

2024-03-15 Graham and John speak with Dr Sabine Hazan and her experiences in the USA during covid...

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Well, hey everybody, and welcome to another episode of Club Graeme Wood and my mate John Larder is sitting next to me on the screen, but he's also in a room in the same building just down the hallway. Cause Johnny, we're, uh, I'm actually in Tumut, uh, with you having been to Canberra last night or yesterday speaking with the Senate and you and I had an opportunity to, uh, to speak to the Senate about our concerns in Australia.

And we'll give everyone a summary of that, uh, of those events at the end of the broadcast with our very special guest today, Dr. Sabine Hassan. Welcome to us. Thank you for having me. It's a pleasure. Now, um, Johnny, this is one we've been trying to organize for some time. It's a very important interview because Dr.

Hazan has spoken in Senate committee hearings in America and she's done an amazing job. She's researched this whole rubbish that we've been going through and she's come up with some incredible findings. Um, Dr. Hazan, thanks for joining us. We want to, um, It's best for you to unpack who you are and what your qualifications are for those in Australia who may not know you.

So I'm a gastroenterologist by trade, but I also head a company that does clinical trials for pharmaceutical companies. I've been doing clinical trials for the last almost three decades since I started at University of Florida. And then from there, opened a genetic sequencing lab called Progena Biome that we started years ago to Look into the microbiome because, uh, Dr.

Baroti, who is from Sydney, Australia. And I, um, I've been doing proceed. He started off this whole mission of looking at the microbiome by doing fecal transplant, the process of taking stools from a healthy donor and putting it and then to an unhealthy, uh, when the pill poop came into market, I basically went rogue and decided to start looking into the microbiome because I felt If we're going to take stool samples from, you know, patients that are deemed healthy, um, what does that entail?

What's in their microbiome? What is, what are we swapping one disease for another? And so, you know, that's basically me in a nutshell. I think from there, when COVID happened, I had a portal with the FDA. I had done clinical trials with the FDA. I knew what I was doing. I had a genetic sequencing lab that's top of the line.

So I felt, well, who better than me to, and Dr. Baroti to kind of like figure out how we can, you know, come with a formula. Dr. Baroti being, um, the physician that started the whole triple therapy for H. pylori. He has, you know, a lot of patents behind his name. So I was just kind of, uh, You know, always working for pharmaceutical companies, never really behind a product and he was always behind a product.

So we joined forces and we said, well, how can we, we put our teams together. He has a huge team of scientists and I have a huge team of scientists and we put our teams together and our heads together and a lot of physicians went into this. And we basically came up with three protocols, you know, the hydroxychloroquine, azithromycin, vitamin C, D and zinc for treatment.

Then hydroxychloroquine, vitamin C, D and zinc as prophylaxis. And then the, when that went sour with the politics and we couldn't enroll, we started the ivermectin doxycycline, vitamin C, D and zinc protocol sometime in July, uh, got approved in August. And then that went broke. So, you know, it basically, um, here we are today, basically talking about What it's like to be a physician in 2024.

Uh, innovating, uh, therapy for patients, thinking of ways to treat and being really handcuffed, being blocked, being censored. You can't even, we couldn't even recruit patients. I said that at the Senate we could not advertise to recruit patients. Do you know how hard that is? I'm in the clinical trial business.

We, you know, I put an ad on Facebook. I get 20 patients for psoriasis. You know, I have multiple companies, LA clinical trials, Ventura clinical trials, pages on Facebook, clinical trials recruitment to recruit these patients. You know, the one thing we know how to do is recruit patients through social media, search engine optimization, you know, and we could not enroll patients in the middle of a pandemic.

Where everybody had COVID, you know, this should have been, I put one ad, I should have had a hundred patients and in three weeks I should have finished my study. This was stopped, censored, research was stopped. We had an opportunity in the Australian Senate yesterday to unpack our side of what we saw going on.

Um, it seemed that when the pandemic hit, there was a whole bunch of scientists who were in a race to find a suitable vaccine. And they went off into a, into a big building and they're going like crazy to be the first to come up with this incredible vaccine. And a whole bunch of the rest of you who had the same interests were saying, all right, while they're looking for a vaccine, we should look at what we've got in the medical cupboard to fix what we have now with what's available.

And you did that. And what we said to the Senate yesterday was while those doctors were doing that great work to help us heal people now, they were censored. And the drugs that they're recommending were also censored drugs that have been around for a long time. Um, had a fair, a fair amount of pushback professionally from other colleagues in your industry

knew that I was, you know, that these were my protocols, right? I mean, of my colleagues, my, you know, and even if they did, it was sort of like, yeah, whatever. So being, you know, it's, you know, they're colleagues of mine, right? Um, no, it, what I saw myself during the pandemic was, you know, Unlike anything I had ever seen in clinical research.

You have to remember this is what I do for a living with pharma, right? So for me to see, um, I can't recruit, uh, I'm censored. My voice is censored. I'm being attacked. Like my own personality was attacked on social media. You know, my, who I am as a person was attacked. My office was getting threatening phone calls, you know, This is not normal.

This was not normal. This was not science. This is what I talked about at the Senate, and I wanted it to be very clear that what we saw during the pandemic was not science. This was propaganda. This was political manipulations. This was media manipulations. This was control of patients, of directing you one path.

Who, who dictated that the vaccine for a virus that's mutating is the only path? No one. Who said Dr. Fauci and Dr. Collins are right? Who made them the kings of science? What, I'm not allowed to have a hypothesis? I'm not allowed, me who's done like hundreds of clinical trials for pharma, has read so many protocols, has put drugs to market, including vaccines.

