Raw transcript of interview:

Aviation Experts discuss Dr Kate Manderson's ignorance of jab-related injuries...

Well, hi, everybody. My name is Graeme Hood, former airline captain with Qantas in Australia. Welcome aboard the flight deck today as we talk about aviation medicine. This is a critical factor in not only the safety of aviation, the career prospects of pilots, safety of passengers, and the reliability of aviation in this sector, but it also When heavily towards the mandates and the draconian measures we find ourselves in in countries around the world.

Sharing the screen with me today are some amazing people who've stepped out in great courage. They have put their careers on the line and they've paid the ultimate price career wise. It's an absolute honor to share the screen with some with some of these amazing people and you're going to get to know them where we discuss the aviation fiasco that's going on in medicine at the moment.

I'll start firstly with our guest from the USA, Lieutenant Colonel Teresa Long, who is sitting there next to me on this screen. And it's great to have you aboard Teresa, give us a bit of background on on how you found yourself here and where you came from. It's just delightful to be on with you. Um, so, um, first I like to say I, my opinions here today don't reflect that of the United States Army, the DOD or any entity thereof.

Um, so I am a Lieutenant Colonel in the United States Army. I'm a board certified aerospace and occupational medicine doctor. Um, and I serve as a flight surgeon. Um, so I take care of new incoming pilots coming into the army, and I also have a master's in public health. Um, I have specialty training, uh, from NASA, from Fort Detrick in biological and chemical warfare, and, um, aircraft mishap.

Investigations and aviation safety officer. And while it's great to have you aboard and you've been quite outspoken in the US, you've spoken at various, uh, Senate inquiries and so on. Where do you find yourself at the moment? What's your current status? I'm still taking care of pilots, um, and, and still, um, seeing a tremendous amount of vaccine injury and, um, trying to put together, um, Best team we can to help pilots, uh, both find the help they need and, um, get taken care of once they are vaccine injured and bring awareness to, um, the real risk this poses to not only pilots, but the general public.

Well, let's we've we're fascinated to hear what you've got to say as we go into the program, Teresa. And once again, thanks for joining us. Um, and I'll go now to Lieutenant Colonel Pete Chambers, who is a flight surgeon. Um, Pete, some of your background, I know it's quite extensive. Okay, I'll give you the short version.

So, uh, Graham, I, I served for 20 years as enlisted guy basically. And then the other half is an officer, uh, been a green beret and a flight surgeon, primarily as a green beret flight surgeon. I take care of guys that jump out of planes at the same altitudes that some of the planes are flying at, but it's the same physiology.

Um, I got into this after my colleague there, dr. Long took the lead. And I was inspired by her courage. And so I started seeing vaccine injuries on the border where we're between Mexico and Texas, where I'm at right now. And I'm taking care of a lot of troops and I had vaccine injuries that I was taking care of.

And so she helped, she helped me to find the data or she found the data. I helped her to verify it. The defense medical epidemiology database. Uh, and, uh, I won't speak on the details of that, but I talk about it. You know, these are my opinions only, not the, not the military. I have one month to go left in the military, so I can take the gloves off after that.

Uh, but that's where we're at now. I am backs injured. I was told to take the shots. I, as a surgeon on the border. And so I did, and I got, uh, we can talk about that later, but I, I ended up with some vertigo type events, which is not good when you're jumping through, through the skies out of an airplane.

Absolutely. Pete, it's going to be great to hear your perspectives as well. And, and we do appreciate you coming on board. Underneath you on the screen today is a former Lieutenant Colonel retired Kevin Lockray. Kevin, briefly tell us how you find yourself here and something of your experience. Best unmute first.

Sorry about that. Um, yeah, Graham, um, I'm here largely, I would say because of John Huntley. Uh, he was the one who introduced me on a Zoom meeting to, uh, Dolores Kahle. Um, and then one thing led to another, including me assisting Dolores set up a computer system in Dublin. My background is that I'm a Lieutenant Colonel.

I graduated with an honours degree in Mechanical Engineering from the Royal Military College, Duntroon, served for a total of 32 years in the military. Four of which was with the British Army, where I received training in nuclear biological and chemical warfare. When this first happened, my alarm bells went off because the focus of my study in the UK was with the common cold.

