

Raw transcript of interview:

# Graham & John Interview Professor Angus Dalglish...

Published

2024/01/10 at 10:34 pm

Well, good evening, ladies and gentlemen, and welcome to an amazing Club Grubbery. This is an interview we've been wanting to get to you as, as long as I can remember. John Larder, welcome to the program, mate, great to have you back on. Thanks, Hoody. Great to be here. And, uh, yeah, I think the viewers out there will be really looking forward to this.

Absolutely right. We have joining us on the screen, Professor Angus Dalglish, who is a professor of oncology at St. George's Teaching Hospital in London. He's been involved in so much in his life. He's had hundreds of papers published. He's had 24, 000 plus citations. He's a learned man. He's cut his teeth in Western Queensland.

For those of you who, uh, He loves flying doctor stories. He didn't actually work for the Royal Flying Doctor, but for a flying GP practice out in Mount Isa. And, uh, he's just an all around great guy and brave as can be. So, uh, Professor Dalglish, thank you so much for being on the program. Thank you very much for having me.

Well, we, we are in a very strange situation on this planet at the moment when we have, uh, people with your credentials speaking up. In so many ways against the medical profession, which seems to have lost its way, we're seeing wholesale accounts of people getting turbo cancers. Uh, people who were once in, in remittance for years have been boosted and now all of a sudden they're, they're, uh, dying of cancer.

There's so many questions being asked, there's a lot of pathology that needs to be done that isn't being done. And we've even seen in Singapore data being released recently that you're aware of that there's been an increase in sales of certain cancer treating drugs, which is alarming. Um, Let's, uh, let's get right into this.

You have been really outspoken. What, what do you see as the key issue that we're dealing with in this COVID pandemic at the moment? And, and how did you come to this position? Well, first of all, I was involved with COVID right from the word go, uh, when I have been working with Berger Sorensen and his team in Norway for a number of years, and we've been funded by the Norwegian Research Council, which is doing a proper, it's like our MRC, and uh, he developed initially an HIV vaccine based on, uh, four epitopes of HIV.

And, uh, I had previously come to the conclusion that the NIH and Fauci's attempt to make a HIV vaccine using the whole envelope, which is all the antigens around the virus, was doomed to failure because I'd done a lot of vaccine research and realized that the immune system was never going to see the vital, uh, epitopes in order to kill the virus.

You were going to have to do that for them because the nature Basically the envelope was a gigantic just, it was like a barrage, load of barrage balloons. It was to hide the really important bits. So therefore you had to get rid of that and go for the important bits. And that's what he did. And, uh, it's called, um, Vax4x, an HIV vaccine, which they tried on people who were infected for a long time.

And then when I joined him, I was very sceptical of using peptides. I made no bones about it. But he basically worked out a way of getting them into cells. Reserving them and making them attach and be relevant for everybody's genetic background, which is always the problem with peptides. And I went from being cynical to thinking, hey, this guy's really right.

We just need to improve the way we present it and perhaps one or two other epitopes from other parts of the virus. Sorry for this long introduction, but it's terribly important for the COVID because when COVID comes out, he said, And they've just released the sequence, let's do the same approach for a quick covid vaccine.

And I said, yes, we're actually very well set up to do it. Let's go for it. And the first thing we noticed that when we looked at this sequence, 80% of it had human homologies to it. Uh, that meant that 80% should have been emitted. You should not have used that for a vaccine of the spike protein. So again, say again, 80% had homologous to humans.

The strongest ones were to, uh, clotting, well known clotting epitopes, and we said if you include that, you'll get clotting, um, and exactly what we eventually saw, and it had virtually 100 percent homology to myelin, which means you're bound to get things like Gillian, Barre, transverse myelitis, Bell's palsy, all these things that we know go with this.

And we warned everybody. I was able to get to the cabinet, uh, to the scientific advisors of the UK, and they decided that, uh, it wasn't, uh, important, irrelevant. A little bit like here in the UK, they decided that all the evidence that the post office computer system was actually highly fraudulent. Uh, they tended to ignore that.

So they ignored us too. I was very annoyed by this we said do not use the whole spike protein and said that we could make a very good one by using the same approach we've made to HIV and that these vaccines were never going to be toxic well we guaranteed that the spike protein would be toxic so that's where you know where where I came from now when it comes to stand back and go back here to closer to now We started to see, I mean, in the beginning we saw the half attacks, we saw the strokes, we saw the deaths of young people.

All these things were put down as coincidences and due to other causes. So there's been a great big piece of cover up, nothing to see here, look the other way. And even worse, my colleagues, I am amazed at the stupidity of people who are professors of virology, immunology, oncology, etc, who refuse to look at the facts and just go along with the government mandate.

It is unbelievable. What I saw is when they started to introduce the boosters, I saw patients I'd been looking at. Viewers know, I've been working on cancer vaccines and immunotherapy, and I'm principle of a charity of the ICVI institute. Cancer vaccines, immunotherapy. And we had looked at probably a dozen cancer vaccines over the time, and I come to the conclusion that they did not work by targeting the major, uh, epitope or the flag on the cell surface, as it were for the tumor.

You target that, the tumor immediately puts the flag down, puts something else up, you can't see. So I started to realize this was the fundamental flaw, and all our basic research said that what the fundamental problem with cancer is, is that, we published some of the best papers I think I've ever written, actually addressed this, is that even a small cancer, Gives you immune suppression, you can pick up, and the way your lymphocytes, uh, perform, you know, just take your blood from your arm.

Unbelievable. And we proved it was the cancer that did that, because we would repeat all the studies a month after the cancers had been totally removed. And we did the, the best work was on colorectal cancer, because when you remove it, you can be 100 percent sure that you've removed a tiny little one, or, or the grade, you do say BC, etc.

And it completely associated with the, uh, the, the cancer. And you can tell when the cancer's coming back from this. And a friend Jean Sheer in the, uh, national Cancer Institute, uh, he first alerted me that this was so, uh, sensitive. You could actually, uh, tell when the cancer was coming back sometimes before the scans picked it up.

So this, this was really important. Now why, why have I mentioned this? And that is because. We've, we've worked out ways of boosting this immune response. Uh, the first thing we found, which I've, uh, just, it's so important, is, because it's important for the COVID, vitamin D. If you're low in vitamin D, you do not make good immune responses to viruses and cancer.

So the first thing you have to do is measure it and bring it up to normal. And you'd be, I don't know much about Australia at the present time, but I'm staggered how low it is. Not only in the UK, but also in countries like Spain. With the last place in Europe, you'd expect to have a serious vitamin D, uh, problem.

We won't go into that, except that, while I'm on that, it did actually underline the importance of vitamin D, because Spain, uh, after their big first wave, they published a study showing that they did meta analysis on everybody who went to hospital really ill with COVID. And they did meta analysis to see what predicted whether they came out or died, as it were.

