

NAME

EP 495 9/24/26.mp4

DATE

September 25, 2026

DURATION

1h 55m 35s

23 SPEAKERS

Del Bigtree

Jenn Sherry Parry, Executive Producer

Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

Alex Karp, CEO of Palantir Technologies

Female News Correspondent

Scott Bessent, United States Secretary of the United States

John Valentine, AI Expert

Shawn Buckley, Canadian Constitutional Attorney

Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Male News Correspondent

Aaron Siri, Head Legal Counsel, ICAN

Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist

Dr. Paul Thomas, Pediatrician, Author, "The Vaccine Friendly Plan"

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

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

Jake Scott, MD, Infectious Disease Specialist, Stanford University School of Medicine

Ron Johnson, (R) United States Senator from Wisconsin

Dr. Bob Sears, MD. Pediatrician

Female Speaker

Male Speaker

Catharine Layton, COO, ICAN

Group of People

START OF TRANSCRIPT

[00:00:06] 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 so that ICANdecide.org and donate now. All right, everyone, we ready?

[00:00:46] Jenn Sherry Parry, Executive Producer

Let's do this.

[00:00:47] 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. Welcome. Well, you know, you do a lot of things in media, especially with a company like The HighWire and ICAN. And we've put out documentaries, put out series. But one of the little babies that just really took flight was An Inconvenient Study, the film that we made and put out last October. I just want to celebrate the fact that, you know, people keep asking me, how do you know the world has changed? How do you know that? I mean, a lot of people say, is there anything happening at all? Well, one of the things I know for sure is happening is when I put out VAXXED in 2016, the only festival we got in there, Tribeca, kicked us out of the festival. Well, an inconvenience that is having the opposite reaction. It is winning awards around the world. In fact, where I think at about 17 now, best documentary, Best investigation awards. And this isn't even the official selection laurels. We could even make this even bigger. But the film is just really opening hearts and minds and festivals all around the world, which says that this is now a topic that people are very interested in. Um, it's going viral 100/100,000 plus downloads, 150, 40 million estimated global views now around the world. And please, I hope you are still sharing it and inconvenient study.com. We also have the little cards you can download. You can get them at our shop to go ahead and hand those out wherever you go. I love it. It's a great way to just walk up to that pregnant mom when you never knew what to say.

[00:02:40] Del Bigtree

Just say, hey, I don't know. You know where you're at on the vaccine thing, but this, this is a really interesting documentary about an investigation into the safety of vaccines. You may want to check it out and then just walk away. Trust me, the curiosity will do its job and it will maybe allow God to step into that heart and mind and, you know, get them to do the right thing. But one of my favorite things when sometimes it's a PowerPoint position that we've put together or, you know, some talking points we put out or some graphs that we've launched or things like that. But when you see other people starting to use it, and one of the things I've been saying to the team, I see so many doctors and scientists now popping up in my social media feed, you know, and their, their, their argument in at least the videos that are popping up is there's a study that was done by Henry Ford Health and they start walking people through it. They never mention ICAN. They don't mention me or The HighWire or any of it. But that's what's awesome, right? It's so powerful that now it's just taken on its own life and is being used by people all around the world as it should be. So one of the things that really just, you know, lit my heart up was when I saw Nick Hulscher in, uh, in a hearing, um, which was just phenomenal that he was walking through the data on Henry Ford. Uh, well, this is just a piece of what that was like. Take a look at yourself today.

[00:04:05] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

I'll be speaking on the unpublished, uh, Henry Ford vaccinated versus unvaccinated study. And my expert opinion, this is the strongest, most comprehensive and largest vaccinated versus unvaccinated birth cohort study looking at chronic disease outcomes ever conducted. Okay. So it's the best of the best that we have so far. The final statistical measure was that vaccinated children had a 2.5 times higher risk of developing a chronic disease compared to unvaccinated children. After all that statistical modeling that they were supposed to do. And at the end of the ten years, they did something called a kaplan-meier survival analysis. The vaccinated group, after average ten years from birth to average age ten, 57% of the vaccinated had at least one chronic disease. Only 17% of the unvaccinated had at least one chronic disease. And so this is a very powerful study. And we actually published a peer reviewed reanalysis of these data. So it's actually in the peer reviewed record. Now these data Marcus Zervos is, was, is very well respected and has frequently done sorts these sorts of epidemiological papers, many of which are in infectious disease. And so I was very concerned when he was caught on that camera. In that clip we saw saying, um, I'm just not gonna do it. I'm not going to do it because I don't want to. I don't want to suffer what McCullough did. He said, part of my reluctance to do anything is that nothing is going to come out of it other than me losing my job, which I'd rather not see happen. So why is he concerned about losing his job for conducting a study he thought was good? Those are questions that need to be answered by Henry Ford Health. But they're not here, unfortunately.

[00:06:27] Del Bigtree

Well, it's my honor and pleasure to be joined by Nick Hulscher, one of the rising stars in the medical freedom space. You've been fantastic, Nick. It was really awesome to see you giving this testimony. First of all, how did this testimony come about? Did you know? How did you get into this? Um, you know, this committee in Michigan.

[00:06:48] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Yeah. Well, thanks for having me. And I got into that hearing because Representative Brad Paquette in Michigan simply DM'd me on X. He said, listen, we're going to have Henry Ford Health here. We want you to come in and kind of debate them on the findings of their own study, their own unpublished study. And so I agreed. I'm like, yeah, of course I want to come in there. This is going to be big. You know, we'll finally have Henry Ford, their own researchers talking about their own study. Marcus Zervos and colleagues.

[00:07:22] Del Bigtree

Wow.

[00:07:23] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Unfortunately, they didn't show up.

[00:07:25] Del Bigtree

So this was set up as a debate. They were scheduled to be there, and then they found out you were going to be there. And just like you're a little bit newer to this, I've been at this ten years and others longer than me, you know, 20 years. And every time we've ever thought we were showing up for debate, most of the time the doctors all disappear. They don't show up. And this was another one of those circumstances, which is, you know, which is really quite shocking. You would think, if they felt like they had a winning hand, they would want to play it. Um, so, so, so specifically, you were asked on this Henry Ford study. You say a couple of things in that video and in your testimony that I've been trying to articulate to write, this isn't the only study like it, but you say it's, it's one of the most important, the most robust. It's the biggest. But I think the fact that, you know, as we see in the footage in the film, when you have a scientist stating unequivocally how pro-vaccine he is bragging about, he's the reason everyone at Henry Ford's system vaccinates. It really puts this study in a different place, right? And even Peter McAuliffe, who you work a lot with, says in the film, if Henry Ford Health does a study and it comes out, you know, not not well for the vaccinated, you'd have to take that very seriously how important that is you and to you, because I think the question is really about bias in science, bias is possible. It does affect how studies come out, does it not?

[00:08:57] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Oh most definitely. In fact, I would say in my estimation, bias affects a vast majority of papers. You know, whatever their predetermined conclusion is, they'll try and model the statistics in a way to show the outcome that they wanted to show. But I think it's very, very important and inconvenient. Study your documentary and that's the basis of all of this, right? I mean, you got Marcus Zervos on camera saying it's a good study. I mean, so the lead author himself is saying, yeah, I would have put it out like it is. I don't want to end up like McCullough. And so it's quite unequivocal when you have somebody of that caliber saying that a study that found the vaccinated children are far sicker is a good study. And so that's probably why they didn't want to show up to the hearing because they they did play those clips from An inconvenient study that are undeniable.

[00:09:54] Del Bigtree

One of the questions I've always asked, and, you know, you're sort of outside of this, you weren't in the middle of it putting it all together. But you know, Marcus Zervos is the head of infection infectious disease. This is one of their key players. He's not just someone that works there. They're not aware of. He's running a major department. Peter McCullough knows who he is. He's world renowned. So why didn't the why wasn't the response. They they have their complaints. We post them on our website. The issues you're going to have, frankly, with any retrospective study. But shouldn't they. Shouldn't they. If science is working right, shouldn't science say to Doctor Marcus Zervos, shouldn't the institution say, we see what you're doing here? We think there are some flaws in your methodology. We want to read, you know, analyze this because this is an important study. And what I find shocking in the argument by Henry Ford Health is that they didn't. What they said is we didn't like it. Why didn't you fix it? Certainly you could. You saw the value in the conversation that's happening in the world today. The level of confidence in vaccines is an all time low. The confidence in medicine and science is at an all time low. This is the type of study, which is why I thought Zervos did it. If I could show the vaccine are healthier, it would certainly bring back confidence. Did they? What do you think happened there? I mean, wouldn't their natural response be to say, we're going to step in here and fix this study?

[00:11:22] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Yeah, exactly. And that's. Well, first of all, they should have acknowledged the study. The study was real. It was based on real children enrolled in the Henry Ford insurance systems. And it was real vaccination status. They used Michigan, the Michigan Immunization registry to verify it. And so what they should have said is, okay, maybe there was these flaws here and there. Maybe there was 2000 people in the unvaccinated, 16,000 in the vaccinated. Now we're going to acknowledge that this is a major safety signal and replicate it with more unvaccinated children in the next study. But the thing about this Henry Ford birth cohort study that they did is it's actually as strong as they could do it. I mean, they exhausted all the statistical analyzes you could do with these data. Yeah. And again, this was a birth cohort study. This is some of the strongest data because you're following children from the time they're born all the way through, you know, they cut off their plan with the insurance. And so you're capturing all of their visits, all of their vaccines, and you really do get a good measure. You get a good capture of how sick these children get. And there was no analyzes that they missed, as far as I'm aware. So it's actually very strong. And Henry Ford should be ashamed for not showing up.

[00:12:49] Del Bigtree

I also think in your analysis and by the way you went and you've gotten peer review on the reanalysis, which means you're bringing more importance to this data, not just this study, but this data. You're you're walking through the data. What's fascinating about the way you did it is it made me feel like they actually did come in and run Cox proportional hazards and things to really try and, you know, suffocate some of the findings as best as they could. Because every time you see them attempting, you know, their own internal reanalysis, whether it was time in the program, it actually made the data worse. Like what what we what I realized we're seeing in the study that Henry Ford Health did, it looks like it's the most conservative you could be about the damage being done. There's certainly ways this study could have been done that make it far more dramatic in the injury column. What's happening to the vaccinated kids? And they've run, as you said, every way you could reduce that? It seems possible. Am I am I reading that correctly?

[00:13:56] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Yeah. You know, you're reading it 100% correctly. So basically that's the the minimal amount of harm. So the harm we saw in their unpublished study is the minimal amount that we're likely seeing, because they did run the Cox proportional hazards. They took into account follow up time, and they ran all sorts of other measures that attenuated these chronic disease risks and buried some of the raw proportions. And so that's where our reanalysis came in, was we literally just stripped everything away and looked, what are the raw proportions, the raw numbers between the vaccinated children and the unvaccinated. And what we found is, simply put, unequivocal. It's unequivocal. We found that all 22 of the chronic disease categories were higher proportionately in vaccinated children, no exceptions. Many of these diseases were only in the vaccinated, including things like ADHD and even diabetes. I mean, cancer was 54% higher in the vaccinated children. Autism was higher in the vaccinated children, everything. And so it's it goes to show you that clearly something's going on here. And, you know, we have to remember, it also corroborates, um, approximately 12 other vaccinated versus unvaccinated studies that show the exact same pattern whenever you have an unvaccinated control group, um, the vaccinated group is always sicker across most health domains.