We were 35 years ago interested in trying to work out how the common cold actually spreads. I saw very, very interesting experiments, one of which involved people being deliberately infected with the common cold and then kissing uninfected people. And it was found that uninfected people did not get infected by people kissing them.

And that then caused my professors to find that maybe salivary amylase interferes with the covering of the virus, which is essential for it to latch onto the receptors of human cells. That then, uh, the, the theory then 35 years ago was that the common cold was largely spread by contagion. And this was verified by experiments performed at, um, preschools where they introduced soft soaps and the contagion rate dropped off a cliff because the soft soap was able to get up under the fingernails of the little toddlers.

So when they pick their noses or rub their eyes. They didn't catch the virus. So that's really where I've been at and I've been introduced to a large number of now really truly extraordinary people and Teresa it's lovely to make your acquaintance. I've been tracking you for some time and I really do admire what you've done.

Um, as I do many other people, uh, I met and of interest, I was actually head of maintenance support branch of the Civil Aviation Authority of Australia at one stage during my long and varied career. That just about wraps it up. Yeah. Great. Thank you very much, Kevin. And thanks for joining us as well. Dr.

Leave late. Um, great to have you on. Uh, I'm glad that you're a late, uh, inclusion in our attendees. Please tell us a little of yourself. Well, I will. Thank you so much for having me, Graham. I'm an independent practicing physician in the United States, uh, 40 years in medicine, preventive and climacteric medicine, primarily.

But also training in psychiatry, behavioral medicine, and early on six months in radiation oncology, which is part of my interest in some of the 5G effects coupled with the vaccine injury. And I started treating COVID patients early in March 2020 outpatient combination therapy working with Dr.

McCullough and many other. of my colleagues and very quickly could see the success with early outpatient treatment combination therapy and then began looking at the impact with Dr. Yeaton and Dr. McCullough and Roger Hutkinson on the known damage of the lipid nanoparticles to ovarian and testicular function.

And one of the reasons that that was of particular interest to me is that I've spent 35 years in climacteric medicine looking at the implications of damage to the ovaries and testicles on all aspects of health, not just reproduction and fertility. And Very quickly, it was evident that if that was being impacted by the lipid nanoparticles in the vaccines, then we were going to have broad range effects on total health, including brain function, cognitive function and cardiovascular and other aspects of health, not just fertility issues.

So that was when we started with Truth for Health Foundation. And the stop the shot campaign, and that led to our other work in defense of military service members and the vaccine mandates trying to fight that and also

them looking at the broad effects of vaccine injury and the classes of damage in the body that are aggravated and accentuated by COVID 19.

Radiation effects, altitude effects, and the overlap of symptoms with hemorrhagic fevers, COVID 19. syndrome and the vaccine injury and radiation illness. So as we look at connecting the dots in the programming that we're doing in the foundation, I had been concerned early on. I am not an aviation medicine specialist, but I do have a background in diving scuba diving and pressure changes and some of the Issues related to that are similar issues in terms of the physiology at altitude, and so I was concerned and had patients who were pilots and advised them against getting the COVID shot because I was concerned about the effects of altitude pressure changes.

Long periods of sitting in the cockpit, um, less hydration, all of the risk factors that all of you know so well, but it was, it was something that I was very concerned about in practice. independent of being in aviation medicine. So that's my background and we are leading the fight on treatment of vaccine injury, treatment of radiation injury.

We launched the citizens vaccine injury reporting system to do the job that the CDC is not doing and that many of the other reporting agencies are not doing and we will analyze the data and report it to the public. So working with Dr. P Chambers, who's on our military advisory council and a special operations advisor to me as the executive for the foundation.

As well as with Todd Calendar, who was our foundation attorney and Dr. Long, looking at ways that we can take some of these legal actions forward, how we can get medical help for those who've been injured, particularly our focus right now is the urgency of helping to protect the US military, because they are our last line of defense for the rest of us.

So that's a quick overview. Thank you for having me. Yeah, thank you for being on, Liam. We do appreciate you being here, Doctor, so thank you. Uh, Alan Dana, ex Jetstar. Alan. Oh, g'day, guys. Um, Alan Dana. I'm originally from the UK, 30 years in commercial aviation. I, uh, was a training captain on the Airbus A320 and 21.

