your sex hormones like? You know, where's your gut health? Like, do you have any kind of inflammatory processes that are going on? Because if all we do is rely on the drug. Yes. You go off the drug, guess what's going to happen. Gain the weight back because you never corrected what was going on. So for us, we have a definite method that we teach in certification that we teach. I've applied it at lifetime and and we're pretty happy about the success we're getting. And so that people aren't dependent on it. That's the other piece. Do you have to be dependent on this to rest of your life? And I would hope we could teach people that they can take control of their metabolism.

[00:53:51] Del Bigtree
So that then let me bring that. Let me get a little bit deeper into that. One of the questions from our audience is, do peptides need to be taken indefinitely to maintain their effects?

[00:54:03] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I don't think so. I think if you are relying on the peptide completely. So what Jim and I are talking about are almost two different beasts of application. We're talking very low dosages. While the patient is doing all the things, they're optimizing their health in a myriad of other ways through lifestyle, strength training, taking good care of themselves, eating nutritionally dense foods. It also helps rewire the brain as almost a window of opportunity the GLP ones do. And so there's a way, I believe, for people to harness that and use that and to completely overhaul their life. Those people might be able to go off. And if we're using really low doses, if we can keep them low, I think the better a patient is about lifestyle, the lower the dose can be. The people who are relying on them as monotherapy, that's the only thing they're doing. And they're taking incredibly high doses. I think those people are going to be stuck on them for the rest of their life. And I also think it depends on how far along in the disease of obesity they are. I'm not one to judge. I'm there to try to get them to do all the things in conjunction with. It's a tool in a toolbox.

[00:55:00] Del Bigtree
Well, I mean, both of you are describing these really fit people that work out, do a lot of things, whether they're biohackers longevity people. But let's be honest, the billions of dollars being made by GLP one are not being taken by those individuals. We are. And, you know, so when I you know, we've done a lot of reporting on the negative side of this why I'm here. I mean, I've really been focused on negative. I think we have some of the headlines, but you've got, you know, paralysis of the stomach. Uh, they took blockbuster drugs for weight loss and diabetes. Now their stomachs are paralyzed. I think there's lawsuits on that. There's also lawsuits ozempic linked to rare vision loss risk confirmed in study. And then we see Robert Kennedy Jr and Doctor Oz, you know, making them more available to everybody to making them, you know, which which I mean, I, I was, I'll be honest, when I was with Robert Kennedy Jr, he was running his campaign. We were both against GLP one and people kept coming to him saying, if you're going to make America healthy again, you have got to handle the obesity epidemic and nothing. You want Donald Trump to see results, right? He was like Trump said, you have two years to change the health of America. Let me see, let me see. You can do it. And everyone's Bobby, you better get with GLP one and see. We will see that change. Will see diabetes come down. We'll see weight come down. So where is this balance? I mean America we are we have the biggest I think we have the biggest problem with obesity in the world. So so how do you how should we talk about that issue? Is it is it a complete lifestyle change or how many people are just using this as the only tool they're using?

[00:56:40] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Well, you've got right now, I think at 1.18% of the population was using GLP one. I think right now it's at 13%.

[00:56:47] Del Bigtree
Okay.

[00:56:47] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
And look, you have 50% of the US population is either insulin resistant or a person with diabetes.

[00:56:54] Del Bigtree
That's crazy.

[00:56:55] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
You have over 70% are overweight. And we have a by 2030, over 50% of the population will be obese. So the first step is it's great when someone wants to take care of themselves. Like we're advocates for that. We're, you know, I think we're living proof that we believe in it, that people should take care of themselves. The biggest problem that I see is that when people rely on a medication, a person with type two diabetes, my whole family, you know, Italian family, I got father was a diabetic, got a lot of people with diabetes in my family. And you don't do correct education about, well, what is your disease? How can you manage it? And do you understand where you're going? If you don't manage it, then we rely on a medication to take care of all of it. And of course, the stronger the drug, the, the higher the dose, the more the side effects that come up. We're seeing bone loss now, even scurvy right now.

[00:57:54] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Scurvy. And that's because the medication shuts down appetite strongly. And if you're not instructed how to eat, how much to eat, what you should be doing. Yes. Bone loss, loss of menstrual cycle, you know, scurvy, right? All these types of things, big loss of muscle mass, you know, 25 to 38% of your of your weight loss will be lean mass. So that's a big deal.

[00:58:19] Del Bigtree
When you have a patient that comes in and they express that sort of dangerous side of it. What what do you say to them and how do we get around that?

[00:58:26] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I educate them, and to me, it's not first line. It might be if they really need a leg up, because it often gets people moving, because it has such an anti-inflammatory impact that people will start to feel better immediately. And they're like, I want to go for a walk. I want to get moving. My goal is always to get people moving, period.