And the only thing that was really screaming was vitamin D. If they had low vitamin D, they had 77 percent chance of dying. If they had high healthy level of vitamin D, they had a 2 percent chance of dying. Now, you don't need to get any statisticians in to tell you, uh, what that means. So the bottom line is, so that was the first thing we discovered, that vitamin D was important.

The second thing was this innate T cell response. And here, it was very interesting. A normal phenomenon, this falls off as you're 55. and goes really low by the time you're my age, 17. So it carries on unless it's boosted in some way. And we found that one of these so called vaccines we're working with, that was its mechanism of action.

It boosted this decaying very innate immune response. That means it's very innate. It's very primitive. It's not sophisticated like antibodies and specific T cells that see flags on cells, it's just there. And why is it important? Because it's your first line of defense. It sees incoming viruses, it sees tumors just about on the verge of becoming cancer and can control and take them out.

So, when we come to the, uh, looking at my patients with cancer, I notice after the booster, They started relapsing. We had patients who were, uh, stable, stage four melanoma that we put on immunotherapy programs. It involved these, these basic, uh, uh, immune stimulants. The, the best one we're working with is called IMM 101.

It's only in trials of pancreatic cancer in Europe at the moment. I hope that it will become widely available. And we used a variety of other things, similar nonspecific boosters, BCG. And we used Interleukin 2, et cetera. Uh, we showed that interferon was absolutely worse than useless, even though it had been approved by all the regulatory authorities.

Uh, which is another insight. They don't always approve things that work, and this thing was very, very toxic. But the bottom line is, it was very clear. I was seeing people relapse. And I knew from years of working with melanoma patients, when they're stable for ages and they relapse, there's usually three months of extreme stress that precedes this.

And this is usually grief, or divorce, or bankruptcy, something serious. And I found none of these patients had any of these things. And then I got their vaccine history, and a couple of patients told me, you know what? I was perfectly okay until I had that bloody booster, uh, and I felt just, you know, not well ever since.

I just felt not well, and then a few weeks later, they find that they were so ill they needed investigation, and lo and behold, the scans would reveal they'd had a relapse. Now, there's a lot between five and ten years, but it was the ones, you know, 15, one of them is nearly 20 years, completely healthy, and it was the booster.

So I asked the question, uh, around, I asked my friends, and they've noticed it too. They've noticed it, and I said, we've got to report this. Well, I've tried to report it, and for my efforts. I got reported to the director of the hospital. I got reported to the Royal College of Physicians for pushing around misinformation and scaring patients and putting them at risk.

Can you believe this in this day and age? This is the post office scandal all over again. And while I'm on it, I've just written the thing linking the post office scandal, the COVID handling and climate change. It's all the same. It's all the establishment basically coming to conclusions on completely erroneous warped software modeling complexes and then refusing to look at all the evidence.

So just to explain to the viewers why this was important is I saw it was due to the boosters and I'd actually already gone on the media and said, we do not need boosters. And I had a big discussion with a, what I call a, a paid liar from the government, uh, medical, uh, arm who said, yes, we have to, to keep people safe.

All this nonsense then to protect the grandparents and God knows, all this stuff is rubbish. And I said, look, Why do you need a booster if you haven't tested whether they've made an immune response to the vaccines in the first place? That's the only time we need a booster. And you said, oh, it's far too complex and would take far too many resources to test all these people.

It's much easier to give them a booster. I said this is absolute nonsense because at the time I said everybody is having their test for the COVID every week or month and you say you can't do a test to see if they've made an immune response and this is absolutely ludicrous. Anyhow, when I started to see what was going on, and I must tell you that I'm really very close to this, one of my best friends that I would normally be skiing with now.

And unfortunately, he had a booster to go to, uh, um, uh, America. He had to have it for the company he went. He was going on a holiday. And he said he never felt well. He had aches and pains ever since. Well, a few weeks later, he presented with severe back pain. And he then had, was riddled. Had a turbo booster infecting his bones, spine, and pelvis.

The likes of which I have never seen in the last 30 years. a class of dealing with cancer patients and he failed to respond to all the best treatment as if it was completely irresistible and unfortunately died. Now that brought it home and then I had another friend with virtually identical story who was actually responding to treatment at the moment but it was the same thing, massive bone involvement.

I started to do some research on this and I found that actually messenger RNA vaccines were reported, of course not put up in the regulatory file, to cause terrible bone deformities in mice. And here I'm seeing people with terrible bone, uh, malignancies. I feel that the two are not unrelated. At any rate, back to the cause.

So I start thinking, what's the cause? What's the scientific logic for this? Well, when you do a booster, uh, by the time it's a booster, you're quite well primed. You are going to make a bucket load of antibodies. But it's against the virus that left the planet years ago. I mean, two years ago it left the planet.

And so you're making a bucket load of antibodies. Now, this is where the big companies, everybody lied. There is no cross protection. In fact, there's anti cross protection. And we predicted this in the paper, um, *Frontiers in Immunology*, where Thomas Kleen was the first author in 2020. We said that With Coxsackievirus, there's been sort of 30 year history to try and make vaccines.

Not only do they not work, but they're actually very deadly. Uh, and, uh, when they, you start testing them in primates, you kill them. And here we had, uh, these antibodies being made. which not only are they against the virus, they don't see, but they will not see anything similar. So they lied about that.

These bivalent vaccines saying, oh, we cover this, cover that, they were tested in about eight mice. The regulators were basically, they didn't do their job at all. And so what do we get now? Cut forward to the, what's going on here. In the Cleveland study, it was first, uh, uh, 23 February. They showed that people who got the booster had a third, uh, increase in, in COVID.

By the time September came along, they'd updated it. It was 3.6 times as much. So it confirmed that by having the booster, you make yourself more susceptible to viruses. Why is this? Because you've completely turbo, uh, blown the immune system, uh, boosting against something that doesn't exist. Ipsy facto, you've weakened it for protecting against things, new things that come in and doing its job controlling cancer.

Now that is what I saw as the, the most likely explanation and I screened everybody, do not give a, um, a booster, do not give that. And still I get my higher medical colleges, uh, colleagues saying I'm putting all these

patients at risk, at risk even further, by refusing to let them have the booster. I said no, you're putting them at risk by not thinking through what is absolutely in front of all our eyes.

These vaccines are causing massive, um, Tumor escape, and more so, what we're seeing, these turbo cancers, I believe, are not unrelated to the properties of messenger RNA. We were told it stayed in the arm, and that would be it, and do your immune boost. No, they do not. These things, I mean, this is something that's very important.

I've been on a scientific advisory board for a company that specializes in making messenger RNA vaccines. I left about seven years ago, and I was on it for five years. So I know what the big problems are with messenger RNA vaccines. They use this as a way to get around all those, uh, problems. I think it was absolutely, I mean, I really do believe what was done was criminal.

because of the side effects, the fact that they haven't protected. But what the messenger RNA vaccines did do because they've been stabilized, because normal RNA is killed in the blood within about 20 seconds. That's what they had to stabilize it. Having stabilized it, these messenger RNA. Which as we now know, um, that they are contaminated with, uh, DNA and everything else going on.