And most recently I was on the 787 flying the international routes to Japan and recently been fired. I am one of the main career in aviation. I've done 14 years at Jetstar up until being terminated this month. And prior to that, I was flying the UK. I was a captain out of London Heathrow Airport, flying the Airbus there as well in the 737s.

So I hold the Australian commercial airline transport pilot license. I hold the British European airline transport pilot license. And I also hold the FAA. Uh, American airline transport pilots license with all the associated instructor certificates as well, currently sitting on about 23, 000 hours of flight time, and I've had in that time, nine significant emergencies that I've actually dealt with, which were very important, and I'm in the general aviation career.

I did search and rescue for Cuban Cuban rafters that were going into the Florida Straits. We used to get shadowed by the Cuban mix. Uh, they didn't want us in their airspace doing a search and rescue and also did lots of medevac flights throughout the Caribbean. So that's basically the sum of my experience.

Thank you very much, Alan. And, uh, you've been a real fighter in this and it's been great working with you, mate. It's good to be in the trenches with men of your caliber and I do appreciate it. Todd Callender. Your turn, my friend. There we go. I was smart enough to take off the mute this time. Nice to be with you all.

Um, I'm a lawyer from the United States. Originally I had been doing international law now, uh, for about 30 years. Funny enough, I've been flying airplanes longer. Um, 37, in fact, so I've got a keen interest in all of this stuff. And, um, going back with all of your other learned American. Doctors here. We we all have been working together for some time.

It was about a year ago that Dr Long and I were actually on a call together. There's a bunch of military folks who were very concerned about the mandates that they were facing into the future. And frankly, it was her encouragement that we filed the lawsuit. Robert B. Austin. Which was the first suit against the U.

S. government for the vaccine mandates and it's had a life of its own since then. And I seem to be gathering all kinds of expert witnesses along the way including Dr. Chavers and Dr. Vliet, a whole bunch of others as well. I guess it must be four months ago, maybe, maybe as long as six. Some Australian lawyers reached out to me for help in their suits and so I've been advising since that point in time.

I assume that I got invited here for that reason. So we've been working together, uh, in Australian matters for a while as well. So I'm happy to be here. Thank you for having me. Yeah. Thanks for being here, Todd. It's great to have you on board as well, mate. Um, Glenn Waters, Captain, ex Virgin. Um, a sad story for you, Glenn, on your 20th anniversary of being a Virgin pilot.

They also served you with your marching orders. So tell us a bit about yourself. My internet works. Um, hopefully you can hear me. Yep. We got you. Good. Yeah. 38 years in aviation, a similar story to you, Graham, where I was interested in flying from a six year old. It's the only thing I've spent my whole life doing.

And you rightly say on my 20th anniversary with Virgin Australia Airlines, I was terminated, refusing the, uh,

I remember on my show cause for why I was, I had doubts about it. I tabled Dr. Long's affidavit, uh, which is a very. Um, list of reasons to look at and you wouldn't be surprised that they completely all that information. I still can't get them to look at any of that information. And we have a number of, uh, pilots have been injured.

We've had pilots who've lost their vehicles. So I'm here in the fight. Um, I'm all in and I'm glad to be joined by all you good folk. Yeah. Thanks Glenn. It's great to have you in the trenches as well, mate. And for those of you who don't know mine, I'm Captain Graham Hood, formerly of Qantas. I'm a 32 year command veteran with that airline.

I've only flown the 737 with them. It was my jet of choice. I have a combined career of 53 years, 36, 000 flying hours. I've done 22, 000 takeoffs and landings, and I have carried about, uh, 6 million people over 12 million miles. Um, I look jaded because I've been in this fight 24 7. I'm currently sitting in a caravan in a park, uh, in Perth, in Western Australia, having spent two years trying to get here because of the ridiculous mandates.

It has been, it would have been easier for me to get to Pyongyang in North Korea than to get to Perth in my own country. Um, I am living in, in a, uh, in a nation that was once proud of its freedoms and its democracy and it's decayed into something akin to North Korea. Some may laugh at me. The people who laugh at me for saying that are living in as close to Disneyland as, um, as anyone could be.