[00:15:37] Del Bigtree

Which is really shocking. Do you feel like we're making headway? You're obviously out there. I see you working at least as hard as I am. You're traveling all over. You're giving testimony. You're appearing on podcasts and news programs. Um, a lot, I think a lot of people that are at home are asking the question, are we making a dent? Are things changing? What is your answer to that from your view?

[00:16:01] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Yeah. I think we're making a dent. We're making a very large dent. And people are waking up to all of these concerns with the vaccines, you know, and that is reflective in certain vaccination uptake collapsing. I mean, we know for sure with the Covid shots, um, it's like less than 10% of people are taking them now. And, you know, people are understanding that there are risks with injecting toxic materials directly into the body, particularly small infants. That's not supposed to happen and that it will, unsurprisingly contribute to chronic disease risk when you inject formaldehyde traces, neomycin, polysorbate 80 aluminum neurotoxin, as well as fetal DNA fragments, billions to trillions of them. And so that's not going to be good for health.

[00:16:55] Del Bigtree

Well, I appreciate all the work that you're doing, Nick. I love that you are, you know, not just didn't just go watch the film, but you took that study. You've done reanalysis, you're presenting it around the world. It's great to see it. How do we follow? You are actually doing so much work putting out so many studies. What's the best way to just stay on top of the work that you're doing right now?

[00:17:17] Nicolas Hulscher, MPH, Epidemiologist & Administrator, The McCullough Foundation

Yeah. You can follow me on X @Nick Hulscher. You can also follow me on Instagram. And I also have a personal website. Nicholashulscher.com. You can see all of my studies and the focal points.com. That's our Substack. I'm on there with Doctor Peter McCullough and John Leek. We post all of the breaking studies there as soon as they come out.

[00:17:38] Del Bigtree

All right. Keep up the good work, Nicholas, and congratulations on that incredible hearing. I'll talk to you soon. Thank you. All right. Well, we have a really great show coming up. I've got Denis Rancourt, who we had on in the middle of Covid. He was doing incredible science showing that masks were complete baloney. But now he's one of the stars of the Allison Enquirer that just happened up in Canada, delivering shocking, um, statistical evidence and data on rise in mortality, in pregnant women in pregnancy and infants. We're going to talk to him about what he's found. And I also have the one, the only the man, the myth, the legend. Doctor Bob Sears is joining me later to talk about an event we're doing together. But first, it's time for the Jaxen report. All right. Jefferey, you and I were just at a speaking event up in Michigan last week, and I just I just want to say, for anyone that missed it, you got to catch Jefferey live. Man, it was an incredible presentation. Your stuff on polio was mind blowing. I've watched your documentary, I've read the books. But there's something about that in-person experience that is so powerful.

[00:18:58] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

Yeah, that that was a wonderful event. We met so many doctors and health professionals that are just doing amazing stuff outside, you know, kind of the mainstream paradigm. They're looking for the newest breaking alternative medicine out there and it's changing lives and just it just look outside the box and support these people that are doing great stuff. And I want to talk about just piggybacking off the conversation you just had. There's some massive news with vaccine safety coming from our government. But before I get into that, I want to talk about over the last two weeks, the public may have noticed that there's a fear campaign going, and it's around artificial intelligence, and we're supposed to be scared. The same companies that have been developing artificial intelligence telling us it's going to save the world, cure cancer, do all these great things all of a sudden said, it's going to destroy us and maybe kill 10% of us unless it's regulated by government. It was kind of an about face, but when we saw Bill Gates come out and throw his weight behind that, we all knew something was up. This is the headline "Bill Gates sounds alarm on an AI transition." He's calling for an international regulatory body, basically global government, to regulate this unelected. And he wants them to step in there. So a lot of people are looking at this and scratching their head and going, huh, should I trust this guy? Then we have Andrew Yang. Andrew Yang was a presidential candidate. He came out and warned claims the escaped AI agents polluted the web. That's the internet with self-replicating code. So may be too late for the internet. Um, I guess maybe we need IDs to sign on the internet now, so we have to prove we're not AI bots. But then we have Alex Karp. He's the CEO of Palantir. Palantir makes autonomous drones for the government. It also has commercial AI platforms, huge company. And he was just interviewed recently and he said, this is what AI companies need. Take a listen.

[00:20:46] Del Bigtree

Okay.

[00:20:46] Alex Karp, CEO of Palantir Technologies

So it's actually happening. This is reported as regulation Non-regulation movement. That's actually not what this movement is. It's like the view that I believe they have is these businesses have to be nationalized. Because if you don't nationalize them, every single one of my clients is going to sue.

[00:21:02] Female News Correspondent

Don't you think that's what they want?

[00:21:03] Alex Karp, CEO of Palantir Technologies

Well, obviously, like if you have a business that presupposes unlimited risk, both vis a vis liability risk vis a vis the clients, because I don't think any of our clients realize their IP was migrating vis a vis the world. Because you're saying, what is the liability risk for destroying 10% of the company, 10% of the world. It discounted into the present. Okay. But there's only one institution. And by the way, that's not actually what's happening. They want three institutions. It's going to be like Europe, Canada and America. We migrate all the IP of America from our businesses to this institution. Then the institution is going to get full liability protection.

[00:21:43] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

Liability protection. We've heard that before. Yeah. And again, just a warning signs alarm bells going off, going off. So we have US Secretary, US Secretary of Treasury Scott Bessent, he came out pretty reflexively and just shut that down. Listen to what he had to say about that.

[00:21:59] Del Bigtree

Okay.

[00:21:59] Scott Bessent, United States Secretary of the United States

Imagine these labs came out or one lab in specific, a city employee came out and said, there's a 10% chance of an extinction level event. But then the labs also said, uh, take the liability off of our hands and we will not do that. I am in agreement with the MIT professor who leads the AI lab up there. Daniel Huttenlocher that it is humans who are responsible, not the AI, the hugging face incident, the. That is the responsibility of the open AI management, not a bunch of agents. So what the president was saying is that we cannot. The say, oh, you. We absolve you of responsibility and the government's going to take responsibility. These labs need to take responsibility for themselves. They can slow down any time they want to.

[00:22:54] Del Bigtree

Wow. I feel like I'm like in the middle of it. Like the ball. The tennis ball is like flying back and forth past us and almost hitting us. Right? It's like, you know, what's going on here seems so big, and yet it's just like this, this slapping it back and forth. But obviously we don't want liability protection on a, on a product, if you will, or an entity and what it might do in the future. Liability protection seems like the worst idea in the world. But why are they asking for? What are they really worried about?

[00:23:25] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

And that's exactly the point. What you're trying to describe there is what is this artificial intelligence these companies are peddling? Because the build out is in the trillions. And basically you're taking proprietary, proprietary information, feeding it into the AI, and other businesses are grabbing that information. It's this circular, circular conversation, I guess you want to call it. And a lot of people are saying, where is the actual revenue stream here for that type of price tag? This article here actually puts a really fine point on it. The AI build out rests on hidden debt. It says the "AI boom rests on an optimistic assumption. Demand for compute will continue rising almost without limit." I don't know how that's possible. "Yet part of that demand may be less independent than it appears. The AI sector is bound together by a dense web of commercial relationships and strategic partnerships. Companies invest in one another, then they then use that capital to purchase goods and services from the very same firms that provided it." Well, that's not pretty. That's not good, because we're resting our entire GDP and these IPOs that are coming forward on the development of AI. And we have Gartner. They did a forecast over the next couple of years of AI development. And they say worldwide AI spending to grow 49.5% in 2026. There's a quote there. It says "the build out of AI data center capacity is the largest infrastructure project humanity has ever taken." Del, think about, I don't know, the railroad build out in the late 1800s or the highway build out in America or even the internet build out.

[00:24:56] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

They're saying it's way bigger than all of those. Not even close. So this is where we're in this very obviously a historical moment. And they have a chart here. I want to show people just the just the idea of these numbers. So you see that middle column that's 2026. And at the bottom there, that's basically, uh, you look at AI infrastructure, that's about \$1.48 \$8 trillion. Total AI spending is \$2.6 trillion by 2027, \$3.6 trillion. And on and on it goes. If you crunch all those numbers, everything above AI infrastructure on that chart is computing and data. And for basically for every dollar spent according to that chart on data, they're spending almost \$40 on these data centers and AI infrastructure. So that is the big part of this. So when you look at these data centers, it takes on a whole new purpose when you see those numbers. And this is Bloomberg here, Bloomberg writes AI data center spending to reach 32 trillion by 2050. So we're talking I believe the national debt is 40 trillion. So 32 trillion is what we're talking about. But the real question here is do we need the data centers? All of the money is going into these data centers. And there's been a lot of obvious questions about the environmental impacts of these, the human impacts, when they get plopped into these small towns taking up farmland. And executive software engineer who builds corporate and government systems. Major systems for the government recently testified in Texas. Listen to what he had to say.

[00:26:22] John Valentine, AI Expert

Okay. What you need to understand is there is no need today for Hyperscaler data Centers for AI. The reason that we are having these Hyperscaler data centers for AI is we have a series of software companies, in particular, Palantir, in particular, Oracle and others who are using 1980s technology and the 1980s technology needs data centers. We, however, who are building some of the most modern AI systems are able to take applications and we do this regularly with Apple Computer. Weeks ago, we took an application that takes 92 hours to run in a data center, and we ran it on a computer you could hold in your hand in nine minutes. You plug it into the wall, and when you plug it into the wall, it uses less power than a microwave oven. We are building systems today for the federal government. We're building systems for state governments. We're involved with one particular state government using this distributed computing technology. And it's not just us. What you don't know and what people don't seem to understand is only America is doing this craziness with data centers.

[00:27:35] Del Bigtree

It's almost like they're up to something. Only in America.

[00:27:40] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

There's a lot so many red flags in this conversation, so many red flags. I guess we're just going to keep reporting on this, but it seems like it's a train careening out of control at this point. And you have industry looking for liability protections. It's never a good sign.

[00:27:56] Del Bigtree

Well, you know, I want to take when we look at this though, Jefferey just for a second, what's really scary about it is we have a history now of watching this sort of too big to fail approach towards business. And it seems like. And we're reporting, I feel like we're reporting on two almost completely different stories. On the one hand, we report on people that say, hey, AI can't do any of the things that they're promising it's going to do. It's going to be a complete failure. But what does that look like? If every company is hooked themselves up to it and has most of their data being processed by it suddenly, oh, sorry, it's not going to be as effective or accurate as we had hoped. And on the other hand, we're having, you know, still people running out of the buildings screaming, I've just built Godzilla. Look out, we're all going to die. Um, and with both like credible information, but one of the things I find shocking and you've touched on this before, is we're not paying for it yet. It's still, in many ways, everyone's using ChatGPT for free. We're having it like work on our business, or maybe we're getting charged \$25 an hour, you know, or whatever, whatever the case.