But the real worrying things and the reports, and I haven't done it in my lab, I take it, but the, the people who've done it have, uh, several people have done it and confirmed it. They show that the RNA spike protein from the vaccine can actually bind P 53, MS H three. These are genes that are cancer suppressor genes.

So if you bind those and take them out, you're going to increase your chances of getting cancer. Every year it's going to go up and up. So I don't think we've seen the start of what, what we're going to have to deal with yet. So go back to what you mentioned about Singapore. What we're seeing here is incidents.

It's interesting that our, that our so called regulators and the colleges and all these people, uh, basically said, well, we don't see any increase in death. And I said, no, you're not going to see any significant increase in death, because cancer's quite treatable and it will take some time. Well, I think you're now seeing the treatable bit, that Singapore sudden rise in chemotherapy going through the roof.

I think we're already entering the second phase, where I do believe that these vaccines have somehow not just disturbed the immune responses, but they are doing something at the molecular level as well. So that's why I'm shouting, screaming and do everything I can to say, stop, stop, stop. And the big message I would say is that in 1977, there was a massive flu outbreak in the States that hit the military.

So they took it very, very strongly. People in their twenties and thirties were dying. They made a mass vaccine program. Every vac manufacturer. waded in to make these flu vaccines and they immunized up to 42 million people. I looked at all the raw data very, very carefully and the odd person in the stick said By the way, to the FDA, I'm sure I'm seeing more Gillian Burray than I've ever seen before.

So rather than say it's coincidence, just like R-M-H-R-A and the TGA in Australia and all these people look the other way, they sent people in and they documented over a few a few months that the incidents went from one in a hundred thousand 3, 5, 7. And when it hit nine, they said, oh, it's not killing anybody.

trash the vaccine program. It's doing more harm than good. We were at this stage with COVID vaccines two years ago, and nobody did anything. And I think that is criminal negligence on a grand scale. And I will say that again. They could have defended themselves for operating with clinical incompetence.

But once you're fully informed of the facts and you no longer take any notice of those, I'm sorry, it is negligence. And this is absolute negligence on a scale that has never been seen. It makes the thalidomide story look like a pimple compared to what's going on here. You mentioned the word mandate. I fought so hard to prevent it become mandated.

They wanted to mandate it for the National Health Service. I said, look, it's already on its knees. That's the, you'll get rid of it overnight if you mandate it for the Health Service. Because either the sensible people refuse to have it and leave, and the non sensible people will all go down with illnesses, side effects, and you'll have even few people working on the ground.

I mean, so that's, so that's where we are. So I think I'll leave it there for a discussion. But hopefully that's it. Pastiche of, you know, how I entered into this, what I've seen, and we've done a lot of research on this at lab level, showing what's, what's going on and what's required. And I'll just leave it that I think this is so serious.

That what we desperately need is a, uh, is a protocol to detoxify people of this dreadful spike protein that is lurking everywhere. People like Ryan Colweed, um, pathologist in the U. S. He's released lots of data. Peter and I have been at his presentations showing that that spike is in every organ in the body.

Uh, and he first, they first picked it up at autopsy. Now they pick it up in all the specimens. They take tumors out. They can find it integrated into the tumor. It is really frightening. So what we have to do is basically detoxify people and look at how can you do that? I mean, the first actual thing that we've all agreed on.

is the best thing is to get your vitamin D levels up to a nice high level because that's the first thing that will help. And then there's several other agents which, uh, um, Peter McCulloch is a cardiologist who first blew the whistle on clots and strokes in the U. S. especially in the, in the youngsters.

He's been working very much on a regimen to, to detoxify which includes a, a number of fairly normal agents, and I've also turned my attention to this, so, but I do believe now that is the biggest health, uh, uh, scandal in the world now, is to detoxify all these people who have the dreadful spike protein.

Dr. Daniel Ninio, Australian cardiologist. I hope you're listening, Dr. Daniel. I really hope you're listening. Um, John. What can you say to that, really? It's, uh, horrific. Woody, um, thanks, Professor. Um, I suppose the mainstream media and the bureaucrats and those that, uh, pushed all this, they will continually tell you that they've saved lives, uh, that the vaccines saved lives, and the side effects are very rare.

Um, I think you've virtually covered off on, on the fact that they're not rare, but, uh, I mean, did it, did it do Uh, it's a job initially. Uh, you know, was it, uh, was it reasonable to have it? Do you think, were you nervous about it being rolled out? What were your thoughts? Yes, I was nervous about it being rolled out because of the initial identification that the spike protein had this 80 percent homology and that side effects were inevitable.

That was my first thing. However, when we were presented that this is a real crisis, uh, and the vaccine was saving lives, etc. We were, we were all sucked into it a bit on the grounds that Uh, they surely wouldn't, uh, lie to us over such important things. So we went along with it and initially I said I thought the vaccine was a good thing based on the data, it rapidly became apparent that the data, they'd lied about it.

Uh, we, we, I mean, I have, I would, uh. Suggest that anybody who wanted to read really what had been going reads the, the real Anthony Fauci, uh, by Robert J. Kennedy, Jr. Because that actually said, you know, they manipulated the trials. They hid all the side effects in order to get it through. And even worse, they deliberately trashed anything that was useful.

They stopped us using drugs that we know are incredibly useful, uh, for, for the COVID. Uh, I understand, um, and I'm told by people who've done the research that Pfizer were even funding charities to tell people that vitamin D was dangerous if you took too much of it, uh, you know, knowing full well that, uh, The vitamin D is probably the best protection we could have had at the time and I had actually analyzed that right at the beginning and told the government and unfortunately our chief medical officer was completely utterly useless and still is, uh, and said there wasn't enough evidence.

There was no evidence for the vaccine and the two papers that I published, Frontiers and Immunology, I mentioned, And the other one, which is the quarterly journal of biophysics discovery, we had to put it in that

journal because in that paper we showed that in order to design a vaccine, you had to admit that this vaccine, this virus had been genetically engineered so much it could only have come from the laboratory and every journal turned us down when we pointed this out.

As not in the public interest, I've never ever seen all these journals, Nature, Science, Lancet, Journal of Virology, all use the same wording. So this, this was orchestrated, and we now know it was orchestrated by Fauci. And I think Fauci has the whole weight of all these excess deaths on his hands for this.

He interfered with everybody. We've got evidence that he, he got, uh, our Um, so-called scientists, and I refuse to call 'em scientists anymore because they didn't look at the evidence as the first thing you should do, but ferra and balance and witty all these, he got them all on board and going along with this lie that it came from a bat and did not come from laboratory.