[00:58:41] Del Bigtree
That's one of the things that I think about. I have some friends, people that are close to me that it just, you know, you watch and if you have so much weight to lose weight loss, you know, 50 pounds is great. You know, I lose 50 pounds. Like, you know, it's visible. But I think how hard it is for people that are on a multi year to keep that energy going. Is there a way to just see dramatic weight loss to get to a body to say, I love this and then train other things you're going to do to maintain this? Is that all the way forward here?

[00:59:12] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I do it in conjunction. And so we we work a lot. It takes me about nine months, I would say, to get people really kind of on the program of doing all the things. But it's a matter of we start with walking. We start with what movement they can do. Maybe we get them in a pool. They have to participate because that muscle loss statistic that's lean mass loss and muscle is actually only about 50% of that lean mass total. So it's not as terrible. This 40% muscle loss is it's not 40% muscle loss, it's 40% lean mass, of which 50% is muscle. So we got to get that clear. But yeah, it's real. And if you lose your muscle on the journey of losing all the fat you're going, which is the same that occurs with any caloric restriction. Though, I want to be clear, any kind of diet that someone takes on, even if it's bariatric surgery, same kind of mass loss and muscle loss at the end of that, they're going to be.

[00:59:58] Del Bigtree
Is that right? Yeah. So it's really just.

[01:00:00] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
It's weight loss too fast, too aggressively. They're dosing them too high, too fast, too hard. That's been my argument. I'm a big fan of low dose and getting them. And then they have to earn the rest. Right. We don't increase the dose if they're not going to the gym. I'm a stickler about it, but at the end of the day, if they lose all that muscle mass, they lose all the weight. They're so happy. They're going to be metabolically devastated at the end of that. And I think that's where we're seeing a lot of this regain.

[01:00:24] Del Bigtree
Okay. And there's a question here. It seems like retatrutide. I don't know why those letters are so hard to say. It's gaining popularity. Can you explain what it is, how it works and how it compares to existing glp-1 drugs?

[01:00:44] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Well, it's not an approved drug yet. So Lilly is in phase three trials that they have published. I think it's going to be approved soon. A lot of research peptides. They're out on the market that research use. Only gray market has those available. But it's not on the market yet. So for for our clinics that I'm either educating on or the ones that I'm involved with, we don't use Retatrutide because it's a research use only compound.

[01:01:11] Del Bigtree
What are you hopeful about when you look at I mean, are there some advantages to it? If it does what it says it does. What does it say it does?

[01:01:18] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
It's known as a triple agonist. So it's a triple GLP one. So what it does is it defeats the liver better and helps with reducing accumulation of fat in the liver, which, you know, more people are going to need a liver transplant due to fatty liver than due to hepatitis. So this is a big problem. And so for Retatrutide, it helps with access to fat to be able to burn fat more efficiently, as well as not to store it or accumulate it. So it has that extra action that the other previous generations of the GLP ones didn't have.

[01:01:53] Del Bigtree
Are you excited for the advancement in this technology?

[01:01:58] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I two things, I think for folks who fit a certain phenotype, it's going to be miraculous. It's going to be life changing because he's so right. The fatty liver epidemic we have had for decades. And it is very concerning. It leads to liver, liver cancer. I mean, at the end of the day and the need for transplants, the the part that I am concerned about is the weight loss is really aggressive. And the studies on weight regain are showing that the more aggressive and fast the weight loss, these newer. The semaglutide tirzepatide and retatrutide, the. Well, we don't have the data on the true tried. Yet the more severe the weight regain when people discontinue them. And so I am worried that there's people leaning on doing. And I don't mean to disrespect anyone, but I know a lot of people on GLP ones who aren't really doing all the things. They're not working out, they're not taking good care of themselves. And it's stopping working. It's, it's losing efficacy. And so they're sort of waiting for Retatrutide to come out. The next best thing to keep the weight loss going. That concerns me because that's just going to be one thing after another.

[01:02:54] Del Bigtree
I had my team put together just what are sort of the hot peptides I think we have. Do we have this slide I can bring up because I want to just ask you guys about it. Fda approved and not FDA approved. What is BPC 157. What does this do?

[01:03:08] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Body protection compound 157. So the couple of big areas. One is it was found in your gastric juice in the stomach. And what it does is it protects the mucosal barrier of your gut lining. So it's been used by health care providers in the past when it was allowed to be written for as a compounded prescription by physicians and made in a compounding pharmacy for human use. That's this is where the big controversy is at. So BPC 157. Why did everybody run to it? It. If you can ask orthopedic surgeons that got into doing it, it seemed to help people heal quicker from injuries and surgeries, as well as to help people to repair their mucosal barrier. And there's other things that it's also been shown to, to do, but those are the two big ones. And of course, a lot of people with gut permeability problems these days where they need to work on healing that gut lining to reduce the the immune immune effect of that permeability of the gut. So those are the two big areas actually

[01:04:10] Del Bigtree
You think it helps with leaky gut?

[01:04:13] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Absolutely. It helps it without a doubt. It helps to rebuild the mucosal barrier that stimulate the.