[00:29:03] Del Bigtree

But the reports are saying they haven't started charging, and when they do, it could be an astronomical cost just for what we're already doing with it. Forgetting what the future of any need for data centers. And it feels like if we're talking trillions in debt, are they not trying to put us all into a major debt together where we all then are now? You know, it's too big to fail. We can't let them fail. My company's wrapped up doing all of our companies. Our emails are interconnected. Our phones are interconnected by this thing. We're all interconnected. And now we're finding out we don't have enough money. It's going to bankrupt us. We don't have enough energy. You know, we don't have enough water. Whatever the case is, we're not going to be able to walk away from it. Right? It's going to be well, the government's now going to have to bring liability or fund this damn thing because we all bought in and no one ever was paying the costs. Is that ring? I mean, that's what's starting to really freak me out here, too.

[00:30:02] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

Yeah, we've all lived. Most of us, I think, lived through the 2008 financial crisis and the too big to fail on that piece. So that was just the banks, and that was obviously a massive part of our society. But AI is in everything now. So what happens when, like you said, we're taking along this road and at the end of the road, oops, didn't work out right. There's a big problem for everybody.

[00:30:23] Del Bigtree

Exactly. Yeah. It's it's so many. I want to talk to it for sure.

[00:30:27] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

Yeah yeah yeah. The liability exemption piece. So we're going to stick with that idea because it goes right into this next story here. Vaccine safety. We have a headline coming out of science.org from the NIH. And this is "exclusive new NIH Research Center on vaccine harms take shape." So it says "in an internal meeting last week." So this is, uh, it looks like it's leaked. Officials at the National Institute, NIAID, that's Fauci's old agency, "discuss plans for a new research center on the NIH campus in Bethesda, Maryland, that could start up in mid-October, science has learned." So pretty quick around the corner, housing be funded. "The agency also plans to fund outside researchers to study adverse effects of vaccines, piggybacking off existing studies of people with vaccine related illness." So outside researchers funded from outside the government. Sounds like a great idea. Um, no official, uh, really announcement yet from Kennedy. But this is this sounds like this is Jay Bhattacharya. Um, this is his initiative. And this is an interesting conversation because the government is now going to study vaccine safety. This is something a lot of people have been waiting for almost 40 years. Remember the 1986 act? We have a subsection in there. And it was the make vaccine mandate for safer childhood vaccines. And you can see this. It's 42 US code, subsection 300, double A 27. And it goes on to say, what's that tasking HHS to do to promote the development of childhood vaccines that result in fewer and less serious adverse reactions, and to make or assure improvements in order to reduce the risk of adverse reactions to vaccines.

[00:32:02] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

Remember, because of liability exemptions, liability protections. Congress said, well, if we're going to give this extraordinary power to pharmaceutical companies, Congress, HHS, our best agencies are going to have to make sure these vaccines are safe and submit quarterly, submit regular reports while our attorneys at ICAN found out that they never submitted those reports, they never did those those safety studies. So this was in the report. So the Make America Healthy Again report that was sent to President Trump and the white House looking at what they were going to do. This is what they said in that report. In 2025, HHS, in collaboration with NIH, will investigate vaccine injuries with improved data collection analysis, including through a new vaccine injury research program at the NIH Clinical Center that may expand to centers around the country. A lot of people were really happy about that, but we saw nothing until now. This is the first official, I guess, announcement, although it's kind of unofficial. It's from from leaked documents. But we're waiting. We're waiting right now for for anybody at NIH or HHS to say, yes, this is what's happening. And we're going to do this kind of all eyes on Bhattacharya at this point. Hopefully, we'll see an official announcement soon. But this is good news. All the people have been vaccine injured and people that may experience these injuries in the future. Hopefully this research initiative will will help all of those people.

[00:33:24] Del Bigtree

You know, it's been interesting watching Bhattacharya in some of these Senate hearings that he's been in. He's obviously very careful with his words. He's a very articulate scientist. And when they try to nail him to the wall, you know, he says, I believe in vaccines. But I also know that it's a very real issue. There are people being injured. I do think it's good to go in and, you know, explore that. We are having issues with autoimmune disease and health. We should be looking at every possible cause. So he seems to be holding a very, you know, beautiful and important objective position on this. And I also have to say Jefferey, it feels like ever since Trump let that executive order out, basically mirroring the reduction in vaccines that that Robert Kennedy Jr had attempted to do. It feels like there's a floodgate that is opened as though, you know, Donald Trump paved the way to say it's all right for this administration and everyone that we brought in to start talking about these issues, because you're now starting to hear about studies on autism. We're hearing about the Interagency Autism Committee, and all of these things are starting to move. Bobby Kennedy seems to be talking about, you know, investigating safety on vaccines and things like that. So, you know, I hope it feels like a long time coming. Um, but certainly if these guys have two more years in there at this pace, we might actually start seeing something happening.

[00:34:51] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

Yeah, two years is a long time depending on what what happens there. But Kennedy does not look like he's leaving anytime soon. So still a lot of work to be done in that agency and the agency's sister agencies of HHS.

[00:35:03] Del Bigtree

Awesome. Well, you've been incredible. The Download is a, you know, raging success. So many people are talking about it. Now, if you are not watching the download or really short hits, usually under 30 minutes, 5 p.m. Pacific time with Jefferey Jaxen hitting the breaking news over the weekend and what's coming in the week. So it's a great way to start out the week and prime yourself for being aware of the world that you live in. Jefferey. Great work man. Keep it up.

[00:35:30] Jefferey Jaxen, Investigative Journalist, The Jaxen Report, The Download

All right. Thank you.

[00:35:31] Del Bigtree

All right. I'll see you next week. So, you know, when you think about all of the work that we're doing here at The HighWire and I, and I and I say this to so many of you watching, you're supporting. It's not just a news show. We're not just a news show. We are also perpetually in litigation where we find things, we find issues when we feel like we've got enough evidence, we can actually nail it against the wall and turn it into action. That's when we get active. And so we bring lawsuits. And through Aaron Siri and Glimstad and his amazing team, we also bring FOIA requests, which is where a lot of these lawsuits start. We start with, hey, government, can you tell us, you know, what you know about this or what evidence you have? There's all the legal wins that we've had with our legislative work. I think we're how many let's show all the different slides. Do we have them? The amount of lawsuits we brought, but also the amount of agencies that we've been in. Here we go. What's suing the government for transparency actually produces 146 federal lawsuits have been filed. Wrap your head around that for a second. That is just since 2017, 516 document production secured. And when you think about Nick Holscher, you think about the Pfizer papers, the book that Naomi Wolf put out, where the data we put out is just the beginning.

[00:36:51] Del Bigtree

Then other people, scientists, writers take it and get it out to the world. 8 million pages released. And a lot of those are the is the Pfizer data, the Moderna data, the V-safe data, all of that. All of that is now in the hands of the people. And much of it, like the FDA had said, they wanted to wait for 75 years to release it. It's in the people's hands. It's in the hands of the world. It is now in testimonies all around the world because of you, because of your sponsorship and your ability to have us hire such an amazing team to not just investigate what our scientists and our experts, but to bring legal cases of FOIA requests. Our legal update is a fascinating discovery that just came out this week. This is September 15th, 2026. Our legal update exclusive emails now reveal that the CDC safety signal analyzes were dangerously incomplete due to a backlog of 70,000 Covid 19 Vaers reports. Now think about the fact that they were using an experimental vaccine that they were delivering to the entire world. They said that we know we're rushing onto the market due to warp speed. We're going to be really thorough in our post-marketing surveillance, meaning this is, you know, these are these are like what the agents these are the agents that have escaped into the internet.

[00:38:14] Del Bigtree

We are now releasing a vaccine that was not properly tested, and we're going to give it out to the world. So if we see any issue, we have surveillance systems all over to capture that. Well, theirs is the biggest one. And so when we finally this is an old one. We've been at this for a while. We finally got this information. Look what we found out. Take a look at this. Through a Freedom of Information Act FOIA request, ICAN has obtained CDC emails from February of 2021 showing that a CDC contractor was completely overwhelmed by Covid 19 vaccine injury reports, leading to a backlog of over 70,000 reports it goes on. This is going to be this is mind blowing. Cdc claimed that the Vaccine Adverse Events Reporting System was a critical component of safety surveillance during the Covid 19 vaccine rollout. Reports submitted by individuals, health care providers and vaccine manufacturers were supposed to be processed within days and used to quickly identify potential safety signals. By the way, we were giving this to people in real time. We needed real time information. But by February 10th, 2021, less than two months after the first vaccines roll out, GDIT, the contractor responsible for Vaers report intake had a backlog of over 70,000 reports in just two months. An email from GDIT explains the magnitude of the issue.

[00:39:33] Del Bigtree

Listen to this. "Gdit is unable to process all the incoming reports in a timely manner. This scenario is unprecedented, and incoming reports are significantly above the government's worst case scenario estimate of 1000 Covid 19 reports per day. Gdit is unable to process the worst case scenario of 1000 reports per day. There's an average growing backlog of expired unprocessed reports, currently over 70,000." And how is it adding up? "The government's original worst case scenario estimate was 1000 reports per day." Remember, worst case scenario, meaning if it was worst case, we should probably pull this product. "But the emails reveal that the CDC had to quickly adjust that estimate to 4000 and 5000 thousand reports per day. 4 or 5 times the worst case scenario. As a result, CDC had to up their report processing to 25,000 reports per week at a cost of 21 million. And even then, they estimated it would take many months to process the backlog." And yet, when you look at the real Peter Marks in our work on that, all the videos where he's saying we're just not seeing any safety signal. No, you have a report coming in saying we are five times the worst case scenario right now. We cannot handle the amount of injury reports that are coming in. We need help. Something is drastically wrong. Hang up. The phone is what our government did. All of this is breaking loose now.

[00:41:05] Del Bigtree

It's breaking loose in every direction. The Fauci hearings, you know, pleading the fifth or you've got, you know, the extradition of Paul Thorson. Now your top scientist that did the autism studies is now under indictment. And more and more FOIA requests are coming out. You have the Allison, you know, inquiries up in Canada with mind blowing data. And some of it we're about to hear here in just a minute. But all of this, I want to ask yourself, where would we be if highwire hadn't been reporting all this from the beginning? Where would we be if we had not been on top of this all the way back in 2017, when we started suing the government, when we learned how to sue the government when no one had done it in this space before. When we realized the power we had, when we discovered how many of you would actually step forward and fund lawsuits that would never pay us any money. There's no payouts that are coming from these things. These are lawsuits that they never thought would happen, because who's going to spend millions of dollars when we're stalling them in court and obfuscating to stand there until they finally get, you know, an ultimatum or an affidavit stating that we never did the science or we never followed up on that, or those documents don't actually exist, even though we've said there's mountains of them everywhere.