Of course it is. I'm absolutely convinced a hundred percent. That it came to the laboratory because it's got inserts in it, which make it much more infectious to human cells, and which they themselves boasted of in journals which are published in English, you know, in the years leading up to this escape.

So, I mean, it's ludicrous to suggest otherwise at the moment. We saw Dr. Tess Laurie being very vocal about research into ivermectin early in the so called pandemic. And I think it was Dr. Jamie Hill, um. Uh, John, correct me if I'm wrong with the name and she did a, she did a zoom call with him, Andy, Andy, um, and it was clear that he was manipulated into changing his verdict on the data on Ivermectin, which could have saved.

I think they're talking about 16, 000 lives a day. Yeah. When you see credible evidence like that from credible professionals like yourself, Peter McCullough, Pierre Corey, uh, Dr. Harvey, Professor Harvey Reich, all these people around the world who've got, who are eminent by their qualifications being cancelled.

And pushed to on the side because they're recommending simple treatments. The world would've been better off if they'd mandated vitamin D without anything else. Yeah. That, that actually is all you would've needed to make a big, big difference. I do believe you asked about the vaccine. I didn't fully answer your, your question.

I realize that, um, I, I, I thought it was doing some good at first until I saw the side effects, and then I saw when I started to follow my myself. statistical colleagues, and we're looking at the raw data. I realized that any benefit that had been awarded to the vaccine program was entirely due to the natural fall of the, uh, the virus.

Viruses go in bursts and waves, and they basically took all the credit for the natural decline. Had the vaccines not been introduced, and I really thought this through. I think we would have been far, far better off because the other thing, and here, you know, people like us for silence was saying, have you noticed that the places that might have the most intensive, um, vaccine programs rolled out and included places like Brazil and, um, in the UK, et cetera, were the places that got the next deadly variant.

Uh, you know, vaccines do drive variants. Um, courts your silence for that, but that is, that was a hypothesis is the vaccine driving the variants or are they, uh, arising naturally. Um, again, nobody was allowed to even discuss that sort of thing, but the good thing about the variant and here can it come to the history has been written and we're all trying to do that.

But I think that the end of the, uh, the COVID, the dangerous COVID. Uh, era was Omicron, the South African, uh, variant because it was it was the perfect vaccine. It was highly infectious, and it didn't kill anybody. So it swept through everybody, giving the best immunity immunity you can get. And that was a respiratory treatment.

Uh, uh, virus. The vaccine was oral and of course that's what, you know, our bodies are made to, uh, to adapt to, uh, every winter, especially in the UK, we get the colds and the flus and, you know, that's what we adapt to. And I say actually the colds and flu are very good for you because they're, they're stimulating your immune system.

It's part of the continual programming of your immune system as you, as you get older. And when you succumb to these things actually it correlates very well as your vitamin D levels fall as you do less exercise, less sunshine, poorer diet and those go along and it has really shown how important that was.

I mean right at the beginning I was using, you know, first principles. Uh, what do I do when I get a sore throat and a cough and I feel, I feel awful? I take extra vitamin D, I gargle with solid blasphemy, uh, mouthwash. I squirt, um, first defense up my nose. It used to have alpha interferon in it. Now it's got some, uh, acidic, uh, lipid in it.

But it works well. And if you start getting the cough going to the chest, you give, uh, uh, the steroid, the inhalers, that people with asthma use. It's very good. It stops it. And I had several people, very ill, and I told them to do that, and they were right as rain within two days. And then going back to the other thing now, if they, they're not right as rain, the first thing you must do with these patients is stop them going anywhere near hospital.

And I'm talking, you know, the beginning of the epidemic, where they, they were literally murdered in droves by incompetence by putting them on ventilators. I mean, this was unbelievable how long it took them to realize. I mean, ventilators are for forcing fluid back in when you have acute respiratory distress.

They force that in and it allows them to overcome this period. What they hadn't realized was that the COVID inflammation, which is so obvious it was a mucous inflammation, uh, it was even evident on a CT and MRI without seeing the patient, they were forcing all this mucous inflammation back in and killing them, when they should have been sucking it all out like they had cystic fibrosis, because it was a kind of a, a very similar thing.

So that was the first time. that they entered into, um, what I would call an unnecessary mass, uh, incompetent. I think that was just incompetence. But the next one, which was surely cannot be incompetence. We in the UK had a recovery trial. I don't know about Australia, whether you had something similar. But they had six arms on this and, uh, of the six arms, one of them was dexamethasone.

Well, when you've got somebody with respiratory, uh, a viral respiratory illness who's got inflammatory changes in the lung, the one thing we all know is use dexamethasone. And so they prevented us using standard treatments because they had to go on the recovery trial. Where only one in six got dexamethasone.

And guess what the outcome was? The only people who benefited were those who got dexamethasone. Well, a very senior respiratory consultant I know said, No, the interpretation is 4, 500 people died because they didn't get dexamethasone due to the stupid trial. You know, so that's the next piece of the unbelievable incompetence.

And then for Chris Whitty to say that vitamin D was not important was just beyond belief. I bet they got remdesivir though. I bet they got that. It's, it's been a shocker, isn't it? The, uh, the mandates, you were very lucky over there, professor, that, uh, the likes of you and, and Dr. Ossima Holtra stood up against the mandates.

We weren't so lucky here. Uh, they sacked, uh, Hundreds, if not thousands of, uh, essential workers, uh, from doing what was, uh, needed to be doing in, in a self made crisis, really. I mean, the health system here was in a state of, uh, uh, dismay regardless of any so called pandemic. The last thing we needed was frontline nurses, doctors, and paramedics, police officers, fire officers, et cetera, to be taken to the frontline.

Uh, Dr. Kerry Chant. Our chief health officer, uh, mandated with the government for everyone to be vaccinated. That's still in existence today. You cannot work for New South Wales health without being vaccinated for an mRNA vaccine. She said, this is your opportunity to have access to a beautiful experience in getting vaccinated.

What do you think should happen to people like Kerry? Should they be, uh, criminally charged? Uh, you know, is, is, is this a step too far? I do think they should be criminally charged because of the mandate it, uh, here they can, they can escape. I mean, the first thing with regards to the fact that people like me pointed out that the spike protein was absolutely as dangerous a thing as you could possibly put into human people, uh, their defense on that is that There was 150 proposals for vaccines at the beginning, and they were summarized in Nature.



Um, they all included the spike protein, except, I mean the whole spike protein, except for ours, which was not mentioned in the review. So the whole thing is, it's like an orchestrated lies, I mean, it's like, I feel that the last few years have been like, uh, opening the book of 1984 and walking into it, and suddenly realising you've fallen down the rabbit hole of Alice in Wonderland.

You cannot believe the insanity that's gone on. So I think that the, uh, with regards to mandating, because, right at the beginning, we've known, That the, the AstraZeneca was pulled because the clots and the strokes were just so dreadful. They pulled it, but they ignored it and then carried on and listened to the lies of Pfizer and derma that, uh, their vaccines were safe and didn't have any of that.