[01:04:17] Del Bigtree
That I mean, from the work that I do with autism and all the autoimmune diseases, such that gut dysbiosis is such a major problem for so many people.

[01:04:27] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Yes. Without doubt.

[01:04:28] Del Bigtree
And so that can help. Let's look at the next one here on the list. Tb 500.

[01:04:34] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Tb 500 is a fragment of a of a. It's. I think of it more as an immunogenic peptide, but it's also regenerative peptide. And so I, I do combos. My background is in regenerative medicine. So I like to use. I like to use them when they were legal to compound injectable so that we could, you know, help people overcome shoulder injuries.

[01:04:57] Del Bigtree
Industries where you were using something that was there and it's been taken away.

[01:05:01] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Yes.

[01:05:01] Del Bigtree
What is that like? I mean, it's just I mean, it's devastating.

[01:05:04] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
It was devastating because it's a but again, it's a tool in a tool belt. Right. And so I did fine without them. And then they came on board and I'm like, this is amazing. We have another tool to add to the tool belt, but we didn't take anything away. It's still the way I've been practicing for 20 years. I just have something better and these peptides work better and best. I have found in those folks who are already metabolically optimized. So people who are kind of already doing the work.

[01:05:27] Del Bigtree
Keep saying you're doing work. This takes you next level.

[01:05:30] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Well, they land on, they land and we need muscle for things to land. You know, we need that metabolic spark to be activated for things to actually work. Otherwise, we're dumping a bunch of expensive injectables into a system that isn't going to do much with it.

[01:05:42] Del Bigtree
I think you were saying you were using this in a combo to do what? For what type of person?

[01:05:45] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Generally regenerate joints and tissues.

[01:05:48] Del Bigtree
So, so achy joints, all those things. My hip, which is starting to bother me. I'm realizing after I ski, I'm like, that's been like a month. I'm still jacked or.

[01:05:58] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Acute injuries, you know, somebody. I busted my shoulder the other day and I had somewhere to be. And so, you know, I'm able to go ahead and treat myself. And so it's it's when it works, it works. And when it doesn't work.

[01:06:10] Del Bigtree
It just make it feel better. Or does it actually heal it? Like, you know, is it healing? Is it making me grow cartilage or something? What's it doing?

[01:06:19] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I think it induces what ability your body has to go. That's why I say it works best in people who are already metabolically healthy, because their bodies are already geared to heal. If you're not geared to heal. What are we doing? Throwing asking your body to do something. It's not doing well. So yes, I think so. I think it helps induce we get some inflammatory anti inflammatory benefits. We get some improved healing benefits at the end of the day. And I don't promise anybody miracles. And I don't think it works for everyone. But when it does it does. Some of the chronic issues. I found it not to be so effective with when people have really long term osteoarthritic conditions. Maybe not.

[01:06:51] Del Bigtree
Okay, let's look at the next list. Oh, CJC1295.

[01:06:58] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Alright, so.

[01:07:00] Del Bigtree
I'm testing you guys. You're like, I've got this, we got this.

[01:07:05] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
So CJC 1295 basically a growth hormone secretagogue. So basically, either as you age or you get into a lot of stress, right? Get under a lot of stress. You stop making growth hormone, releasing hormone. Well, why is that important? Well, you get more catabolic, you know, without growth hormone. Yeah. You don't make muscle. You don't lay muscle down nearly as effectively. And so CJC 1295 really made it big. Honestly, that was where the performance enhancement took place.

[01:07:35] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
The bodybuilding community, the broscience, you know, the, you know, the folks trying to enhance performance. That's where that really kind of started. Uh, but amazingly, this was one of the big popular compounds that when you were allowed to use it, when, when once again, when providers were allowed to write scripts for it, it was one of the most popular because people felt a difference in the way that they, the way they look, the way they performed, how they worked out. And of course, you know, when you when you reboot growth hormone. Yes. It's also important for circadian rhythm. So it would even help with sleep because you're, you know, your body's releasing growth hormone in different phases during the course of the day and night. And it helped to reboot that process. So once again, important peptide, millions of prescriptions, by the way, were written by health care providers before they were taken away. And so, you know, I think we're at this great precipice that's going to happen this next week.

[01:08:33] Del Bigtree
When you look at like, of course I was just going to bring that up. You know, we have Robert Kennedy Jr is really he's he has said publicly he was in our montage talking about he uses them. I, I know that, you know, he's always open to trying things for his own health. There's going to be a huge discussion on that. Maybe fast tracking or creating a system where these things aren't just log jam, but we really start taking a look at them, which I'm all about. I mean, that's what the that's what the NIH is there for. Cdc, to me is not to just stop everything. We should be advancing anything that really advances health. It should make it through faster, with more thorough, you know, investigation than anywhere else in the world. Um, so do you ever put yourself in the shoes of the when these things are taken away? Is there ever a time you're like, I might have done the same thing or I see why they're doing that? Or is this just government control for the sake of control? Is the pharmaceutical industry behind it? Um, is there ever a reason something should be retracted by the government, or at least that you've seen either one of.