[00:42:25] Del Bigtree

We are in this incredible moment right now. Really, to all of those, if you are not one of the people that has been sponsoring The HighWire and ICAN that has been at this, I want you to just sit down for a moment and say a prayer for those that did, those that did step up when we were nobody, when we were just this, you know? Oh yeah. The HighWire this crazy little group of people that seem to think there's a problem with the vaccine program. Those that were funding us then and made this possible so that when the FDA tried to block this data for 75 years, we were ready. And by the way, we all already knew at that point we had funding. We were going to stand our ground and we did and started changing the world. Well, we plan on continuing to change the world because AI is coming. What is the data on that? What do they know? Don't you want some FOIA requests on that? All of the things that we are talking about here on the Highwire. We're doing it to build a, you know, all of the information we can to start organizing lawsuits. But if we're going to bring those lawsuits, then we need more of you to sign up. We need more of you right now to say, actually, I think this is important.

[00:43:31] Del Bigtree

I think what these guys are doing is important. I see the results. They don't just talk about it. They're not just whining about it. They're not just, you know, throwing together, you know, paperwork and complaining about it. They're actually getting out and doing something about it. That is our culture. That's what we're doing here. If you want to be a part of it, it would be great if you would just decide today to say, I'm going to start sponsoring this work. \$26 a month would be awesome. That's what we're asking for 2026. You can pick any amount you want. If you can only afford \$1, then go ahead because it allows you to say, hey, I was in on that. I was a part of it. There's millions of you out there if you all get involved. I am currently telling Aaron, we cannot bring every lawsuit we want to bring that's happening. It's in real time. Now, granted, you might say you've already got 90 lawsuits going right now. That's enough. Okay, maybe it's enough, but what's going to go down in two years? Where are we at when AI kicks in? Did we do enough? Did we have enough protections? If they decide to bring another pandemic or end of the world scenario, do we have enough rights that we've entrenched through legal winds that we will be able to weather that storm? I personally don't think so.

[00:44:42] Del Bigtree

And that's why I would love to, you know, set Aaron free and say there are no limits. The only limits right now is whether you decide you want to help us, whether you think this actually matters for the future of your family, of the generations on this planet. How important do you think this moment we are living in is? Think about that. Go ahead. If you're just listening to this on a podcast right now, you can text me at 72022, right in the word donate. And we will respond immediately. I'll respond and send you a text so that you can get in and become a recurring donor. If you are out there and you've done really well in life, maybe you made a lot of money in Silicon Valley and a little bit worried about your conscience and what you've sort of set us up for. Maybe you want to make a sizable donation or investment into a specific case that we could do. If you are one of those people that wants to do something extraordinary, maybe privately, know that you got to have or make a big dent in the world. Then just go to info@ican.org. Send us an email and we'll respond to you. It's all completely off the record. We're a nonprofit. No one ever knows, no matter how many times they ask me and believe me, they ask me a lot.

[00:45:51] Del Bigtree

Where's your funding coming from? I said it comes from people who care. All right. I want to thank all of you that make The HighWire possible, that make all the lawsuits possible. I think I think in this next year or so close, we're going to the Supreme Court. I can feel it. And we keep talking about that. Very exciting. So donate so that we can make all that happen so that we can win. During the inquiry, there was a scientist and a great researcher that we had had during Covid that got into all the data. He actually crunched every study that had ever been done. I remember at the time of masks and what they knew they could do and what they knew they couldn't do. He was ridiculed by many in the scientific community. But now we all know he was right. And frankly, anyone watching this show knew he was right when he said it. Well, he just started crunching. In fact, I think he's been years at crunching the data, some of it on that data that was backed up, you know, 70,000 documents and pages. But he's been crunching data in Canada, data in America. And he was one of the dynamic voices in the inquiry up in Canada. This is what that looked like.

[00:47:05] Shawn Buckley, Canadian Constitutional Attorney

Professor Rancourt has a Bachelor of Science degree, a Master of Science degree, and a PhD from the University of Toronto. Your degrees in physics. He has been a natural Sciences and Engineering Research Council of Canada, international postdoctoral candidate and prestigious research laboratories in both France and the. And the Netherlands. He was a researcher in interdisciplinary research and that was. My question for you is, can you explain for the inquiry what an interdisciplinary researcher is? In my case, it means that I'm able to switch fields completely and become a top expert in different fields. But also, I'm able to combine fields to analyze a complicated problem using different areas of science. And so I want to reassure everyone today that I'm going to be sharing some data that is the most unquestionable. The states, the modern states, they count births and they count deaths. And so mortality is one of the most reliable things. There is an apparatus, a legal and administrative apparatus that counts deaths. Who died, how old were they? What sex were they in, which jurisdiction did they die? When did they die? Two to the day. And this data is extremely valuable for figuring out what happened to a society during a major event. And that's the kind of data that I'm analyzing that I've been analyzing for more than five years now. And a recent report that I wrote, an overview report is entitled eight Pivotal Facts about Covid Period Excess mortality. Covid 19, mRNA vaccination is the only measure that involved repeatedly injecting into the bodies of everyone, whether you're healthy or not, and including the sick, the elderly, infants, toddlers and preschoolers. Pregnant women at any gestation period repeatedly injecting directly into their bodies. A known site of cytotoxic substance. The signals I showed you today are screaming safety signals that needed to be acknowledged right away and used to change government and medical establishment behavior. And it was not.

[00:49:06] Del Bigtree

Well, it was powerful testimony then, but so many of us were busy. It was also four days of testimony. I really wanted to shine a light directly on this issue. And Denis Rancourt. So I am honored and pleasure to say he joins me now. Hey, Denis, how are you doing? It's good to be talking.

[00:49:26] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

I'm very well. Thank you, thank you. It's a pleasure to be here.

[00:49:30] Del Bigtree

Great. How would you describe because you're not. One of the difficulties is it feels like when I look at this issue, when we've been trying to investigate it, there was a very poor attempt to actually connect, you know, collect data around Covid virus, Covid vaccines, the issues that were implicated in it. I feel like we're all having to use all cause mortality data cancer, like should. Can I just ask you right up front, could better data have been collected in the modern age that we lived in, in the experience that we just had that was Covid.

[00:50:10] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Okay. Yeah, thanks for that question. I think the most robust data you can have is mortality data, as long as it's high resolution by jurisdiction and by time and, you know, the age, sex and so on. And you can know sometimes the health status of people. So I think that's the best data in the sense that you don't have to rely on diagnoses, which are always subject to bias of the person making the diagnosis. So I think that's the hardest data that you can deal with. However, the thing that was not done that should have been done is to associate that mortality data so that we can know the vaccination status of the person who died. So not just their age, sex and so on, but where they vaccinated, when they were vaccinated, how many times the dates and so on that in, in, in the case of a pandemic that's declared in this way, there should have been an association made between the known vaccination database for citizens and the mortality. That would have been a huge plus for researchers. There are only eight studies, published studies in the world where they've succeeded in doing that for limited jurisdictions. So it's a very rare thing to do it, but it should have been done in a general in a general way by countries, especially large countries like like the the USA and Canada. Um, and it was not.

[00:51:32] Del Bigtree

And so, so what you're using then, and this is something that I said in the middle of the pandemic, I mean, in the pandemic, I said, I think there's a lot being hidden here, but you won't be able to hide the all cause mortality, the mortality data that will eventually speak to us. And we will be able to look back and see what happened here. And that's and you're doing it in a detail that I don't know that anyone else has. But that's what you're working with, right? You have to make some assumptions. Go ahead. Go ahead. Describe.

[00:52:00] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Yeah. Well, the, the thing to, to appreciate is that we've got this mortality and we can do it by the very age of the person who died and by their sex. And we can know exactly where they died and even in which institution they died and so on. So we've got this mortality data as a function of time. We call it a time series. And the important thing is to see large, significant changes in that mortality that coincide with things that are being done to people. That's that's the secret. We know that huge, um, mandates are imposed. We know that huge changes are brought into society. And we can see the response immediately in the mortality curves. That's the beauty of it. So the big transitions that we see. Let me give you just an overview. First of all, there was no excess mortality virtually anywhere in the world until a pandemic was declared by the World Health Organization. So it's a flat line in terms of excess mortality. You declare a pandemic, you impose all these mandates and conditions right away. You have all this sudden vicious propaganda and mortality just fires up from that point on in many hotspots around the world, synchronously on many continents.

[00:53:16] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

So this is this is contrary to the behavior of a spreading disease. This is equivalent to in certain jurisdictions, you are imposing things, incredibly dangerous protocols in hospitals and things like that, locking down the elderly in a very severe way and disrupting their care schedules. And you see these huge peaks in mortality in hotspots like New York, Milan and so on in the U.K., London and so on. And so they were synchronous. So that's one way of noticing what's happening is that it coincides with what they're declaring and what all nations are doing simultaneously. Okay. Another, another kind of correlation between something that happened and an excess mortality. And I'll show that key graph in a moment, or I'll ask you to put it up. It's that pregnant women who are giving birth near the time when they're giving birth. During that critical medical period, you can record their mortality and that mortality is a flat line. Until the CDC imposed vaccination on pregnant women in any trimester, and they impose that on the 11th of August 2021 for pregnant women. And it just fires up from that point on. So if you go to slide 20, for example.

[00:54:45] Del Bigtree

I think we're looking at that slide. Okay. There we go. Yep. We got right here.

[00:54:48] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Yeah. So so here it is. You see I've got mortality of women who are dying during this episode of of childbirth by week through time. And then you've got the date in a dashed red line there where the CDC imposed vaccination, essentially told all health care providers, you're now vaccinating all pregnant women. And from that point on, you see like a knife edge, it just goes straight up the mortality of this specific kind of mortality of women giving birth goes up threefold, right? Then it's a it's a stunning thing. And I said, well, I don't think that's a coincidence. So that first peak of mortality is coincides with what was called in the US vaccine equity campaigns, where they went in and vaccinated the poor and the vulnerable in states where the vaccination levels were lower. And that's where you get that peak. And you'll notice on that same graph, slide 20 that there's two two curves there. One is in light blue and the other is in dark blue. So what we've done is we've separated the states into states that have more than 12% of the population living in poverty versus states that have less than 12% living in poverty. And you see that in the states that are living in poverty. Um, that's where you get these huge increases. In other words, it's not just the, the fact that you're vaccinating in itself, but it's also that you're doing it to women who are in a particularly precarious situation.

[00:56:20] Del Bigtree

Okay. Very interesting.

[00:56:21] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

There is that that complexity there. And, um, then what's really stunning and we were the first to show this. So that graph I just showed you that that is original. That's our data that we showed for the first time at the Allison inquiry. And then what we did is we said, well, okay, if you're vaccinating all the women, you can right from that date on, because they roll these things out in a military style, you're going to hit a lot of them in their first trimester. They won't. They won't all die for sure. But what about nine months later when they give birth? What happens then? Yeah. Okay. So we looked at that. And so if you look at slide 23.

[00:56:58] Del Bigtree

Okay, pull it up

[00:56:59] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Same data, but it's the same data, but now by month, so I've got the date of, of vaccinating women in red there. And then nine months later, that's the date we're going to look at. And so the next slide 24 shows infant mortality now as a function of time for both male and females. And you see that the increase, the stepwise increase occurs nine months after you've started aggressively vaccinating pregnant women. You see that?

[00:57:28] Del Bigtree

Wow.