So we are in a terrible state in this country. We know that the U. S. is in a bad way. We know that Canada and Europe is in a bad way. And it's all because we have just caved in and been compliant. And so this meeting is about waking us up. And I thank you all for watching this, uh, Captain Dana is going to present us with a video of the chief medical officer of the Civil Aviation Safety Authority, who is in fact in charge.

Of the regulatory side of medicine in aviation and overseas, the medicals of pilots now as a person who was over the age of 60, I had to do a medical every six months. And, um, every 12 months I had to do a stress ECG and I pass those all the time. So when you're talking about aviation, you're talking about people who are known not to have.

Predisposition to other illnesses. They don't have, uh, other other illnesses that are going to come to play as a result of the vaccine. So most of the injuries that we're hearing about most of the injuries that we're seeing and we've experienced are based on people who are normally healthy people and they've responded very quickly after these vaccines.

So it's important that we understand what this stands for. And let's see who's driving this from aviation medicine in Australia as we watch this video. Okay. So this, uh, this video is actually from Dr. Kate Madison as Hoodies

just said, uh, from the Civil Aviation Authority. It was a recording made on a phone and sent to me, and this was her rebutting any concerns she That were raised at a question and answer session at one of the airlines.

I can't say which. And, uh, so basically this is her in her own words. Um, let's listen to what she has to say. This is not a novel, bizarre, gosh, what's going on crisis that I know what's happening. It's being triggered by that vaccine, but we know what's happening. And because we know what's happening, we can now say we know what we can expect to happen.

And with those, um, vaccine associated pericarditis myocarditis, as they are with other vaccine associated ones, they resolve. Mind you, and you might have an in flight incapacitation after a vaccination. I'm going to give you a, um, a comparison. The likelihood of you having a cardiac arrhythmia, called atrial fibrillation, which can make you faint, can give you a stroke, um, and can make you, um, uh, really not able to do what you need to do in the cockpit after having five standard drinks.

So a couple of martinis, a couple of glasses of wine with a cognac at the end, five standard drinks. The chances of you having atrial fibrillation in the third, the 72 hours after that is It's about 50 times more likely than you having a problem after your vaccine. So if I'm going to do an echo on everyone who's had a vaccine, then what am I going to do for all of you who have a few glasses of wine with dinner?

Echoes every, I don't know how long, every week. It's um, what I'm trying to get there is to compare the risk. The risk of a lot of the things that we do in our daily life and the potential outcomes health wise, a lot of the things that we accept in our world. that we don't do surveillance for is really high.

Um, my screen's not big enough because it's up this high. Um, the risk of having something occult lurking in the background after the vaccine is really low. Wait, my hand is down, you can't see it. Um, it's so low that we're not doing surveillance after vaccines because that would actually be really unreasonable because we don't do it for anything else.

Um, because we don't have to. So There you go. The vaccines are safe, they are effective, they will stop you from getting really sick, and I encourage you to have your vaccines, um, and there you are. And again, we do have guidance on vaccines and the CASA position on, on, um, COVID vaccines on our website as well.

So, uh, there you are. Um, again, very happy to take questions if there's any further questions about vaccines begin. I am conscious of time. I'm not sure what our timeline is here and I do want to, um, look, we were going to go to Kim straight up, but I think with that being fresh in our minds, I really want to defer to our medical panel, um, from the US in particular, um, Dr.

Long, uh, how do you see that? How would you assess that? Oh, that's a disaster. Um, so, As I, as I pointed out in my affidavit originally, was that they had estimated the risk of myocarditis, um, after COVID infection as being, um, uh, um, uh, 2. 3%. But there is no clinical studies to show. what the risk would be if someone had COVID and got vaccinated or got vaccinated and then got COVID.

And I will tell you that overwhelmingly, um, the number of cases of people who got COVID after they got vaccinated skyrocketed in my population. And so now We don't know if if the effect of having covid, the infection followed by the vaccination or vice versa. Is that additive or is it synergistic? Do we end up with a risk now of 30%?

I will tell you that I don't know that that Young lady sees patients, but I do. And what I've seen is nothing like what she's describing. I had a young student pilot who, um, took the vaccine and almost immediately developed chest pain. And he came in and you heard my testimony before Senator Johnson. He was one of the people I was talking about had pericarditis and I was working him up for myocarditis.