[01:09:36] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
You go with me first. Okay, well, I'm going to be there next week, so I'll be testifying so I'm a part of the, of the, the hearing. So, uh, I think we should have responsibility. I mean, the FDA has had a history of pulling drugs off the market that weren't safe. I think that you should track safety signals. You should look at where adverse events are at. But what we need now is to also have a way of categorizing those. If we're going to bring peptides back, which I'm obviously I'm going there to testify. I've written books on it. I'm an advocate, but it's. We do need to be able to ensure safety. We have to be able to log the the information when something does go wrong. But at the same time, all the information has been collected so far is that they look like they're pretty safe on the ones that are on the nomination docket for right now. But I think that one of the biggest struggles we have is that we're still looking at these to cure a disease. And what we still haven't developed is how do we keep people well. So we have this chasm of where peptides, I think have a lot of value is in that area of how do we keep you from moving further down that funnel towards disease state? And I think that's where there's a lot of, um, Man. There's a lot of leeway that we've got to work through. Right? But I'm all for, you know, you know, things that work help people to be healthier as long as it's safe. Let's give them access. People have to have control over the destiny of their.

[01:11:04] Del Bigtree
I want to get deeper in this conversation. So let's get through this list. I got myself stuck in and just rapid fire the rest of these. Uh, ipamorelin. What is that? Leave it up there, I want to.

[01:11:13] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
It's in the same category as the CJC 1295. In my opinion, they often are prescribed together or even in the same vial. So a little bit different impact on how growth hormone. Okay. To me it's a body recomposition. It's not a muscle builder. It's a it helps with body recomposition if you're working hard.

[01:11:29] Del Bigtree
Right next is GHKCU.

[01:11:33] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Yeah.

[01:11:34] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
There you go. Yeah.

[01:11:35] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
That's the, the supposedly the magical make you look beautiful. Make your skin glow, make everything great. I'm actually not a fan of it. I think it stings a lot when you inject it. I am not sure that I've seen really great results topically that everybody's revving or raving about, And I think that loading somebody up on copper may not be the most awesome idea about copper. So but that's just me. Jim may have a different opinion.

[01:11:58] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Oh, no. I think there's a variety of studies that would say, hey, it works great to improve collagen synthesis, and then maybe not so much. I think one of the interesting parts to it is it's also being used on kind of the longevity front, as it's somewhat of a gene regulator keeping genes from turning on when they get under duress, you get exposed to environmental burden, pesticides, metals, etc.. Are you you have a protective effect on that gene expression. So, you know, once again, that's why we need to have these discussions because, you know, there's some human trials that say, hey, yes, it's good. But then at the same time, I agree with you. It stings.

[01:12:36] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
It's a wild card. People have immune reactions sometimes. So that one's a little bit a wild card

[01:12:40] Del Bigtree
You know, you keep bringing up is the thought that I have. Right. And I always think, you know, I'm obviously my focus is on vaccines. And sometimes I ask myself, would vaccines have the same side effects if they were given being given to Adam and Eve? You know what I mean? In a perfectly healthy environment where you're drinking nothing but clean water, all of your food is pesticide herbicide free. I mean, how much of what, you know, we're seeing is sort of this disease burden that's just being it's a toxic burden that's on us. And I, and I think about this work, I think about this with biohackers and longevity and are we are some of these things because our bodies are not acting the way that they should because of this toxic environment. Do you think some of your work is. I mean, could someone say, I'm trying to get my body back to what it should be doing?

[01:13:34] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
That's 100% what I think, without a doubt. No, I think the environmental burden has in all the other things, you know, like ultra processed food, you know, light pollution, you name it, right? We've got all these things. We can check the list. It puts us out of a state of our body's natural intelligence to heal. I believe we have a natural intelligence to heal. Yeah. Peptides help us to regain the signal to that natural intelligence to heal. So that's why I think they're important is because they help people overcome that metabolic roadblock that not being in the, you know, we're Adam and Eve was at. Right.

[01:14:10] Del Bigtree
Right, right.

[01:14:11] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
We aren't there. So therefore, how do we help people get over that hump in order to correct that metabolism, to get them back to the way your body should be able to heal for you?

[01:14:22] Del Bigtree
I mean, I think was it Bobby Kennedy said 70% of Americans can't pass the health test to get into the military. I mean, we are so in trouble. We're in trouble.

[01:14:33] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
And I think that we're dealing with a whole generation of adult young people who are vaccine injured. I mean, it's taking care of people is an uphill battle. I've you've been at this a lot longer than I have, but I've been in this a long time for, you know, since the early 90s. And it's gotten much harder to get people well. And so we need certain tools. I utilize GLP one to help people overcome severe autoimmune conditions, severe inflammatory conditions. I'm not just trying to get weight off of them. I'm trying to get their metabolic health dialed in such that because your immune system and your metabolic health are two sides of the same coin. So I'm using it as a tool to, to control and regulate the metabolic health better while they're doing the work. And then we get some immune function stabilization there and people can get a leg up, they can get moving. It's really disheartening to be doing everything right. And you still feel like complete shit because of, excuse me, because of the current environment and the toxic soup that we swim through every day.