[00:57:29] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

So that's a really strong demonstration that you're affecting the fetal development in those women that you vaccinated. Okay. And so then we looked at we in slide 25, we looked at this same infant mortality, but now by year to get more statistics and we looked at a broader for a couple of decades before Covid was declared, the pandemic was declared. And you see a gradual historic trend downwards in the mortality of these infants. And then in 2020, when the pandemic is declared, which is when you have, you know, hotspots of death and so on, because you're hitting elderly people in hospitals and care homes, there's nothing regarding infants. In 2021, you start vaccinating the general population and pregnant women later. And there's nothing in the infants themselves. But then the infants that are born and that die. It's in 2022 that it starts. So nine months after you've been vaccinating their mothers and you see that large uptick there, and it lasts for many years. So in the US, it corresponded to thousands of excess deaths. It's quite shocking really. And then we did the same thing another another time where we saw we knew an event was happening at a specific time. So let's look for the mortality signal is involving toddlers. Well, 1 to 4 year olds.

[00:58:55] Del Bigtree

Okay.

[00:58:56] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Okay. So so so then you have to know that toddlers like six months old or older, they were not vaccinated until later, until the vaccine was approved for those ages. So we have a specific date for that. And so for the youngest, the specific date in the US is the 17th of June 2022. So let's see what happens. And so we look at um that's it. That's the slide I was going to ask you to put up. And so here you have uh, these essentially toddler deaths, absolute mortality in the US. You see the historic trend coming down. And in 2020 nothing happens. It follows the trend. And in 2021, there's a start of an uptick before you vaccinate those ages. And the reason for that we've come to understand is because that is the year in which the US made dramatic cuts in financial support to families and workers. So they had given over \$1 trillion to families and workers when they were closing down the economy. And then 26 of the states decided to abruptly cut that that. So you get a bit of an uptick when that happens. But then the following year is when they approve the vaccine for those for those young children. And that's where you see that big peak there in, in, in slide 33. That's where you really see that big peak. And so this corresponds to, um, I can't see the number right now on part of the slide is hidden, but I think it's thousands of excess deaths there. Yeah. There it is. 2000, more than 2000 excess deaths of those 1 to 4 year olds in the U.S. in association with these measures being changed, you see. And so this is quite shocking again. And again, that's I think we're the first to really demonstrate that. Um, then later we looked at cancer. So with cancer, you ask the same questions.

[01:00:48] Del Bigtree

Yeah. Because we're hearing about all of these turbo cancers. In fact, I was just talking to a friend in New York who's tends to be, you know, fairly pro medical and all of that. And, you know, um, not we're not necessarily politically aligned. And even she said, I'm really worried about these turbo cancers when injected. You know, what I injected into myself? And I said, oh, You're hearing that story because we tend to live in these silos depending on where our news is coming from. And she said, well, everyone has heard that story. Now, I don't know if that's true, but it is becoming such a big deal. It seems like this is this, this idea of an increase in cancer. So when you look at that, is it is it proving out?

[01:01:33] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Well, one of the things I pointed out at the Allison inquiry, I forget what slide it was maybe slide 40, something like that. Um, is um that this kind of hyper progressive cancer has been known since 2015 and it started only in 2015 in association with a new drug being approved, that that was a, an immune therapy drug, so that they were giving that to certain patients. And then you had an immediate observation of this very aggressive cancer type, including in young people. So the phenomenon. It's known that if you if you mess with the immune system, you can get very aggressive cancers in young people. It's been known for a long time, about 300 scientific papers about that. I pointed that out. And now we're starting to see it in the mortality that's associated with cancer as well. So I showed some key slides about cancer in the US. I think it was slides starting maybe at slide 42. I showed some data for. Yeah, there it is. Um, 5 to 44 year olds, all cancer types. So you have to know that when you look at all ages together, you don't see these signals because cancer is a major cause of death. And, and old people die a lot. And so you just, you barely see anything in, in when you're doing the usual thing, which is just to look at, you know, what's cancer like in the US, you look at all cancers, all ages.

[01:03:05] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

You don't see anything. But here what we're doing is we're we're picking the younger age group, 5 to 44 year olds. And we're looking at the historical trend by month and you end up with a plateau there. You turn on the pandemic, nothing happens. And you have to wait into 2021 for an uptick, uh, a rise to a higher level. And that coincides with these financial support cuts that I mentioned earlier. And it coincides with this surge in vaccination, which was related to the vaccine equity rollouts, which were massive in the US. And the the US is the only place that did that kind of thing. Okay. So that that's stunning. And, um, you can look at the next slide as well. I think 42 you now we put it in terms of 5 to 24 year olds. We're looking by sex and for both sexes in the black line there. And you see the historic trend and you see this upsurge um, when you were vaccinating these people and after vaccination. So it's a lot of extra deaths there that are cancer deaths. And that's a very clear safety signal for these young people especially.

[01:04:17] Del Bigtree

And that's not even yeah, in no category. You're not really seeing it going down and no one's doing better. And, and honestly, like these graphs, as I look at them, you keep looking at the same time the pregnant women graph that bubble. You can almost see this cancer graph. They're similar in how the effects are being witnessed in mortality.

[01:04:36] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Absolutely. You do something to those age groups and to those people. And the consequence is mortality. It's it's not. It starts for some people. It's an immediate consequence. For some people, it's a little later depending on the type of intervention. So you get this bump coming up like that. That's right. And that's a classic way of detecting a safety signal. And it's very, very clear. It's unambiguous. And what's interesting is that we looked at cancer types as well. So I think it was slide 43. Was it? They had uh, um, uh, a different kind of cancer. Yeah. So here's an example of a rare cancer. So we looked at all the different cancer types that, that the CDC provides data for. And um, this one is called malignant neoplasm of bone and articular cartilage of limbs. And so in the 5 to 24 year olds, it's normally just about ten deaths per year. And it shoots up to about 30 after after vaccination. Okay. That after vaccination. So only starting in 2022. So that's, that's a clear safety signal that one should say, well, okay, what's going on here and why this specific kind of cancer and, and why these young people. Um, and then the next kind of cancer that we, we found a really important signal in is this cancer type that's called malignant neoplasm of independent primary multiple sites. Now that's a mouthful. It's a very specific ICD ten code, but what it means is it's a cancer in which which does not progress in the usual way when you start with a tumor and then you get what they think of as a spread.

[01:06:14] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

So then it then you find the tumor on one organ, and then you find it later on other organs. And you think of it in terms of spread. And it takes years for that to happen. This is a cancer type where the tumors on different organs are not from a single primary original tumor. They're independently produced on that organ. Okay. So this is kind of an explosion of cancer on many organs at the same time. So it's a very, very special kind of cancer. And the diagnosis for it is very specific. You have to test, you have to have biopsies of the different tumors. You have to study them properly with lab techniques and establish that this is not from the same primary tumor. So you're basically demonstrating that you've got a cancer type here, which is unusual and explosive. And that's precisely the kind of cancer type that you saw in the graph there, increased after vaccination. And then the next slide after that showed that that was for the younger population. But the next slide after that showed for the 75 plus year olds, also for those ages, you get a stepwise increase in that cancer type for both males and females. So there's a special kind of cancer that's being induced or that appears to be induced, that is appearing all of a sudden in in in greater amount causing death in greater amount than before.

[01:07:37] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

So those are our cancer signals that we found. Yeah. And, um, I, there's a couple of other things I wanted to highlight from, from my testimony. Okay. If you, if you bear with me because I want to, I want to really emphasize a few things in addition to these very important, you know, women giving birth their infants, the toddlers and cancers in in in young people. There's other things that need to be said. For example, if you go to slide 64, I want to show this. This is a data from Canada, okay. And this shows excess mortality in light blue. So not raw mortality itself, but excess mortality above normal and below normal. Okay. And on the same graph, you've got a red curve there. And that red curve is a measure. There's an Oxford index that's been developed. It's a measure of the intensity with which you so-called protect the elderly, which means isolate them and lock them in. Okay. So when you have an increase in that index, like at the very start of the pandemic, and then you see, I put a gray line there where there's another big increase and then a gray line where there's another big increase. Each time you have one of these increased, I would say, assaults against elderly people. You immediately that that's immediately followed by a large peak in excess mortality. Okay.

[01:09:03] Del Bigtree

It's wild. I mean, just just putting these words together. Denise, I just want to just point out you're saying. Yeah, they're saying they're protecting this group of people, but whatever that meant, we're seeing a rise in mortality amongst those people, meaning you're whether you're whatever your motivation, you are not succeeding. The words you're using are not matching the results that you're getting.

[01:09:28] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

No, it's the opposite.

[01:09:30] Del Bigtree

Yeah.

[01:09:30] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

And that graph shows that not only do you get a peak of mortality, but that peak is followed by a trough below normal mortality. So what that means is you so assaulted them during that peak that there are not enough of that age group to die in the weeks that follow. So you get a lower mortality than you would normally have. And that's called the dry tinder effect. So this is a demonstration on, on a time basis that you really had to do something to kill these people more than normal, and then they die less than normal in the weeks that follow, you see. And so this is to stress this idea that the way they isolated and treated the elderly was extremely harmful and caused a lot of death. Um, and so that's a point I've been making for years that this, this is, this is insane. And you should not do that. Some countries are proud to say, well, we didn't, we weren't as crazy as to impose vaccination at all ages, but we did protect our elderly. Yes. And when I look at the mortality for those countries like Sweden, I see a large peak in mortality when they did that. Okay. So it's important to know that helping is not always helping. Um, there's another point that I wanted to make. Dal, if and this is more of a, it's I'll call it a radical point. I'll call it one. That is, you know, it's about this notion of spread, Spreading of something that causes death and spreading means that as a function of time, you go, you cover more territory and you go and see death spreading.

[01:11:05] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

And so I showed some some key slides about that starting at slide 69. I emphasized that Hickey and Lenard last year wrote a very large scientific report that's in the Hall of Science called constraints from Geothermal Evolution of All cause mortality on the hypothesis of disease spread during Covid. And what we showed in that paper is, well, you can actually go to the next slide. What we should. These are the key points that come out of the paper. Okay. Basically, there's no evidence. We cannot see evidence that there was a spreading pathogen that caused the death. We don't see spread. We see what's called geostatic time evolution, not geo temporal time evolution, which is what all the models predict for a spreading viral pathogen. We showed that there were borders that were artificially impenetrable, even though you had lots of exchange. So there would be a country that would have no excess mortality beside a country that had a lot, but it was related to what that country was doing to people, not something spreading because it didn't cross the border. It's like it didn't have a passport or something. And so we we saw also that these hotspots in mortality, when they occurred, they were synchronous across continents, which is impossible in these models.

[01:12:27] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

We saw that there was no excess mortality until a given day. That was an administrative date. When you declare a pandemic, which in terms of these models is impossible. We saw that there were unprecedented peaks in the middle of the summer, which all the people had said that viral contagion does not spread in the summer because you have humid air and the droplets don't. Don't stay in an aerosol form long enough for spread. We saw we saw in Milan this huge peak of mortality at the beginning in Rome, under exactly the same circumstances, same large airports getting flights from China, same density of poor people, same urban density, same everything in the same country. Rome had no excess mortality at the same time that Milan did, which is contrary to these models. And the same thing is true of California versus New York. So the next slide in that series shows what these models predict. Okay. That's to show the difference between New York and California. Virtually no. And then this slide shows one of the one of the most cited models calculating what should happen if it is spread. And you can see that the the big spots are in New York as well as California. You can see that both Milan and Rome are hit. So there is no way to tweak these models to give you what we observed in reality in terms of mortality.