Well, if you look at all the data on the vaccines, they claimed they were 95% effective and this effective of what it was, relative risk. Absolute risk was neither here nor there. And what you should have with a vaccine program, you should have how many people do you need to vaccinate to protect, uh, prevent one infection or one event of some kind.

With the, um, those vaccines, it was over 100. I mean, I, I wouldn't, uh, use, uh, um, prophylactic oncology drugs for, uh, preventing just one person out of a hundred if the, uh, ninety nine of them had to suffer the side effects unnecessarily. It, so it was totally manipulation. I mean, I, um, I, A lot of my friends are aware that, uh, we recently, uh, uh, in view of all this and actually trying to analyze what's going on, we find that, you know, this is classic, uh, that they've used what I call species arguments to persuade people.

That means where you have two facts. Uh, they're both reasonable, but you imply the two are linked. One causes the other when there's no evidence at all. And then the other is sophistry, where you present arguments as facts where say there's, uh, 10 important things that make up, uh, what you're trying to deduce.

Eight do not agree. for support your argument. Well, this is what they've been doing. They've been cherry picking the four that support the argument and ignoring the others, which completely destroy it. And this is sophistry. And we put all this into a book called the death of science, which is recently, uh, been released there.

Uh, I mean it's, a lot of my friends in Australia surprised me that they managed to get copies and it hadn't formally been released. But we go through this because this is the problem. It is a groupthink. It is a Stockholm Syndrome. The whole world and the people who are behind All this Fauci and Gates and the big farmer.

I mean, I feel that it's very hard to describe any of this without using the word evil, uh, in it. And they, uh, basically realized that the people of the governments of the world, our new political classes are incredibly stupid people who, uh, really couldn't do much else usefully. They're fairly incompetent at everything they do.

Uh, and I think, but, you know, I thought this was just the UK. But it's everywhere. It is, it is universal. It's absolutely global. So they realized this and realized they didn't need to go and do proper clinical trials. They didn't even need to go and see the, the chief doctors. They just basically went and got a few politicians of the big networks they've got up and convinced them that they had to do this.

This was a war situation. So all the rules go out the window and you must do it to save the world, save the population. This was the mindset, and, and to me it's, it's like, it's like a, uh, an all will, a willian virus that descended on the world and infected. It's, uh, that is the problem, not the covid virus.

It's this, uh, virus that's affected the way we react to everything. And I just take the opportunity here to say that. You know, I was on a television program over here saying, uh, about the COVID inquiry and saying that, uh, well, at least with the COVID, uh, inquiry, uh, we'll learn some lessons that it won't be so bad next time.

And I just reacted, I said, what do you mean it won't be so bad? It will be far, far worse next time because they want to hand all their powers over to the WHO, which is one of the most useless organizations in the world. Had it been even partially competent, that virus would never have left China. It would never have left China.

Because the WHO would have instigated what it, what it should and what it would have done, but they were prevented because the head of the WHO, Tedros, and I can't pronounce the rest of his name, he was planted there by China, uh, so that he would be a puppet to do the will, and he did not do what he should have done.

Had he done what he should have done, the virus would never, ever have left China, and I hold that against him. They won't now. To have powers to lock us down and vaccinate us for the next pandemic. And then I'd tell you, go back and read, um, Boudin because you'll be making me even more money. But Gates wrote a book on the forthcoming pandemic that was so unerringly accurate, it actually, the only explanation was, as Robert J.

Kennedy Jr. so, uh, heavily found and pointed out, was he was involved in planning it. And all the profits that go with it. I mean, he made enormous sums of money investing, as he has been doing. The idea of philanthropy, I think philanthropy is a word that should not be described to Bill Gates. Um, because he never, and Robert Kennedy puts this very well in his books, he never seems to give any money away unless the business plan means you'll get two, three, four times as much money back in its execution.

Well, with, um, Pfizer and Moderna, I mean, he made massive investments in that, and it has been pointed out and reported in the, uh, in the press that he sold his investment in Moderna at hundreds of millions of profits. a week or two before they announced that their flu vaccine, their messenger RNA flu vaccine, did not work, uh, and it was actually more toxic than the standard flu vaccine, which, let's face it, is pretty useless.

I wouldn't touch it with a barge pole anyway, but so to actually think you're going to make loads of money from a messenger RNA vaccine. The idea they want to use this technology for other viruses is frightening, but he just happened to sell all his enormous stock just before this announcement, so I'm afraid that I do not trust What, what is going on?

And he is one of the biggest donors to the, uh, WHO which really want to orchestrate and basically go into a total Orwellian beyond 1984 to control the population. Why they want to do this is beyond belief. But I'm afraid the evidence is stacking up. This is what we've got to be frightened of. And Australia and Britain must not sign up to this ludicrous Demand by the WHO to give them powers when they're woefully incompetent.

Professor, we have a situation in Australia where Australia's premier transplant hospital, St. Vincent's in Sydney, which you'd no doubt know about, um, is denying a double lung transplant to a young girl who. Contracted leukemia several years ago and in the treatments, the chemo and everything, it destroyed her lungs, so she's in desperate need of a lung transplant, but because she wouldn't get vaccinated, because some doctors told her that if she got vaccinated, the vaccine would kill her, and she believed it would, she's been denied the opportunity to have a double lung transplant, the oncologist who was treating her said that it wouldn't be fair to the hospital Or to the the families of the people who were the person donating the lungs if she didn't get vaccinated because after all, all those other people did the right thing and she didn't.

Um, I don't know what your take is on that. I think that's highly immoral, extremely unethical, and shows the oncologist is extremely stupid. Because all the evidence shows that the vaccine makes you more infectious, more likely to get infection. And there is nothing that shows, and Pfizer knew this early on, kept it quiet, it doesn't prevent transmission at all.

So what is the logic of that? It's playing It's playing a very stupid God saying we're not going to do this unless you have a vaccine. Uh, and because I believe it will, it will protect the staff. This vaccine will not protect anybody. It just make everybody more likely to get infected. I mean, I've got some friends who I cannot believe they're completely signed up to Stockholm Syndrome.

I mean, some of them are even professors of immunology. I mean, basically forgotten everything they knew. And they believe the vaccine is, is, uh, um, protecting them because they've got some other underlying illness. And I said, you know what, you've forgotten all your immunology, you know, what bit do you not get?

And they're not prepared to look at the evidence. This is what they've been told, this is what the government's told. So when you get these very senior medical people who are no longer prepared to use their, their brain and their ethics, we're in a very, very sad place. So, I mean, I basically think that, and Earl's right, I think it would be unethical to vaccinate her.

Because putting that spike protein into her will severely interfere with her ability to take that transplant. And they should look back at all their data with regards to that, thanks. Although they've probably got no unvaccinated people, if that's been their, their rules. No, I just think it's dreadful.