I ordered a cardiac MRI on him right away and sent him to a cardiologist and they would not do the cardiac MRI. They did an echo, a stress test and an EKG and they all came back completely normal and they wanted to send

them back to flying. But you have to use your clinical judgment. This young man was in peak physical condition and was telling me, looking me in the eyes, um, he'd always wanted to fly.

And when, when a pilot is telling you to ground them, there is something horribly wrong. And, and he just. was like, I cannot fly. Something is wrong. Uh, I threw a fit. They got the cardiac MRI. It's now six months later, and the guy still has global cardiac edema with scarring all throughout the septum and the left ventricle.

And, you know, once you get over a 15 percent scarring of the heart after myocarditis, the, the risk of sudden cardiac death skyrockets. So we're doing this and a lot of people don't realize back when I worked with Todd that in my initial statement, I had gone to the senior federal air surgeon cardiologist.

For the FAA and he agreed with my entire risk management assessment that this was too big of a risk and that we even the people who have been vaccinated needed to be screened with a cardiac MRI with with labs like troponin D dimers. He agreed with my entire assessment, but was afraid to come forward.

And, um, You know, even after, even after we had a Airbus packed with 190 patients, I'm sorry 190 passengers just recently piloted by a commercial airliner here in the States, and he was forced to take the job in November, didn't, you know, feel well got worked up They said he was fine, was flying on approach into Dallas Fort Worth, and and landed the plane and minutes later suffered sudden cardiac death and had to be shocked three times and revived.

Those passengers were minutes away from a complete disaster. And these are not rare things that I'm seeing. I have, um Just within my population, see numerous strokes, myocarditis, pericarditis, heart failure, spinal tumors, blood clots in the liver and the spleen, vomiting of blood, cognitive impairment, renal masses, medial spinal masses.

testicular cancer, esophageal cancer. I could go on. This is, this is unacceptable. And when she says that we don't normally monitor after drugs, that's a lie. If, if I have a soldier that takes, um, uh, uh, has testicular cancer and gets treated with gliomycin, we know that that carries a 2 percent risk, two to 3 percent risk of, of causing lung damage.

And we have to wait three months. And then we send them to a pulmonologist and have them worked up and make sure that he didn't suffer that lung damage. So why would we take a drug that we have no long term safety data, give it to pilots, and hope for the best? That's our strategy. Hope. Not, not data, not science, just hope.

Um, this is completely reckless. Unbelievable. Uh, uh, Dr. Long. Um, there's so much more we can say about this and we want to pick some of the data that Kim has apart shortly, but I have to go from from you to Dr. Chambers. Um, doctor, given your experience as well, uh, give us a critique on what you just said.

Listen, I've done 20 years also in the emergency room, and myocarditis is not trivial. This is the way I understood this, this young lady speaking is it was a trivial thing and We just don't want to do it. Well, first of all, she's talking about doing an ultrasound, which is not, as Dr. Long was saying, is not the gold standard.

It's a specific type of MRI that Dr. McCullough and other specialists have come, uh, forward with early on and, and developed that. He's a cardiologist that does this. And so that, uh, that pilot she's talking about, and I'll say it, he's an American airline pilot. He was on approach with a 321 with an Airbus with 190 people board.

I was in Arizona with Dr. Vliet, drove 15 hours to get to Dallas to get him to Dr. McCullough, right? And this guy's looking at me in the face with tears in his eyes saying I wanted to teach my daughter how to fly and I can't fly anymore and I'm mad. I'm upset. He's got 31 years and he's also a prior Air Force pilot.

Minutes away, like Dr. Long said, minutes away from a critical, I mean, just catastrophic disaster. What that, that lady, that, that nurse, I guess, whatever she is. is saying that is completely incorrect. I disagree 100%. I agree 100

percent with Dr Long and and not everything. Look, this guy had ventricular fibrillation which required 360 joules of energy to be put through his body times three to get his heart to start.

Okay, that's not a minor thing and that's not, you know, that's that's an electrical issue that was happened, that happened to him probably from He had the J and J shot most likely, but we, you know, you, you, it takes a little while to develop these diagnosis to get confirmation, but you don't want to put somebody in a phase three trial.