[01:15:28] Del Bigtree
I think that's where, you know, I think my audience knows I'm really a natural person. I'll take vitamins on occasion. But even that, like I'm like, if I'm not feeling well, I'll take vitamin. The idea if I'm perpetually taking things to as my stasis just doesn't make sense to me. But I do grapple with how toxic is the world that I'm in. And I'm decently healthy. I'm not. I'm not changing. I'm not chasing major chronic illness. But some of the most convincing testimonies I've been seeing on social media are these people that are really struggling with severe inflammation, mast cell stimulation, these types of things that are saying these peptides have saved my life. Yes. Um, have you seen those inside of your clinic that that type of experience?

[01:16:19] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Absolutely. I mean, I look at when we were allowed to use them, I had a guy that had a, he had a wreck on a personal watercraft. They were going to amputate his leg. And the family called and asked, hey, what do we think you could do? And he actually wrote a public comment that's going to be going into the public docket Without those peptides, he was going to lose his leg. He's three years out. He's playing softball. They said he was never going to use his leg again if it did stay on his leg. That's powerful. And to to what Tina was talking about the effect of them for immune regulation, which is really, you know, why we end up aging fast, right? Inflamm aging. Right. Inflamm aging.

[01:17:02] Del Bigtree
I think we're all I mean, I even I was surprised I got I've been tested like del, you have inflammation. I was like, I don't I eat pretty good. So, you know, what are your thoughts on that? I mean, is that is that a huge part of what you're doing?

[01:17:15] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Yeah. I think that most people well 90 let's back up 2018. Data that was published in 2021 showed that roughly 96% plus of U.S. adults were cardio metabolically compromised. Wow. So we're just fighting. I understand that people have an aversion to GLP one, but I'm over here saying we have a tsunami and the amount of just hip replacements that are coming down the line. And dementia. I mean, on both sides we've got autism rates here. We've got dementia crashing down over here and we're in the middle watching this happen and we're all aging. And you know, I'm Gen X and my I, we're like, okay, how do we slow the throttle on this? And so we can take, you know, I'm taking care of both sides of my family at this point, you know, so peptides are just a way to add to a system that you're already, you know, you're putting in the work, you're taking good care of yourself. Maybe it's not working as well as it used to. What tools can we bring on board to really optimize things? And seeing shifts in rheumatoid arthritis and other debilitating conditions that we didn't have great tools for before, you know, and just.

[01:18:20] Del Bigtree
Like I said, to be incurable, really.

[01:18:22] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
To get people moving again. And even if, you know, I have people messaging me, I have hundreds of thousands of followers who have messaged me about this since I started talking about GLP one. And we've got, you know, young mothers who are so morbidly obese, they cannot go anywhere with their children. And they message me and say, I just went to Disneyland with my kids and I fit on the rides and like, I have a whole different lease on life all the way over here to very thin women who were dealing with cardiovascular issues and, you know, autoimmune inflammatory issues. And they're microdosing and they're, they're themselves again, they're okay. They're back at it. They're back in the gym. So again, I'm just trying to get everybody back in the gym. That's so good. Things happen there.

[01:18:58] Del Bigtree
Whether it's peptides or exosomes or stem cells. Uh, the big issue I think is exemplified in this video. I want you to watch.

[01:19:08] Adam Gabbatt, Guardian Reporter
The most official package I've ever seen. Um, I've been speaking with a man who runs a company that tests peptides that's based in Austin. So I'm going to send these to him and we'll see if they are what they claim to be. A couple of weeks later, the results arrived. Wow. Okay, the ipamorelin there is zero ipamorelin in it. Um, 0% detected. What they have detected is arsenic and lead. The lab can't identify what it is. They just know it's not ipamorelin, which is what we thought we were buying. And people are getting this and and injecting it. The results brought home how unsafe gray market peptides can be.

[01:20:11] Del Bigtree
Alright. That's a that was a huge question that came in. What is the safest way to source peptides? Are there red flags people should watch for when buying them versus signs of, you know, reputable, legitimate sources? So how big an issue is this in this space?

[01:20:29] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
The gray market is what took over when they restricted and took away the compounding for us. So what was what? Fall of 2023. And there was not much fanfare. Usually we get sort of a head. I know you're in this world with them, but I normally get to hear about like, hey, the FDA is starting to question whether we should allow these things for compounding anymore. That didn't happen. They were just gone one day. And so of course, people go to the gray market.

[01:20:51] Del Bigtree
So this is like the Dallas Buyers Club. This is like take away what seems to be working for a lot of people and what they were doing. And then you just drive this underground market.