Well, it's an interesting juxtaposition really, if you, if you look at it, I mean, they wouldn't let us work unvaccinated for fear of, uh, transmitting the virus, uh, they wouldn't let people, uh, get, uh, um, uh, transplants, uh, under the same arrangements, but now you can work in a hospital and you can be COVID positive and work in a hospital as long as you're vaccinated.

It's madness. It is absolute madness and the best place to, uh, get COVID, uh, become COVID positives in a hospital. So if you want everybody COVID, um, I'm seeing it in my, pardon me, I'm seeing it in my own hospital at the moment, that people who have fallen for having the boosters, I say, where's Samson? Oh, they're off with COVID.

I said, I thought they had a booster. Oh, they did, but they're down with the worst COVID they've ever had. I mean, and I said, this is happening all over the place. Do you not put two and two together? You know, just do not have the COVID. The other thing I haven't touched on, I don't want to go into it, but it's just true, is we now know that the, the figures have all been completely fiddled.

The, the, uh, tests were basically, uh, Um, go positive at, you know, the slightest thing. So the false positives are absolutely everywhere. And they were fiddling the figures. So everybody died of COVID, even though they'd been run over by a bus. They PCR'd them as they were sitting in the mall till that, uh, thing went, uh, positive.

Then they Put on the stamp, died of COVID, not of a bus. I, and this was, this is everywhere this was going on. I've had it confirmed by pathologists and undertakers particularly. They're, they're, undertakers are a very good source. The public health, I don't trust anymore. I don't trust the statisticians or anything, but I do trust the undertakers.

It's very hard for them to, uh, fiddle, fiddle the facts. Our former Prime Minister, Scott Morrison, admitted that before he lost the last election. He was the Prime Minister in the hot seat when the, uh, when the mandates were being issued. Uh, and admitted that, um, that the deaths that were reported with COVID were actually people who died with COVID, not of COVID.

Uh, he admitted that, but just before he got voted out of office, which was, wasn't a bad thing. Anyway. Um, go on, John. You've got, I was just going to say too, uh, interestingly enough, and, uh, the professors probably over these stats, but you may recall, uh, New South Wales health were very good with data and they, they, they used to put out the surveillance data, which they stopped including the vaccination status as of December, 2022.

And in the last fortnight. Uh, of that vaccination status by hospital admission with COVID, uh, there was, uh, zero people in hospital with no doses of vaccine, uh, 10 people with one dose, 218 with two doses, 377 with three, 810 with four of which, uh, 58 of those four or more doses were in intensive care. And, uh, zero obviously for the unvaccinated.

I mean, that, that paints a picture. People say to me, oh yes, but the majority of people were vaccinated. Well, I'm sorry. The majority of people did not have four or more doses and they. I totally agree with it. The other, the place that first showed up this lunacy was Israel. Uh, you know, they had a very intensive vaccine program and they were the first to point out that the number of vaccines correlated with the number of people who are ill in hospital and intensive care.

And it was an inverse correlation of what they thought. In fact, they first, the doctors were the first to say that the vaccine is actually making them more susceptible in my interpretation of that data. Well, but of course the, uh, the government didn't want to hear that because it's only the, the doctors and, but, um, my exasperation is the, the doctors here, uh, you know, don't openly discuss that apart from a few of us and we, we have to shout very, very loudly.

And I, I talked to other doctors. I said, you know, are you seeing this? Are you seeing that? They go, yes. I said, have you reported it? Yes. Why aren't they doing something about it? We've been told it's anecdotal and to shut up. Now this is exactly, I don't know if you're following the great post office scandal in Australia that's come to light here.

But the post office had, uh, an abnormal computer program installed 20 odd years ago. And it was highly erroneous, and it basically made all the post offices, uh, look like the postmasters were stealing money because they kept coming up with the things. Uh, they prosecuted these people. These poor people, at least four committed suicide, loads went bankrupt.

And yet, the government said, no, the computer program's perfectly okay. When the people making it knew it wasn't, and they prosecuted these poor people, ruined their lives, and it's only come to light in the big public interest because they made a drama out of it for ITV called Mr. Bates vs. the Post Office.

I'm sure it will come to, it'll come to you, watch it, it's brilliant, but that is what's going on with the vaccine. That's what's going on with the great climate change disaster. I mean, all these things are linked to absolute rubbish modeling. All of them, the computer horizon program is absolutely dreadful about modeling, uh, had loads of flaws and anybody could hack it according to people being given evidence.

Uh, and we know that all the modeling for COVID was completely, utterly wrong, all the manipulation of the data for the vaccines completely wrong. And, you know, while we're on it, uh, that rubbish program and manipulation and all sorts of homogenization and all the data used to say we're going to die from manmade climate change.

I mean, I'm afraid is absolutely garbage. They're altering the data. for a political agenda to make everybody poorer. And I, I know from friends in Australia, uh, you're all delighted at having such incredible, uh, uh, resources that your electricity bills and, uh, gas bills continually get dropped through the floor.

Sarcasm. I mean, it is ludicrous. I lived there. I mean, it's absolutely madness to pursue a net zero, uh, uh, thing for this. It'll make not one eye. of difference. All it's going to do is make China richer and that's another part of the global domination. Professor, um, long COVID.

What do you think about long COVID? There seems to be a propensity to blame the excess deaths we're seeing around the world on long COVID. Well, I'll, I'll get to the, I'll get to the point. I've seen more long COVID due to vaccination than I have due to the virus. Literally, I've seen it come on like within days and people have been really ill with it.

So I've got very interested in lung COVID. Here I need to tell you of some other research I've been doing. I've done a lot of work and research, not from my medical colleagues, not from companies or anything. But because I'm very nosy, I always ask my patients what they're taking. And I came across a drug 15 years ago called low dose naltrexone.

Uh, LDN we call it. And it's widely used for multiple sclerosis and Crohn's, etc. And I realized that my cancer patients who were taking it were doing very well. So we did a lot of research courtesy of the charity that funds me. And I said, I don't believe this drug can do these things just by modulating the opiate receptors, because remember it was a drug that was, uh, approved for blocking opiate receptors to wean morphine and heroin addicts off.

But a very good fellow in the, uh, U. S. A chap called Bahari noticed that when they weaned the addicts off naltrexone, they wanted to go back on the low dose because various conditions had improved, multiple sclerosis and Crohn's, et cetera. They were the first two. So I started looking at research in this and I realized that it wasn't smoke and mirrors.

This was a real biological phenomenon and something was going on, but it could not. possibly be explained by opiate reset modulation. So, you know, one of my most impactful papers was when I found CD4 receptor for HIV. And I did this by a scattergun approach. And, uh, there were hundreds of things on the table, as it were, and found that the only things that gave this positive result, it was all done blind.

The only thing that they had in common, that they were all parts of CD4 and that was our big paper and everybody thinks that's marvellous. I don't think it's nearly as marvellous as everything else I've got. That's the way science works. But I used that methodology to look for another receptor for the naltrexone.