[01:13:57] Del Bigtree

All right. I want to see I want to I want to drill down on this with you. And I'm glad you brought up because I was going to bring it up because you you shared a letter online and I'm just because I wanted to have this conversation. This was a post you put out and this is a letter. And, um, is it true? It is true that many are overlooking a key point in our groundbreaking research. This letter addressed me specifically, so I want to address it. It said letter to The HighWire by Stephen Malthouse, MD, CHC director. I'll just read a couple of excerpts so people know what was happening here. The HighWire continues to support the virus caused pandemic story, which Rancourt has now proven to be untrue. In fact, there's no evidence of a SARS CoV two virus ever existing, leaked or otherwise, and acting as the source of even statewide infection. This is the revelation that the Allison inquiry showed to the world. It's as if everyone is in a trance and missed it, it goes on to say so. My beef with The HighWire is that you are not looking hard enough in the right places. Sure, there was a criminal behavior, psychopathology, and cruelty, and there's plenty of theater around bringing Fauci to justice before he dies, but that is just playing into globalist hands. Distraction to keep us plebs occupied. While surveillance, digital ID, CBDCs and AI controls are brought in. The biggest lie we are now facing is that viruses cause disease. Another pandemic is on its way. We can do better. The HighWire and ICAN can do better. We expect humans to survive. We must do better. So I want to take up that challenge. And I'm really not. I'm in no means but.

[01:15:28] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

I'm.

[01:15:29] Del Bigtree

Okay.

[01:15:29] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

I do want to say, though, that he he he he extrapolates too far from what we showed.

[01:15:35] Del Bigtree

Because that's what I wanted to ask you. That's what I wanted to ask you. Is it? You know, because I've been really very outspoken on this show, especially after traveling to Europe, that it is clear we murdered people, that this protocol murdered, that the numbers that we saw were from denial of access to just obvious care, putting someone on oxygen that's having breathing issues, not sending them home, all the rest of it. But I wanted to drill in on where you're exactly at because I'm actually trying to figure this out. I want to know, you know, and let me ask the simple question. Then you can get into detail. Are you saying there's no such thing as a coronavirus at all, or it wasn't responsible for all cause, you know, or an increase in mortality? What exactly is the position? Because I am trying to figure out what we what actually happened. Did anyone die from something called a coronavirus, whether it came from a lab or naturally. Do you think anyone died from a virus? Let me start with that simple question.

[01:16:41] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Right. Well, first of all, this excess mortality that we characterize and quantify around the world. We also studied Europe in great detail. Um, is strongly associated with respiratory conditions. So people is definitely respiratory conditions. Now when you look at respiratory conditions, it's never just simply one virus ever in the history of what medical people say about respiratory conditions, they never go in and say, aha, this person died of pneumonia. It's due specifically exactly to this pathogen period. No. When they actually look for pathogens, they'll typically find 10 or 15 different bacterial populations that are that are dangerous, that are significant in the lungs and the fluids and everything. So it's never simple. So it is respiratory for sure. There were respiratory conditions. And what we have been saying since the start is that respiratory ailments are extremely sensitive to stress and isolation. And so this is from the work of Professor Sheldon Cohen in the US. Who, who, who a large part of his scientific research demonstrated this, that you're going to you're more likely to develop a respiratory condition even if you're young. Like he was doing this with college students at the time. He was trying to infect them directly. And he found that you're more likely to get infected or rather, to develop the condition, and you're more likely to get very sick if you do develop it based on two things that he he found over many years of research. One is, what is the stress that you are experiencing in your life? And two is what is your degree of social isolation? So these are two big determinants of respiratory conditions.

[01:18:31] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

So I think that this is how we can understand what happened. And I wrote a paper that's on our correlation website, which is entitled, uh, in the title, it says transmission-less pneumonia. And it explains the scientific basis for transmission-less pneumonia, which is a very real phenomenon and a real killer of mostly elderly people. And I explained that there's necessarily a huge link between experience, stress of all kinds and whether or not you're going to die with a serious respiratory condition. Okay. So that's something to keep in mind. Now what I, what I, the way I see this is since we have demonstrated that you cannot understand the mortality patterns in time and in space in terms of a spreading virus, like all the models say that you should be able to do. Right. And they've been calculating this for decades since. We cannot do that in a contrary, in fact, to those ideas, then, um, the, the spreading hypothesis is not what caused the pattern of mortality that, we feel strongly about. Okay. So if it's not about a spreading virus in the air, then something else, what is it? Something else? And that's what we've tried to elaborate. We've shown that every time you have a peak in mortality, you are actually doing something to people. You are assaulting them in some way in hospitals and care homes in, in, you know, in various places like that. And so we see, we always find this relationship between these assaults and the mortality. And we can't see that there was a spreading a pathogen causing this mortality.

[01:20:13] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

So in, in my thinking, whether or not viruses exist, whether or not there was a Covid with a specific genetic code, whether or not all these things, whether or not PCR is able to detect specifically a virus, a new virus, and all these kinds of questions in terms of mortality and what really was done to society, it's irrelevant. That's that's that's what I conclude. In other words, if there was a lab leak and there was a particularly dangerous virus, well, where is it? I'm not seeing it anywhere. It didn't spread from one place to another. Anywhere that I can see on the planet where I have good data. So how is that relevant? That's kind of my thinking, you see. And so I don't want to get into the argument of, can you really prove the existence of a virus based on a genetic code that you measure by PCR, even though you haven't, even though these are nanoparticles that are difficult to, to work with. And I'm, I'm, I'm, I'm an expert on nanoparticles. I've written a lot of well-cited papers on environmental nanoparticles and synthetic nanoparticles, so I know how to characterize them. I know how difficult they are to work with. So I don't want to get into the argument of whether you did the science right when you claim a new virus. I'm just saying, I'm not seeing the spread that you are hypothesizing on the basis that it's a virus. That is the pathogen here. That's my point.

[01:21:46] Del Bigtree

I think I am completely aligned with that point at the moment. It's the conclusion I'm getting as I travel. I just spoke to some of the top scientists in Italy that pointed out we did not this giant rise in death. These were normal deaths. One of the things that they pointed out was they made it illegal in Italy to bury their dead. They're all Catholic. They do not cremate. So they have very few crematoriums. And so by making it illegal to bury the dead, as you usually do, bodies started piling up outside crematoriums because they were not designed to take the usual flow of death. So things like that, we see it. I've seen it in so many different places. You haven't helped me, by the way, drill down on whether a virus exists or not, which I'm sure people are pounding my comments right now, but I'm in the same position. Like there's certain things we can say. It is clear this is what is clear to me now as I've traveled the world, and I really have always appreciated the quality of investigation you're doing. It's an honor to have you on the show, but what is really clear to me now is this was a manufactured pandemic, meaning they created a crisis. For some reason, I am still trying to drill down. Maybe it's multifactorial. I don't know why they did it, but they knew that they had to create a panic, and that panic could only be created if they could actually increase numbers of deaths, whether it was just by changing categories and things like that. But what you're showing is we actually did see increases brought about by what they said were the protective measures, which, you know.

[01:23:25] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

There's no doubt about that. Like let's since you mentioned Italy, let's come back to that a little in Milan. The. The large institutions and the local governments encouraged people to run to the hospital if they had symptoms, and they were putting everyone on mechanical ventilators. And so they even developed they even modified their ventilators so they could put two patients on one ventilator because they didn't have as many as they wanted. They were doing that in Milan with that spike of death in Rome. The local government said, no, no, don't don't run to the hospitals. We don't want a glut in hospitals. Please stay at home, you know, take care of yourself. They had zero excess deaths. Okay. So every time we've looked into one of these peaks of deaths, we see this kind of thing. For example, in New York, um, Harlem, uh, a lot of poor people and rich people are building public hospitals for them. And they basically gathered them all and brought them into the hospitals. That's the largest peak of excess mortality in the United States at that time. Was in those public hospitals in Harlem. And you can see it on a map of high resolution that that's what's happening. And what we found in general, when we look at these peaks is whenever you have a, a poor group that is feels that they are dependent on the medical system, living beside wealthy people who can pay for hospitals and who like to help them with hospitals and so on. You have high death rates. We saw the same thing in the UK, in London, wherever. So we concluded a kind of kind of, um, making, making humor to some degree that it's very dangerous if you're poor to live near wealthy people. And so we, we see, we see a lot of evidence.

[01:25:17] Del Bigtree

The closer you are to a big, profound medical system, the more likely you are to die. Yes.

[01:25:24] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Yes. And there's, there's in Canada, there's this Very strong correlation, almost a correlation coefficient of one between excess deaths from opioid overdose and the real estate value in the same area in Vancouver, for example. So there's this incredibly strong correlation. So that's another example of of a poor street people essentially living near very wealthy people, you see. So that's these are just some of the societal things that we're observing in our mortality data. Yeah. Yeah.

[01:26:00] Del Bigtree

My final question, Denis, and I appreciate your time would be this is some of the most compelling evidence we've seen of a complete and total failure is the best way to describe it. But I think what I'm searching for is, is this bigger than a failure in all of your work? You've got to be asking the same question. We're all asking, why did this happen? Are you do you have a lead on that?

[01:26:30] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Well, I do talk to people who are rather high up and who tell me not to quote them. Uh, um, I think it's pretty clear that in the US, um, the vaccination programs, including flu vaccination and its importance, are driven by a military desire to be able to vaccinate people when you want with what you want. Okay. So it's not an accident that there is a flu vaccination, uh, industry, despite the fact that scientifically, that flu vaccines have never been found to have a benefit.

[01:27:07] Del Bigtree

Yeah.

[01:27:07] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Um, and that is, that is absolutely, uh, you know, established despite that fact, they keep producing them year after year and they keep producing the new vaccines year after year. Now they're switching from the traditional vaccines that involve that were more expensive to produce. In fact, you had to have really large industry. They use chicken eggs. So they had these huge compounds with chickens and everything, and it had to be sterile. They're switching from that to the mRNA technology, which is a lot easier to control, and it's more aligned with what they would like to be able to do. That is they want to have they want to take these nanoparticles and put whatever they like in them. And so I think they they want using pretexts to be able to inject the population whenever they want with whatever they think will achieve their aims. And the, the, the written legal logic is that they have to be prepared for biological attacks. And so they have to be prepared to, to inoculate their population, you know, immediately if this happens, that's that's how they justify it to, to Congress as, as as I understand it. And so there, there is a military, a large military, deep state driver of the whole industry. And, um. Uh, this new technology with the, with the cationic lipid nanoparticles is just so appealing to their mindset. And you can get funded for it and you can, uh, have a career advancement and you can have a bigger institution that you control.