[01:21:00] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Yeah. And what's the dangerous part? Anything you inject in your body is considered a dangerous drug, even if it's vitamin B12. So to buy something that's injectable without proper safety policies and procedures through the lab that guarantee that it's safe when you inject it, it created nothing short of, in my eyes, a catastrophe. That's it's the opportunity to have adulterated subtherapeutic, uh, potentially dangerous and toxic materials going to buyers that are being influenced through social media to buy these products without supervision. And you don't hear about it in the media, I don't think enough. But because of my role with the Peptide Society being the chair, I would have physicians calling saying, I have three patients this week that ended up, you know, in the emergency room or ended up in my office with this event, adverse event of some sort. And they're on this injectable, you know, this, this research peptide, what can I do? It's like, I don't even know what's in it. How do I know what to tell you if I don't even know what's in it? Because in this gray market, they really when I first saw that come out in the Guardian, I was like, yes, please get out to everybody that's buying off the gray market. Please understand the risk that's involved in it. And it's because in the previous administration and they just took them away overnight. And whether that was a move with pharma or not, whatever the bottom line is when it went away. It showed how big the consumer demand was, right? Because the consumer demand hundreds of millions of dollars a month.

[01:22:39] Del Bigtree
You said, you know, injectable, you're injecting something. One of the big questions here. What's your view on oral peptide formulations versus injectables? What are the differences in effectiveness absorption and safety.

[01:22:53] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I think it depends on the peptide you're talking about and how big of a peptide it is how many amino acids sequence. I think that BPC 157 orally is wonderful for inflamed guts leaky gut. I prefer it over injectable. There's new newer oral GLP ones. Those are the data is looking pretty good as far as weight loss goes. Side effects are not great. People are not tolerating them well. I don't personally like them. I know Jim doesn't like them. At least I think I've heard you say that before. You're not a fan. And that also in the oral form, you have to take a much higher dose to get through and get the effects. And so I'm just not a fan of what that's doing to the gut itself. Um, but some of the peptides I don't think do much orally. I think some do, some are sold as supplements and some of them I even promote to my followers because I'm such a fan of what they do, but I, I think it's a mixed bag.

[01:23:47] Del Bigtree
Okay. How about for you oral versus injected?

[01:23:50] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Uh, well, I think if it's under, if it's seven amino acids, long or less, it doesn't break down. Right. So kind of your stomach has these proteases that will work on bigger strings of peptides to break them down. Right? So if it's under a certain amount, like kpv three amino acids, great peptide to decrease inflammation, that'll survive. Uh, also new delivery systems are kind of coming out to help with, I think, oral delivery. Currently, when you look at the GLP ones, I couldn't agree with, you know what Doctor Tina said more is that a lot of people just get nauseous on them. They them. They don't feel as good on them. You know, it's not kind of I don't think it's very effective, but I think, you know, being a pharmacist and believing in, you know, the ability to be elegant in the way we deliver things, I think there's some new technologies that will be out that are going to really help that. But once again, not all peptides are going to be effective orally. Just bottom line, it just depends on the sequence, the length, and you know, whether or not you're going to be able to get them across the gut or not.

[01:24:52] Del Bigtree
What is the best way to source a peptide? If someone's watching this right now, what would you recommend so that they know that whatever they're getting is what they're getting, that it's the safest form of it?

[01:25:03] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Well, I'm a licensed physician, so I can only tell you to get them from a compounding pharmacy. But we unfortunately have limitations on what we can access from there. I'm also a libertarian, and I'm a big fan of people being able to source their medicines that keep them going. But like that video showed it's the Wild West and I think the inmates are running the asylum. And so really doing your homework. I don't have a good advice on that. I'm hoping this meeting next week changes things and we get some of these back, because I'm not a fan of people going to the gray market and self sourcing and then self-injecting, and even just reconstituting a vial is like a whole mess.

[01:25:36] Del Bigtree
Seems like.

[01:25:37] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Most people don't know

[01:25:37] Del Bigtree
Know. You only need one mistake. Oh yeah. One thing to go wrong. Absolutely. I mean, that's my experience with the vaccines. It only takes one. Yep. Could have tolerated all the rest. We don't know why. Bam. That was your. It was like the lottery.

[01:25:49] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Exactly.

[01:25:50] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Dose matters, right? Dose matters. And these people are not matching. Right?

[01:25:53] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Right, right. They don't know how to understand concentration. And you buy these and they could be different concentrations that are in a powder. And they think, oh, I'm going to put the same amount in it. And you're getting.

[01:26:03] Del Bigtree
Can you overdose? I mean, can you overdose on a peptide.