That's got 190 souls aboard Pete that, uh, just to enlighten you even further, the lady that you saw talking was the head of aviation medicine for the Australian civil aviation safety authority. She's not a nurse.

So I do want to say this, Graham. And I think I think every doctor here will agree. Um, I've only ever taken care of one rattlesnake bite. Most doctors have never taken care of a rattlesnake bite in their life. Most doctors will never in their entire career, have they ever diagnosed or treated myocarditis.

That's the truth. It is before COVID. It was not common. I had never seen a single case of myocarditis. I had seen paracarditis, but not myocarditis. So When all of these people all of a sudden, um, are jumping on this bandwagon saying it's so trivial and you know, you take a few NSAIDs and you go home. Um, yes, you may get out of the hospital initially.

That tells us nothing of the long term damage your heart has suffered or the long term complications, um, and the decreased, um, um, quality of life. You may experience afterward. So, um, that's someone speaking about myocarditis myocarditis and probably hasn't ever treated patients like I have with myocarditis.

Doctors, my, my 42 year old daughter, mother of three, uh, has had both jabs and she has just had gotten over COVID or is getting over COVID and she has had heart issues. She was categorized as a category one risk. of stroke or heart attack, and she still three weeks later has not been able to see a cardiologist to be properly assessed.

She was sent home as a category one from the hospital. And this is this is a state of medicine in Australia, typified by what you've just seen in that video. Dr. Give us an assessment of what you've seen.

You're muted.

I'm sorry. I think it's unconscionable that someone with that level of responsibility for the public. is being so cavalier about devastating health problems. I agree totally with Colonel Long and and Colonel Chambers, but and from a public civilian population. I started doing the D dimer and other inflammatory markers in my post vaccine patients.

Who had the same kinds of problems that Dr. Long is talking about in the civilian population and she's dealing with a healthier population, and I am absolutely shocked at the people who are walking around. That no one is looking at, and they have elevated D dimers, elevated troponin, elevated inflammatory markers, and other damage that no one is looking at.

And if that is not being done in the aviation community, then it is a devastating risk to the flying public. Unbelievable. It's unconscionable. Um, you know, where do we go from here? That's, that's a question we're going to be asking quite some time because it appears that, that, uh, we are in dire straits in this country.

If that's, if that's the standard of medical advice that we're running on in this country, we are in dire straits. Yes, Kevin, there's another aspect of this, which was raised by that medical officer. And that is the contention that there is a serious risk of pericarditis or myocarditis should one naturally contract COVID 19.

I absolutely dispute that. I had a great deal of difficulty obtaining We're making a table which shows case fatality rates and infection fatality rates for this disease with and without early treatment. I've also now become quite

good friends with Professor Dr. Thomas Barodi, who has developed a composite medication for the early treatment of this disease.

He has done extensive trials now, over 600 patients. He's not lost a patient. These patients are of a wide strata from young to old, those with serious medical comorbidities, one of which was, um, in fact, I shouldn't say anything about that. I won't mention the name, but a prominent person was treated by Professor Barodi and that person has made a full recovery, or as best that he can, given the comorbidities that that person is carrying.

I absolutely reject. The contention that getting COVID 19 and having early treatment presents as much danger as does, does these vaccinations. And in fact, data coming out of Hong Kong indicates that one in 2, 700 young men will immediately show signs of pericarditis and myocarditis. And Professor Dr.

Peter McCulloch has told me. That he is suspicious that we have a whole lot of 12 year olds running around that are actually suffering from pericarditis and myocarditis. Um, that Dr, uh, Villet has, has already mentioned. Uh, we could have a whole lot of people in our community who have elevated, elevated, uh, uh, D dimers.

Who would in fact have a, um, a high pulse. And, um, And this is, this is an absolute catastrophe, a health catastrophe. That woman was just so, so poorly informed, it scares me. And she's in charge of aviation medical health. It's, it's just terrible. I'll turn off my hand now. Thank you. I would like to add to what you're saying, because I think you're absolutely right.

I, I had so many really sick COVID patients that all did well with early treatment and no one went to the hospital in all of 2020. It was only after the COVID shots became rolled out and became so ramped up so quickly that I started having patients in the outpatient practice being very much sicker. I think we're looking at an important difference.