[01:28:41] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

I'm talking as though I were Fauci. Now, if you, if you have a new technology like this and, and it has many more technological promises than the old technology because it was originally developed for gene manipulation. Um, so it has in their mind much more promise. You see. Um, so I, I have come to conclude that this was driven by the, um, deep state protection military interests, let's say, and that all the other countries went along with it. Uh, one, because they are dependent like Europe and Canada on the U.S. they are tied to them economically and otherwise, even with security arrangements. And two, because of the strength of U.S. propaganda in the world that reaches into Russia and China and so on. So they had to do something. And so they developed their own vaccine. They weren't going to let us companies give them the vaccines. But I believe it's fundamentally driven by and, you know, I use a word that people don't like to hear, but the USA is an empire. And that's just a reality. It, it, it controls and draws resources from several continents. And it controls its allies, Japan, Europe and so on. It is it is a very powerful empire that is now being challenged by the developments in Asia, where you have sovereign states like China and Russia. So that geopolitically, I think, is the big picture that you have to acknowledge in order to really understand these these crazy campaigns that they impose on us. I think.

[01:30:24] Del Bigtree

I think that's.

[01:30:25] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

That's my view

[01:30:25] Del Bigtree

I am, again, fairly aligned with most of what you're saying there. I think it was a failure on that front, though, because instead of having an increased desire for mandated vaccines or those rights. Instead, they've created a more incensed, more resistant population. Which is why in that letter it says, you're talking about next pandemics. I'm talking about it because I feel like they'll do it again, you know, whether or not there's a real virus or not. I think they'll do it again.

[01:30:57] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Oh, yeah. You see, from their perspective, it was a huge success because they pulled it off with their powerful propaganda and aligning all the institutions and the professionals with, with their project, because they're all, let's face it, everyone is benefiting financially from this. All the professionals and everything, all the hospitals and everything. So they, they, they practiced that rollout with propaganda and this alignment. And it worked. They were able to achieve what they wanted. And so now I think they're thinking must be well, where how can we perfect it? How can we make it even better? How can we, you know, and they're putting laws and structures in place to be able to do that. So they're not going to stop, I don't think. The only thing that really stops them and puts a slow on oh, this is interesting. One of the things we saw in the mortality data is that excess mortality largely stopped suddenly at another big event that happened, which was geopolitical, and it was the invasion of Ukraine by Russia, the special military operation. When that happened, all of the media switched to the Russian threat. Uh, they were tired of the pandemic and they stopped doing lockdowns and all these horrible things, and they stopped really insisting on boosters to everyone. Otherwise, you're putting everyone at risk and all that. They just stopped doing that. And mortality goes down across the world. You see a stepwise down at that date when Russia came in. So this shows you that um, propaganda and alignment of their, their soldiers, if you like their minions, their professionals can, can do pretty much anything. And this is what they're perfecting. So it will happen again for sure if they want it to, but I think they're busy now with these wars. Yeah. See, that's the reason we're not having another pandemic right away. And they're not really insisting on it, is because they are having some serious concerns about these wars.

[01:33:06] Del Bigtree

Yeah.

[01:33:07] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

So we're talking about the Middle East, Iran and and Ukraine and Europe, and that is those are hot wars that are only getting worse, and that could have all kinds of repercussions on the global economy and so on. That's something to be concerned about, and that will affect people to the degree in terms of the economy, to the degree that it's going to be hard to try to convince them that they're going to die from a virus.

[01:33:31] Del Bigtree

Right? Yeah. Denis I want to thank you for taking the time today. Incredibly enlightening conversation. Keep up the great work. And and if you have anything else breaking, breaking news, discoveries, I hope you'll bring it to us. We would love to share your work. How do we follow the work that you're doing? Do you have a website or social media we can track?

[01:33:54] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

Oh yeah. You've got my website there. There it is. You've got Substack. But also the important one to add would be correlation-canada.org. That's our main nonprofit organization that does all the heavy lifting in terms of the research and everything. And right now we are busy writing up detailed reports about what I presented at the Allison inquiry. So we'll show all the analytic methods and all of that. We're in the middle of doing that right now. And then we've got a whole pipeline of things that we're going to do. So there will be there will be other things.

[01:34:27] Del Bigtree

All right. Well, I look forward to seeing that. Great work Denis. Thank you for taking the time today. You take care.

[01:34:33] Denis Rancourt, PHD, Former Professor of Physics at the University of Ottawa

It was my pleasure. Goodbye.

[01:34:34] Del Bigtree

All right. Goodbye. I mean, we I do a lot of these interviews, and for maybe me, I'm, like, geeking out a little bit, but that was pretty mind blowing. Some real dots being aligned there in this investigation that we've been on. It reminds me of some of the information that came out of Italy, where he showed every time they introduced the vaccine in an age group, the death in that age group amongst the unvaccinated would go up. It's people like this that are delivering a message that I hope we are using to wake up enough people so that they can't do this again. Um, but, uh, super fascinating conversation. You know, this is what we do. We plant seeds. There's things that I said in the beginning of Covid, some, you know, most of them, most of the work we do, we're really proud of how accurate we've been all along the way. But those seeds, you're just trying to get information out there. This is an ongoing investigation that we're in in The HighWire. This investigation is not just vaccines. This investigation is not just, you know, pesticides or herbicides. We're talking about AI. We're talking about the things that are going to affect whether we are healthy beings, sovereign beings into the future.

[01:35:52] Del Bigtree

Wherever we find data, we put it out there. One, you know, it's just, you know, last night with some family and friends and, you know, we were thinking, what was the most creative thing we did this year? And for me, I said it was an Inconvenient Study, which came out last October. We're just nearing the end of an incredible year, we have won so many awards. As I pointed out earlier, 17 awards and counting. Um, this film is still as important and relevant and it is so important. I mean, we're at 150 million views. That's awesome. I mean, I, I mean, filmmakers dream to have a film that is seen by 150 million people, but that means there's still more than 8 billion still that have not seen it. That will be a part of the next lie, the next pandemic that are lining their kids up right now. So our job isn't done. We need to get it out there. I want to remind you how awesome this film is. Here's the trailer for An Inconvenient Study.

[01:36:47] Female News Correspondent

The health of American Children is in crisis.

[01:36:50] Male News Correspondent

When we're talking about an autoimmune disease crisis, shouldn't we look closest at the one product designed to alter our immune system for life? There'd be one easy study to rule it out.

[01:37:00] Del Bigtree

Compare vaccinated children to unvaccinated children.

[01:37:03] Aaron Siri, Head Legal Counsel, ICAN

As fate would have it. Del met Marcus Zervos. He agreed to do the study.

[01:37:08] Peter McCullough, MD, MPH, Internist, Cardiologist, Epidemiologist

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

[01:37:11] Del Bigtree

4.47 times the amount of speech disorders.

[01:37:14] Dr. Paul Thomas, Pediatrician, Author, "The Vaccine Friendly Plan"

Learning issues. Developmental

[01:37:15] Sylvia Fogel, MD, Voluntary Clinical Instructor, Part-Time, Harvard Medical School

over four times more likely to have an asthma diagnosis.

[01:37:20] Aaron Siri, Head Legal Counsel, ICAN

Five and a half times risk. Amongst the unvaccinated group, there were zero.

[01:37:25] Sylvia Fogel, MD, Voluntary Clinical Instructor, Part-Time, Harvard Medical School

If this is true. We are systematically making kids sick. Very sick.

[01:37:29] Del Bigtree

Only one problem. They're not going to publish it. They left us with no choice. I'm going to bring hidden cameras so that no matter what happens at this dinner, I can prove it happened.

[01:37:42] Del Bigtree

Good to see you. What do you think about this study you guys have done?

[01:37:45] Marcus Zervos, MD, Co-Director, Center for Emerging Infectious Diseases, Henry Ford Health

I think it's a good study.

[01:37:46] Del Bigtree

Is there a way they can do the study better?

[01:37:48] Marcus Zervos, MD, Co-Director, Center for Emerging Infectious Diseases, Henry Ford Health

Not that I know of. I'd put it out. Just how it is. It's the right thing to do, but I just don't want to. Somebody's going to come back and they're going to say the study is flawed.

[01:37:56] Jake Scott, MD, Infectious Disease Specialist, Stanford University School of Medicine

The unpublished Henry Ford analysis is fundamentally flawed.

[01:38:01] Marcus Zervos, MD, Co-Director, Center for Emerging Infectious Diseases, Henry Ford Health

Because there's a political agenda to it. I'm not going to do a publishing something like that. Might as well retire. I'd be finished.

[01:38:08] Ron Johnson, (R) United States Senator from Wisconsin

Sick. It's really sick.

[01:38:09] Sylvia Fogel, MD, Voluntary Clinical Instructor, Part-Time, Harvard Medical School

I mean, obviously, like, really emotional.

[01:38:12] Del Bigtree

This is an Inconvenient Study for the entire vaccine agenda. Well, an Inconvenient Study has been a sensation around the world. Over 130 million views. We're really excited about it. But I want to tell you, if you live in Texas, anywhere around the San Antonio or Austin area, we're going to be doing a screening of An Inconvenient Study this Monday night on the 28th, and I'm being joined by doctor Bob Sears to do a Q and A afterwards. And it's my honor and pleasure to be joined by doctor Bob Sears. Now, how is it going, Doctor Sears?

[01:38:49] Dr. Bob Sears, MD. Pediatrician

Hey, Del, I am so excited about this event. I love events with you because your passion and your energy and your excitement for this topic really shows through. I mean, you look good on camera, but in person you are. You are a whole nother thing. So I'm really looking forward to it.

[01:39:09] Del Bigtree

Yeah, it's going to be really great. Just, just when this film came out, what was your perspective? This is an issue that you have been on the front lines all the way. I remember seeing you back during SB 277 when they really started like, you know, bringing this, these laws to vaccinate every child in California. And you have been there trying to navigate that space with parents. But is this is a film like this helpful? Because it was the question we're always asking, right? What happens when we compare vaccine to unvaccinated?

[01:39:42] Dr. Bob Sears, MD. Pediatrician

Well, my whole life, Del has been a comparison of vaccinated to unvaccinated patients because that's what my practice has been. I started out vaccinating a lot of my patients. And then as the years went by, more and more didn't want to vaccinate. And when I think of the health of my patients starting 30 years ago when I first became a pediatrician, to the health that I see in my unvaccinated patients now, it's like night and day. It's like two different worlds. And this study that this movie is about supports that, but I didn't need a study. I know it's true. Unvaccinated kids are just they're healthier. They live healthier, longer, happier lives with fewer health conditions because I see it play out in my office. But this movie is just the icing on the cake to see an actual study show those same results.

[01:40:36] Del Bigtree

You know, we've got Robert Kennedy Jr in as HHS secretary. Um, but I still, I travel around speaking and there's this sort of sentiment. Nothing's happening. I'm worried about all these people that aren't listening. It just feels like we're in our own silos, in our own bubbles. Um, as a, as a pediatrician out there on the front lines. Now, I know you attract, you know, obviously the ones that are starting to question these things. But is that your sentiment? Do you feel like parents that this message is not getting through, or are we seeing a growth in the the investigation of the safety of vaccines from new parents.