And we found that it blocked a thing called TLR9, which is an inflammatory receptor, which when you stimulate it, it produces IL 6, interleukin 6. Interleukin 6, when it was discovered, was coined cancer growth factor. And that's one of the reasons I'm very keen on using low dose naltrexone in my cancer patients.

Because it's not owned by Pfizer, nobody's interested. Um, but, what, what I did then, did notice, and so did my patients notice this, who, they do it, they do more reading than most doctors, uh, uh, driven patients who are intelligent, I tell you, um, is that IL 6, is the big flag, red flag in COVID. So the higher the IL 6 in COVID, when you're ill, the greater the risk and the longer you're going to suffer from long COVID for.

So it basically flags up a chronic inflammation, chronic inflammatory state. Which is actually Very, very similar, if not identical, to, to chronic fatigue syndrome, and that's been around for years, again, associated with various virus infections. So, I was asked to prescribe people low dose naltrexone, who had long COVID, and my God, they had long COVID, like, they couldn't work.

Couldn't even concentrate at a computer or a book. Uh, they hadn't had the strength to go upstairs, so they were sleeping downstairs, all this stuff. And so I said, well, I've got the logic here. IL 6 is the target. Uh, we know it reduces IL 6 and IL 6 associated long COVID. I can't tell you, it actually is fantastic.

You know, within a week, they said the brain fog was clearing. Within three weeks, they were nearly back to normal, and I've treated, um, well over a dozen, uh, patients with long COVID. Only one or two haven't got back to 100%. The other 90 percent have got back to 100%. And I'm not the only one who's noticed this, because you have, uh, there was a report from Australia that low dose naltrexone's, uh, useful in long COVID, and the, uh, colleagues in America, Uh, ryan cole and peter mccullough and robert baloney that that group have also Flagged up because we've discussed it together when we've met So one of the things that I think government health services should do should do fund and push trials like that.

No, they will only do things because they're all paid for by a big pharma, a big pharma one. And low dose naltrexone, uh, naltrexone came off patent years ago, and at low doses, it's extremely cheap, so nobody's remotely interested in it. I mean, I just think it's, uh, it's quite ludicrous. So, I believe that this is part of the detoxification process.

You know, you need the vitamin D, low dose naltrexone, And, uh, Pierre Corrie and, uh, McCullum, that's, uh, the, uh, the Ivermectin. And, you know, I've got Pierre Corrie's book on Ivermectin. I mean, that is another chapter in the manipulation. Here was something that basically said vaccines aren't necessary. So they went out of their way to destroy it and completely get rid of it, vouching, even fiddling with the results of trials on it.

So this is what we're up to. So I think these drugs are part of, uh, you know, should be part of a formalized trial. I preach this, I say it, all sorts of things, but nobody will do it. I've had people agree it's a very good thing to do, but, uh, when I come up with the funding, they will do the trial. It's not for me to come up with the funding when you're getting hundreds of millions from the government in medical research money and wasting it.

I think the vast majority of medical research now, uh, money is a total waste of money. Um, because they're not doing the things that they, they should do. They should be doing. Something like low dose naltrexone and ivermectin for long holding. But they're not. They're doing anything, everything, but it's like they don't want to do that because it might actually work.

I mean, this, this is the, this is the dreadful scenario that I feel we have entered into. Well, look, these, uh, back of house arrangements, uh, with funding have been a real scourge in this scenario. And I can give a couple of examples, uh, in the Casam case that Tony Nicklick ran. Uh, the Supreme Court and eventually to the High Court, uh, there was information given by, uh, an Australian professor, Professor Christine McCartney.

I don't think she'd ever treated a COVID patient, but the, the judge ignored the evidence. Uh, well, well, basically ignored the evidence and, and, uh, failed to really hear it from people like, uh, Peter McCullough and Brian Tyson and a number of others, uh, in favor of her evidence. And as it turned out, uh, she, she'd received, I think, 65 million in funding to her research unit.

Um, and you, you know, you'd have to argue that that's a compromise. Um, I mean, that's, that's an enormous sum of money. You start a biotech company for that, uh, and run it for a few years. I mean, that's just outrageous sum of money. And the Burnett Institute, another organization that was providing information to the Australian government headed up by this professor, Richard, uh, Brendan Krab, uh, who, who was an AO.

Uh, order of Australia recipient. He was on the ABC, uh, you know, your equivalent of the BBC telling everyone to get the booster. Now it turns out that this Burdine Institute was, was, uh, a shop front for COVID they had pathology units all over the place. They were receiving government funding, uh, millions in, in research funding for COVID.

Uh, the whole thing was, was absolutely outrageous. And here he is on the television saying, you must get boosted. Yeah, no, we've had the same thing here. And I believe the whole thing, it's just, it's an incredible thing of, of corruption from the very top all the way through. And we're now. Unveiling it, and this is story's gonna go on and on, like the great post office scandal, which took 20 years to some people start to get something done about it.

Hopefully. We'll, we will not wait that long this time. I, I know, by the way, at the time, I've got to go and, uh, do a clinic and I've will need to leave very, very shortly in order to get there on time. So I'd just like to draw your attention and perhaps we could, uh, draw this up and if we want to do it again, we can just have another, uh, another time, another session.

I'm sorry to break it to you, Professor, but you're not allowed to leave. We've got too many more questions for you. I just want to touch on one last thing. Mask, man. Yeah. Madness. Madness. Madness. Useless. Useless and mad. As I pointed out right at the beginning, I said, All the data that I can find is the smallest hole in a mask is three times greater than the biggest virus.

So it's a complete waste of time. Also caused unbelievable harm, psychological, and illness. I know people in members family. who was so keen on the mask to protect them, they ended up in hospital with pneumonia. And when we asked what the, why they got pneumonia, the respiratory physician just wagged the mask.

And he said it's causing a tremendous increase in that. Fortunately, it was bacterial pneumonia because it gets sticks to the mask. You don't get to scale it. So it's always been sucked in. So I think it gained medical incompetence madness. And now to suggest that they'd be used to gain negligence. Just a yes or no answer.

Is this. shot causing a rapid increase in cancer? I believe it is. My answer, if yes or no, is definitely yes. Well, Professor, we thank you so much for your time. I'd like to bring it to a close with a prayer if you'd bear with me for a second. Dear Lord, Father in heaven, we thank you for the intellect of the people that are coming forward.

And Professor, uh, Angus has really given us some great insights tonight. We will definitely have him back father, but we ask you to, to underscore his message to further it so that we may find truth that will bring healing. There are people who are dying. There are people who are incredibly ill who need professionals like this man to do the work of helping people recover from what's So please further that work.

We pray in Jesus name. Amen. Amen. Great. Thank you very to say you just couldn't make this stuff up. You couldn't make this stuff up. Stay outta the trees, everyone, and uh, we'll be straight back after the break. Professor GI, thank you so much for your time. We'll definitely be in touch with you. Thank you.