The COVID illness does not carry the lipid nanoparticle inflammatory damage. The shots have not only the spike protein damage, but they also have massive lipid nanoparticle inflammatory and vascular damage. Is the elephant in the room? I don't think people are talking about. And that has been known from the Japanese biodistribution studies as well as other studies going back 20 years with lipid nanoparticle toxicity to almost every organ system in the body.

And I think that may be one of the red herrings that we're not adequately evaluating that that's why the shot is so much more toxic to the heart than the COVID illness. You know, Doctor, on that note, you might recall in, um, Dr Long's testimony in our case, uh, that, that eventually it quantified and qualified what we had found in the shots.

We did mass spectrometry. And in the case of both Pfizer and Moderna, there was polyethylene glycol. And in one case, it was half of the total content. In the other, it was a third. If you looked at the safety data sheets as it relates to those very same lipid nanoparticles. Each of them was classified as toxic and pathogenic.

And in one particular case, it's the S. M. 102 ingredient. It says fatal if it comes in contact with skin. So one could only assume that, um, as you said, the lipid nanoparticles of the ingredients to the shots have got to be having these effects on people. I just wanted to add to that What we're seeing there, this indifference that your head doctor has displayed as it relates to your aviation community and the safety of your traveling public, is criminal.

Look, I may not be an Australian lawyer, but I can tell you this, under international law, which is what I practice, she is also committing crimes against humanity. That is a capital offense. It's it's this willful indifference. It's it's the decision not to see the dangers and go ahead and encourage people to take these kinds of risks, knowing full well that the data supports the contention that these are injurious, if not deadly.

Quite interested to see what it is. Lisa dug up. I know what the U. S. D. Med data says. We know what the U. S. Military data says. I'm I'm really curious to see if your Australian data matches that. Yeah, you know, we're talking a lot to people who have been coerced into being vaccinated and the vaccine handbook in Australia

requires any medical practitioner who administers a vaccine not to administer that vaccine to somebody who's not who they know has been coerced.

And I know of many cases where people have said, I am here to get the vaccine. I need to get it to keep my job. I don't want to get it, but I have to get it. And doctors and nurses are administering the vaccine without knowing they are legally, they are liable against criminal charges. I mean, this, this is, this has been the, has been the most flamboyant medical procedure introduced in Australia.

It has been an absolute disaster. And some doctors and medicas are practicing their oath to the nth degree. They're saying they're writing letters and they're saying, no, we cannot vaccinate this person because you've threatened them with loss of their income. And those people are holding up the standard, but there are so many who are just letting it go.

It's disgusting. Um, Glenn, you got a point, Graham, just really quickly. I want you to understand that Australia is signatory to the Nuremberg Convention, right? So they, they can't act like this doesn't count, right? This is a crime, a crime against humanity, and these people should be held accountable.

Absolutely. And, and, uh, we look forward to a day when a full and honest inquiry will reveal all these things. We can see, uh, not justice be served. I think in aviation, we like to understand what causes incidents that threaten life. It's part of our, our, our regular daily life, our risk benefit analysis, human factors demands that we analyze every incident that affects safety.

Um, every incident that affects, uh, uh, loss of life or any other accident in aviation. So we understand why these things happen to prevent them not happening again. It has to be practiced in the medical profession. I ran many human factor courses for surgical teams in hospitals. To get them to communicate with each other.

Human factors is a vital part of everything we do in most aspects of life. And yet in this country, and I'm sure over in America as well, we're not seeing any kind of analysis because if we were, there would be no censorship. People like you would not have to appear in programs like this. And this is what we've got to get to.

We've got to make sure that people understand the risks involved in ignoring and pushing this stuff under the carpet. Um, Glenn, you've had your hand up for a little while there, mate. What did you want to say? Yeah. I just wanted to provide some context, uh, context for that presentation. She was delivering that to a group of airline pilots, uh, to convince them to go ahead and get the booster.

Now, the answer, uh, that she was giving was to a question from a captain. He said, my daughter has been hospitalized after the booster. And my son in law has been hospitalized. After the second shot, both, uh, with myocarditis. So that shows you how prevalent it was. And that was her response to him.

Unbelievable, unbelievable. And this is where we rest our case, but we.