[01:26:05] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Oh, you certainly can. I mean the GLP ones that are being bought gray market. I remember seeing a post on a Facebook. You know I'm always looking at this. A woman had a needle pulled up and it was for a GLP one. And it said on it. Is this the right dose? As if the. The amount of units mattered and it was. Well, if we don't understand what the milligram strength is, we. There's no idea. So. But there's millions of people that are in that position. And this is, I think, why Secretary Kennedy is so passionate about working with getting peptides back on board, because trained health care professionals, licensed professionals, they can pull out that prescription pad should be in charge of it so that you can be you can be watched. You can see that when you do an injectable, is it safe? Is it working for you? Do we need to change and licensed pharmacies that make things for human use? Following the FDA's rules for compounding should be in charge of making it. And unfortunately, a lot of that's in flux right now. And it creates a situation where people are searching out whatever they can.

[01:27:12] Del Bigtree
Um, there's this question about, uh, cycling. I don't even know what it's like to cycle through the different versions of a product, I guess. What does that mean?

[01:27:22] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
It means you are on something for a period of time and then you come off. And so when I think of like BPC 157, TB 500, we're doing a short cycle. I do a shorter cycle. It kind of depends on the person, but I'm trying to onboard them, load them up, titrate their tissues, get them healing, and then we remove it. You don't need to be on it forever. Glp one sometimes I'll cycle. It depends on how I'm using it. Usually I do actually. And so it's a matter of like, how long are you on something? How long do you take? I think this comes from the bodybuilding world. I think they're the original biohackers period. So they, they know this better than anyone and they cycle anabolics, etc.. So it's a matter of just, are you taking somebody through a period of time and then you remove it so that you can reset?

[01:27:59] Del Bigtree
It was really only tested for short periods of time, right? It wasn't like multi-year use. We really have we seen studies on long term usage of these products.

[01:28:10] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Well, I mean, there's a four year study on on reducing cardiovascular risk that was pretty significant. That was in people with diabetes. So you almost you have to remember Ozempic was originally designed for people with diabetes, and it may be that they always need to be on that medication because if you have high blood sugars, you have high insulin. You are more prone for peripheral vascular disease, kidney disease, dementia, all, all the things related to being a person with diabetes. Now you move over to the obesity side or the people that just having trouble getting weight off. That's a different situation where we don't really know yet what what's going to happen with the long tail of this. Right. But in terms of safety for type two diabetes, I think I would defend semaglutide and Tirzepatide as showing that there's a reduced risk of colon cancer, about 50% less, 17.5% versus, you know, 35 plus percent on or 37% on colon cancer reduction on people that are on GLP one versus not as people with type two diabetes because they have high risks of GI cancers. So I do think some data is coming out showing that. But as always with a drug, there's always risk. You mentioned it at the beginning of the show, the issues with the eyes and, you know, other other side effects that do come up. And we have to acknowledge that.

[01:29:27] Del Bigtree
I mean, it seems like we could I could this is super fascinating, but I just sort of want to bring it together and what it really appears like, like anything else, it seems to me working with a licensed professional that is not just, you know, trying it on themselves this one time, but seeing, you know, results in many different patients what working is, it is probably the safest way to go. We're going into the next week the concept of regulations on this deregulation or however you look at it, what is the dream as you look into the future of what you've seen with peptides, the safety of it? What would you like to see come out of this meeting next week?

[01:30:07] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
I'd like to see us get our prescription rights back on it, and I'd like to see the work Jim does through different organizations, training physicians. I'd like to see more physicians learn how to use these appropriately in their practices. And I'd like to see, like I said, I mean, I think people deserve access. At the end of the day, this shouldn't just be an elitist type of treatment. And so the more doctors that understand how to use it, the more the, the more. I mean, I hate to use the word regulation, but in some of these cases, regulation so that we have safety. And the more that it's available, I hope that will drive the price down. So I'm excited that RFK and Trump brought the prices down on GLP one. I was praying for that because I think, you know, more people that can access, but we need more doctors being well trained on how to apply these effectively.

[01:30:52] Del Bigtree
You're going in there next week. If I two weeks from now, when you're laying in your bed, what gives you the. Yes. What is the goal.

[01:31:01] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Now the goal was for it to get through committee and they approve the the that these are worth moving out of. Category two back onto the prescription pad. We'll see what the final decision becomes after that. I think that there's a lot of health care professionals that have devoted a tremendous amount of time to get prepared for next week so that we can show that, you know what? There's there's science on both sides of the fence. Then there's the naysayers that say, oh my God, they're they're terrible. We can't do them. And then there's the people that, you know, oh my gosh, everybody should have access in every which way. Truce in the middle. We need health care providers utilizing these responsibly. Track the evidence, have real world evidence, show the benefit. And and I think we'll be very happy with that. So from my end as that we move this along, we we get the right votes and I think we're going to I, I'm very optimistic.

[01:31:58] Del Bigtree
Well, I want to thank you for coming and discussing this.

[01:32:00] Jim Lavalle, Clinical Pharmacist & Board Certified Clinical Nutrionist, Chief Science Officer, Life Time Fitness, Chair, International Peptide Society
Thank you.