Thank you, Johnny. Um, what can you say about that? Well, it's everything we know, everything we suspected, and, uh, and it's been confirmed by experts hoodie and, uh, not, not just, uh, you know, people, uh. World renowned experts. I mean, what else can you say about Professor Dalglish? I mean, he's, he's led an esteemed career.

Uh, he would be an absolute authority on matters of oncology and medicine and, uh. Uh, to ignore, to ignore his, uh, warnings, uh, to ignore that, uh, experience and, uh, his, uh, common sense and his gut intuition, uh, on matters medical is, uh, is to everyone's detriment. And it's, uh, it's a sad reflection on, on the governments, on, uh, the regulators, on APRA, on the TGA, that they will not, they will not stop, pause and, uh, take advice.

Uh, and, and do no further harm. I mean, it, uh, it just goes back to that, uh, old saying in medicine, first do no harm, although these people, uh, uh, like a train wreck. Absolutely. Look, we, we need to get that interview to as many of the politicians as we can and we'll endeavor to do that through our, our, uh, our people who are able to help us to do that in Canberra.

Um, this stuff needs to go far and wide. It doesn't do anything unless you share it. So please share it. Every time you share something, 9, 000 more people get to see it. So, uh, this stuff has to go out there. Lives are at stake. And when somebody of this man's caliber speak up and say the things that they've said.

I mean, we have doctors like Ninio in Australia who are poohooing it and saying it's all rubbish. I'm sorry, from what I understand, Daniel, uh, Dr. Ninio has only written four papers in his career and none of those have anything to do with COVID. And the last one was written in 2008. And I'm sorry, it just doesn't stack up.

And that's why a lot of people we've asked to debate with him have said, no, we've looked at his credentials and they just, we're not going to waste our time. So, um, I mean, this, this is where it's at. This is where the truth is. And, um, we've got to keep this going, uh, ladies and gentlemen, we cannot just say that it's all over.

Let's give it up. I mean, there's prime evidence. What the good professor said was that the ripples in this pond are going to go on for years, for years. And we will never know the real ramifications of this maybe for generations, but it is clear that people are dying as a result of this MRNA and more are going to die.

And we don't want to overstate that. But when you're talking about turbo cancers and pathology that's proving that this spike protein is a killer, we are in for one big, bad ride. And as we said, I think in an interview last night with the doctors, um, Johnny, there's a department in America that's in charge of the aged and aged care who are responsible for the lives of 38 million Americans.

And they are now pushing the six booster shot. I mean, it's murder. It is murder. It is murder. I mean, if, if you think that you want to go to the doctor in five years time and have the doctor tell you that your cancer is due to climate change, I mean, that's what Chris Bowen and these other nutters that have your belief, uh, fair dinkum, you know?

Here we have an esteemed oncologist, probably one of the most revered professors on, uh, on, uh, cancer matters worldwide, telling us that these vaccines are causing people to die of cancer. I don't know what else we can say, Hooty, I mean, if you're gonna share, if you're going to share one of our videos, uh, one of our Zooms, uh, this has got to be it.

This has to go all over the world. Because this, uh, this needs to be told, uh, the politicians, the bureaucrats, the nutbags that are holding on to, uh, this, uh, and don't want the truth to get out, uh, doing everything to, uh, to stop us, uh, from, from getting the truth out there. And it's, it's, it's, it really is life or death.

It is. And his comments about the Dezel Peters case with the transplant denial from St. Vincent's Hospital. I mean, that was a classic response. Yeah. I mean, he basically said that the, the doctor was in some sort of God complex and was an idiot and, and it was unethical. I mean, and that's clear, uh, you know, that decision just doesn't pass the pub test anywhere in the world, especially with the professionals like this one.

Gee, Johnny, we could talk for hours about this. We've got to get this one out there, um, uh, so let's do that and we will definitely get him back on. I'd love to get him back on with the panel. A hundred percent. Yeah. And he's very keen. He made himself available at a moment's notice and we thank him for that.

Another great interview, John, so let's keep pumping them out. Uh, looking forward to Tony Abbott coming up towards the end of the month and, uh, another couple of big surprises we're still working on, but, uh, please support us. We desperately need, um, your support. We need you to go to our website, uh, clubgrubbery.

com. au, subscribe, because when you subscribe, you'll be notified by email whenever we post a new video and all our videos go to that site. So I'll remind you that if Facebook or social media take us down, and this could be the video that does it. The interview that does it, um, we're still going to be out there pushing this stuff because it's real.

The only purveyors of misinformation that's killing people in this country are the government. There's no doubt about it. And big pharmaceuticals. So you've got to support us if you can. And we appreciate whatever financial support you can give us as well. Uh, we know it's not much, but it, it all helps us to keep going.

So a hundred percent. Thanks guys. Thanks guys and the merchandise too from um, from drifter. com. au. Great 832 and Club Grubbery merchandise and we're seeing lots of people wearing it. It's really uplifting and people feel like they're part of a family when they run into each other and um. We've seen people chatting away in supermarkets that are wearing their T-shirts and it's great.

Hundred percent. And look, don't forget our old, uh, our old sponsor mates, if you get up to the kookaburra or uh, yeah, uh, down to the Cali and have a beer, uh, do what you can, um, support Australians. That's what we need to do. Uh, it's a time to support those that have that, that have helped us through this.

Yeah, and give, uh, you know, we've got to give Drifter a nudge too, that, uh, Luke Sutton from Drifter has done an amazing thing for the Australian people and, uh, we keep, uh, we keep, we're, we're proud to be associated with him. He looks after all of our merchandise for us and, uh, gets it out, his service is brilliant and, uh, you know, he's employing around 150 Australians and, and doing a great job and it's hard, I can tell you from listening to his stories, the government, the bureaucracies don't make life easy for Australian manufacturers in this country, that's for sure.

Uh, definitely not Coastal Caravans, another, uh, great company that was, uh, on board, you know, really good people. Yeah, and even, even the, uh, Manuri Pantry in Cuyahoga, they helped us in the original stages, and, and, uh, Brendan and Tinky down there in Cuyahoga, we go there often, that's one of our locals, and wonderful people, and as I said, Cafe No Ago in, um, in Ormo, I think they are between Brisbane and the Gold Coast, just wonderful freedom loving, truth seeking people, so support them.

And watch and read the light Australia newspaper, get it out there and follow the alternative new mainstream media platforms like Club Grubbery, Cafe Locked Out, The Aussie Wire, Maria Z. Follow these people, support them and, uh, and let's get some truth happening. Definitely. Alright, so it's goodnight from him.



Good night from him. And, uh, thanks everyone for your birthday wishes. And we look forward to bringing you another great interview very, very soon. They're coming out of the woodwork. God bless you. Bye for now.