[01:41:16] Dr. Bob Sears, MD. Pediatrician

Tell the number of patients, the number of new parents who are having their first baby, their third baby, their fifth baby who are questioning vaccines. Now it's the growth is exponential. Tell I'm turning people away from my office because I don't have enough capacity to to take the huge influx of patients who are now trying to raise their kids vaccine free. So things might be slow to change in on the governmental level. And of course, on the mainstream medical level, the changes at a snail's pace, right? But in the public level, del oh, it's out there. I mean, I would I would be surprised if we found out through some sort of research, that half of Americans no longer trust the CDC schedule. Uh. I feel like that's the result we would get if we actually did some good studies on this. How many people now want to raise their kids either with less vaccines or no vaccines at all? And as that trend, it's not even just a trend. I think it's a permanent change in our society. No matter where the government goes in the years to come, I think permanently, a huge proportion of our population now wants to raise their kids vaccines vaccine free, so they'll be healthier. And that's going to stay with us for decades, centuries to come, I think will be a healthier people for it.

[01:42:40] Del Bigtree

I totally agree with you. I keep saying genie's out of the bottle. The cat's out of the bag. You can't have the amount of science that we have now used to be. It was hard to find. And the Henry Ford study is just one of many of all the reevaluations that, like, you know, doctors and scientists like Nick Holscher are doing. We've got Peter McCullough out there. Peter. I mean, it just feels like we are now. There's like a cacophony. And how does let me just ask you this, because I know, you know, you've got, you know, the medical practices in your family. You have siblings. Um, is there still a cognitive disconnection amongst pediatricians that are like staring this tidal wave and seem to not know anything other than just dig their heels in? How do you explain it?

[01:43:29] Dr. Bob Sears, MD. Pediatrician

You know what? We are trained to believe in the pharmaceutical model. Del. If the CDC says something, if the AMA says something that's gospel, it literally becomes gospel. And unless something triggers you as a doctor to to look deeper, you're just going to stay with that belief your whole career. But you know what? The numbers of doctors that have always been questioning, this is pretty high, and there's more and more doctors that are now questioning it. And so I think we're going to see a shift in the medical community very, very slowly. But I think more and more doctors now believe like like I do and like you do. And so we're now part of a really big family and a growing family. I know I no longer feel alone. I used to feel very alone in this fight as a doctor, although there were many parents, of course, but but now there's so many of us out there that now understand the truth about this. And, and that's why I think events like what we're having in San Antonio next week are so important. I mean, not only is the information important, it's so important for us to get together, feel supported, feel united, feel like a group in this and not to feel alone and to find other friends in this movement so you can move forward with them and be effective on the political level and the community level. So we got to get together and it's going to be interesting. It's going to be a lot of fun. I'm looking forward to the Q and A hanging out with people, talking and going to dinner. People can join us for dinner after the after the movie. That's going to be even more fun. So I'm looking forward to it.

[01:45:08] Del Bigtree

I'm looking forward to to I will see you there. I know you've got a line down the block. As you said, we don't want you turning any more patients away. So get back to it. I'll see you in San Antonio on Monday. Thank you doctor Bob Sears for all you've done. But especially it's going to be great to see you in a couple of days. Take care.

[01:45:25] Dr. Bob Sears, MD. Pediatrician

Yeah thanks Del.

[01:45:26] Del Bigtree

All right. If you want tickets again they're still available. There's also tickets to the VIP dinner. Afterwards. You can just go to bit.ly/SanAntonioAIS. That's for an inconvenient study. You can grab that QR code or if it's easiest to remember, go to Texans for vaccine choice, their website, and just look up their events. And you can also click on it there. It's going to be fantastic. Again, it's all about community, about more than just even if you've seen the film, you've really never done that in a group experience. It has a totally different emotional effect, and it'll be great if you've had questions about it. This would be the opportunity to come and ask some of those questions. But this community thing, I think, is going to get to be more and more and more important. I mean, I'm telling you, we're sitting in meetings on things that are happening in the world. Some of it we're holding back. Some of it can be incredibly terrifying, depressing. But I know we can do something about it, especially when we find each other. And the best way to find each other is to be able to recognize each other in the crowd like, hey, you're an American too.

[01:46:32] Female Speaker

You can't spell American without I can. At the informed Consent Action Network. Freedom starts with believing I can.

[01:46:40] Female Speaker

I can think for myself.

[01:46:42] Male Speaker

I can ask questions.

[01:46:43] Male Speaker

I can speak my mind.

[01:46:45] Male Speaker

I can make my own choices every day.

[01:46:47] Female Speaker

I can fight for you and for the children of America.

[01:46:51] Male Speaker

I can demand informed consent.

[01:46:52] Catharine Layton, COO, ICAN

I can stand up for medical freedom.

[01:46:55] Male Speaker

I can choose a healthier life for my family.

[01:46:57] Female Speaker

For ten years. Ican has stood up for the freedoms that have defined this country for 250 years. And freedom isn't just about what we fight for. It's about what we live for.

[01:47:08] Male Speaker

I can play hard.

[01:47:10] Male Speaker

I can work hard,

[01:47:11] Female Speaker

I can explore,

[01:47:13] Male Speaker

I can laugh.

[01:47:14] Male Speaker

I can love.

[01:47:15] Male Speaker

I can decide.

[01:47:17] Female Speaker

Freedom isn't just something you talk about. It's something you live support. I can and help us keep fighting for informed consent, medical freedom, and the right to choose. Visit The HighWire dot shop today because I can means

[01:47:30] Group of People

we can.

[01:47:31] Female Speaker

Means American.

[01:47:40] Del Bigtree

Well, don't you want one of these? Cool. You know, those really great sweatshirts that are almost a little bit like a, you know, a wet suit. This is one of those great material and you can get it at our store. It helps support the work. Oh, and check out the back. Did you not see the back? You see the hat? There we go. All right. Anyway, go ahead and check out all the great merch at the store. It helps us do what we do. And it helps me find you out there in the crowd. Speaking of a crowd, I'm also going to be up not just in San Antonio on Monday, but Friday. I head up to Alexandria, Minnesota. Um, September 26th. It's an incredible event. There's the QR code for that. Um, that's going to be an always an awesome lineup. I've been doing this every single year. Just a really, really great event. Uh, and my live shows a little different than it is here. Those of you that have seen both know what I'm talking about. If you haven't, go and check it out. Um, there it is. An inconvenience. There is one more time if you want to see me in San Antonio, watch the film with a crowd. Uh, that's where to do it. Off the record. Coming up tomorrow is going to be a special interview that I did with Andrew Bridgen.

[01:48:53] Del Bigtree

He was one of the Parliament members that really spoke out during Covid. Wait till you hear what he admits was said behind closed doors. He lets it all out. This is a mind blowing interview about what's happening, the politics around this. We say, who is they? He'll tell you exactly what they were telling him. It's a shocking interview. That's going to be our off the record that airs tomorrow. And it's free. You all have to do is sign up and get in. HighWire plus is now available. We just want to get everybody all of this content. I want to talk a little bit about, you know, when there's letters written, the HighWire isn't doing this. Del Bigtree, where are you at? Why aren't you you're afraid to say blah, blah, blah, by the way. That's the beauty of a free country. You are totally open to your opinion. In fact, I always get a little warm space when I see my name in a hit piece, whether it's New York Times, Politico, or somebody's letter, it means you're thinking about me, and I appreciate that. But I want to be clear. A lot of times when people read letters, I think by that one, it's clear that they're not watching the show all the time. I've been really up front and honest on this investigation as it's changed throughout time.

[01:50:02] Del Bigtree

I've been saying just really fairly recently that one of my best friends is Mickey Willis, but I have not called this a pandemic until I saw the science I needed to say to see, to be able to come to that conclusion. I am now saying there were plans involved before this thing was really out there. I am trying to figure out, is there was there any virus at all? Was there a singular virus? Was it just basically common colds, flu? Did they just take your average cold season? And I mean, did he really lays out how they can do it? If you can put enough stress into a community, it looks like, then you can, you know, get deaths to rise up. All of this though, I want to be really clear how we do what we do here. I am presenting the evidence as we find it. Sometimes I'm doing interviews right in front of you where I don't know what I'm about to hear. You are a part of this investigation with us. I am not selling an agenda. I am trying to find the truth. Which is why sometimes you'll see our story is evolving as we get more information. The things I do get nervous about, do I get nervous about things we're going to report or am I afraid to report things? Let me tell you the things that make me nervous.

[01:51:12] Del Bigtree

One of them was today as I sat listening to this AI conversation. We're having it a lot. And I'll be honest with you, I think the governments of the world, especially of America, they do seek to control us, the globalist systems, even more. I'm really worried about this global takeover. I think they will do whatever it takes. When I say a second pandemic, I don't mean I think there's a real virus that's coming we need to be worried about. So that seems to be a misconception. What I'm saying is they're going to come up with an excuse. They don't need a reality to it. They can manufacture these things. And as I'm talking and we're getting deep into AI, I'm really concerned that we're also at the same time laying the groundwork. They are looking for the thing that they will instill enough fear. So if we talk about, you know, AI enough, and I think it is something we should be very concerned about. I know that my show is being watched. Those it is clear. Let's be clear. I know that those agencies are whatever the they are that are trying to control the world. Check in on The HighWire and what's Delle up to? Oh my God, he's got his audience really afraid of AI right now.

[01:52:22] Del Bigtree

Maybe. Ai, you realize how easy this would be to just say an AI virus has gotten loose. It's going to rob every bank account. We have to shut down the internet. You need to stay in your home. And even The HighWire watchers will be like, oh my God, it's probably true. Dell's been talking about that. That's my biggest fear, is that we're playing into fear and I don't know the way around it. How do we deal with these things? They're coming from all sides now. We got really stupid people in charge of things way bigger than they know what to do with. Science is out of control. It's out of their hands. It's like we're living in, you know, an Aesop's fable that's about to go horribly wrong. So all I can tell you is I'm going to be completely honest with the perspective that we have. We have concerns. I state those concerns because I think we as people have the ability to stand up and do something about it. We vote with our dollars. And for everyone that donates to ICAN or whatever nonprofit you think is doing the work, you're involved. But what are you spending your money on? Are you buying things from the companies that are taking it and building some AI monster, whether they can control it or not? I'm asking you to be involved.

[01:53:35] Del Bigtree

Ask the questions. And by the way, I love questions that come to us and we addressed one today. Do we think there's no virus at all? You know, I am being open with all of these conversations. I'm looking for evidence. And some of it I got from Dennis and others even he said the letter is an overstatement of my position. So this is what we do. I don't think there's another show like this. If you want someone that is investigating the things that are actually infecting your world that you are asking questions about, I'm not ahead of you. I'm not behind you. I'm not running from everything. I'm with you. My team is with you. We have the same concerns and we are looking for the same answers that you are. And we're not going to wait till we get the one we want. We're going to show you the ones we find all along the way. That is what The HighWire does. That is what this institution stands for. And that is why we love everyone that is a part of our informed Consent Action Network. Keep watching. I think we got a lot of surprises ahead, and we'll deal with them as they come together. And I'll see you next week on The HighWire.