[01:32:00] Dr. Tyna Moore, Naturopathic & Chiropractic Physician, Host, The Dr. Tyna Show, Regenerative Medicine Expert
Thank you.

[01:32:01] Del Bigtree
Important topic. I want you to stick around. After the show. We'll have a quick conversation. One of these questions I didn't get to is there snake venom in this stuff? Don't tell me. I want to find out. As I travel the world, I get to do a lot of great interviews. One of them was in concert with Lighthouse Productions in the Netherlands. Uh, this is just a piece of a great, great interview I did with Angus Dalgleish that is now being put out by lighthouse. Take a look at this. What's the difference between a virus and a retrovirus? Or is it, you know, how do I think about that? What is a retrovirus?

[01:32:35] Prof. Angus Dalgleish, Oncologist
Right. They're both viruses. But a retrovirus is an RNA virus that can program itself into your DNA. And this is very interesting implications for messenger RNA vaccines.

[01:32:48] Del Bigtree
So a virus can't insert itself into your DNA essentially. But a retrovirus can't.

[01:32:54] Prof. Angus Dalgleish, Oncologist
Yes. The normal RNA viruses, for instance, and and airborne viruses are never going to get to do any damage to your DNA at all. Okay. But a retrovirus, when you get infected with that, it can it can do a reverse. Hence the retro insertion into your DNA and just sit there and stay there for a long time. And the first one was a leukemia virus, which was discovered to be in the Caribbean and Japan. And the second one was actually HIV, which I was in exactly the right place when HIV came along. And from my point of view, it filled fulfilled the association with cancer because it presented with rare lymphomas, Kaposi sarcoma, like they've never seen, as well as infections, all features of its immune suppression. So the association with cancer was actually indirect as opposed to direct, which is what I set out to research. The other viruses that are associated with cancer in humans are all big DNA viruses that integrate any rate. And you have heard of these Epstein-Barr virus and which causes lymphoma human papillomavirus with the cervix human the HBV and HCV. Which hepatitis viruses. Which both can cause cancer. Now, in all these situations, it usually takes years and years and years before it emerges. So my interest is why.

[01:34:24] Del Bigtree
That is an amazing interview being put out by lighthouse right now. So if you want to watch the full interview, there's the bitly, there's the QR code. I want to thank Flavio Pasquino that runs Lighthouse TV. This guy's an animal, man. Just doing great work, great media. The event in the Netherlands. Netherlands was fantastic. It was right after Guernsey, England. And speaking of Guernsey, England, I am heading back to England for CPAC this weekend. In fact, I'm running to a plane right now. After the show, I'm going to be doing a panel, The Truth about Covid Saturday morning at CPAC. I think you have to get a day pass if you want to check it out. But if you're anywhere in the London area, uh, go get kpac.org/register, or I'm sure you could just show up and buy a ticket in person. But I have an amazing panel. And how cool is that to be at CPAC and having these types of conversations there. That's why I've decided to do it. Really looking forward to it. So if you're out there in England, I'd love to meet you in person. I'll stick around and say hi. And yes, I am wearing a hat to say we still have incredible merch. It's the summer. I don't wear suntan lotion, by the way.

[01:35:35] Del Bigtree
I. I haven't for years. Even before back when I was reporting on suntan lotion at the doctors television show, I started wearing a hat instead. So we've got hats, we've got beach towels, all sorts of great stuff. And it's a conversation starter. And I love this logo. Anyway, I think that's pretty cool. But a hat, man, then I don't have to worry about suntan lotion on the old face. We like keep the skin looking good. You get just enough that sun glow, uh, the tan, but without really burning yourself. So go to the store and grab some merch is a great way to celebrate the work that we're doing and help us keep it all going. And I'll see a bunch of you in England. I'm heading to the airport right around right after I do an off the record, but let's just get down to basics here. There is so much work that needs to be done. There are conversations that need to be had. We're going to keep having them hear the questions you're asking. Keep bringing those questions. There are other panels you want us to do. Let's do those panels. Let's get down to what makes it, you know, easier for us to be healthy.

[01:36:35] Del Bigtree
What does it mean to make a Make America healthy again? What does it mean to make the world healthy? How do we stay healthy? How do we get healthy? And what has to happen in our governments so that practitioners like these can do their work? I mean, I love an FDA, I want a regulatory agency. I want to know that things are safe. But aren't you are you spending like hundreds of billions of dollars in there? Can't you just fast track the things that look like they're actually making us healthier? And then, you know, as a part of that process, throw up a red flag if one of them isn't. It's not like just stopping everything down. It just feels like we're behind the ball in the world when we should be the leaders. We're supposed to be the leaders. That's what having the kind of funding that goes into our government, into our regulatory agencies. It's not to stop everything and shut it down, or just work for the pharmaceutical industry, work for the people. We've got health issues out here, and it seems like there's solutions that are being blocked. Bobby, I'm talking to you. For the rest of you, I'll keep talking. I'll see you next week on the Highwire.

END OF TRANSCRIPT