I'm not allowed to have a hypothesis. Why? Dr. Baroti is not allowed to have a hypothesis. All these doctors that have innovated drugs and protocols are not allowed to have a hypothesis. Dr. McCullough, Peter McCullough has done clinical trials as well. You know, he need he, his voice was important. Our voices were censored.

Not only that, we weren't even, we weren't even allowed to ask questions. Since when in science are you not allowed to ask questions? Never. Questions are welcome in science. That's what science is all about. The more questions you have, the safer the product becomes. The more questions you have, the closer you get to an answer.

The closer you get to treatment. That was problem number one. Problem number two was weren't allowed to treat. She's crushing in front of me, oxygen dropping. I'm not allowed to try to save this guy. I'm just about, I'm a doctor, I have a license. I feel like I can resuscitate this guy. Why do I need to send him to the hospital?

I mean, I have a license, right? That's what it was given to me for. So if you're stopping the doctors from treating, where do you draw the line? Then you know what? Let's just stop gastroenterologists from doing colonoscopies because, you know, the government needs to tell us. When to do colonoscopy, what age to do colonoscopies, how to do it, then maybe the government should start taking care of patients, right?

Maybe patients that are bleeding at 2 o'clock in the morning, instead of calling me to resuscitate this patient for the 70 that I'm getting paid by the insurance company, maybe the government should go resuscitate that patient at 2 o'clock in the morning. I don't need to be involved because it's the same method, right?

You're stopping me from giving treatment during COVID. Then why aren't you stopping me from stopping the GI bleed at two o'clock in the morning? I could go on and on on this, but. Well, I hope you do. I hope you do. We're going to give you an opportunity to, John, um, this is going on in Australia, isn't it?

Well, look, there's no doubt about it. What do you, uh, we spoke about it yesterday. Uh, in the, in the Senate hearing, uh, uh, and I just wonder what, uh, uh, your views might be on, on what the, what the root cause of it is, uh, Dr. Tess Laurie obviously alluded to it in her, uh, documentary letter to Andy, and there was this, uh, emergency use authorization.

Uh, do you think that that was. Where, where, where the, where it all began one, I think that was one way. I think the emergency, if they had a treatment, it would not have allowed the vaccines. That's the number one, but I think it was more of, there was no money to be made from hydroxychloroquine, Z Pak, vitamin C, D and Zinc.

You know, I signed, listen, I signed myself at the beginning, you know, we were Dr. Baroni and I thought we were. All on the same, you know, uh, lane of race, right? In other words, you know, there's Pfizer, Moderna, Topelia, because we created a pharmaceutical company called Topelia Therapeutics, and we thought it was everybody were the same platform, right?

We were just starting writing the protocols. In fact, I was one of the first ones that wrote the first protocols on treatment for COVID. Uh, and submitted it to the FDA. I remember March. It was literally four years ago. I sat down and started piling up the data and figured out hydroxychloroquine Z Pak from Dr, um, you know, uh, Didier Raoul in France.

And then I figured out vitamin C, vitamin D, zinc and put them all together and saw Haze D Pak and called it Haze D Pak, created Topelia Therapeutics, created all this. And start and Dr Burruti started trying to raise funds, you know, to to bring this protocol to fruition because protocols are expensive to run.

You know, there were there in the millions at the beginning, especially on a phase one phase two, um, when we couldn't even get funding, you know, it was so difficult because everybody's like, Well, these are cheap drugs. These are combination. That was already the first hint to me that there was something going on, right?

Right. You know, and I said it at the Senate that I'm going to say it again. This was about the price of a stock mattering more than the price of a life. But here's the thing, that price of the stock is not going to save you when you've killed the price of the life that was meant to heal you. So that's the reality.

And that's what I want everybody in the world to realize. Interference with research affects all of us. Because at some point. He who was in charge of that stock becomes the patient and that patient is going to say I shoulda, I wish I had not interfered with research and on their deathbed they're going to be saying shoulda, coulda, woulda done different things differently.

Right, because that's, we're all here to learn lessons in life, and that's the lesson of COVID. The lesson of COVID was we should have all come together as physicians. When we saw what was happening, Dr. Baroti and I, and, and by the way, Dr. Baroti has always raised money for pharmaceutical products, always done, you know, press releases and things like that.

You saw what happened in Australia when he started saying we're trying to raise money for Topelia Therapeutics. All of a sudden, he was tagged as a, you know, uh, whatever, you know, given names and anti vaxxer. You know, my favorite is when they called me an anti vaxxer and I brought vaccines to market. I mean, what part of I brought vaccines to market do you not understand?

I'm not an anti vaxxer. I'm an anti poor science. That's what I am. I'm an anti poor research. I'm an anti pharma forcing a product on my, knowing who pharma is right now, knowing what pharma has done in the past, you know, with all their little shenanigans of trying to push a product to market. I didn't want that product because I didn't trust it.

So that's why I stepped into the pandemic when we saw the whole like, you know, shambles and everything we said, well, you know what, we're not going to be putting this product to market. And I, at least on my end, anyways, for hydroxychloroquine, Z Pak, I said, I'm not putting it in the market. I'm giving it to the world.

Use it, not save as many lives as possible. Here's what I learned and which is why interference with research should not be happening. I learned a lot of things during the pandemic. Some things are, who should have been taking hydroxychloroquine? Who should have been taking ivermectin? Who should have been taking vitamins?

You know, categorizing, because I was on the front line treating. So I knew which population I would treat with this, which population. I lost no one during the pandemic. One, it's a miracle from God, in my opinion, but also the doors opened up to understand the microbiome better, to understand that to fight a virus, you need strong bacteria.

How do you increase The bacteria in your gut that that became my focus. Right? How do I avoid taking hydroxychloroquine, which kills the microbiome? How do I avoid taking ivermectin, which makes me dependent on a pharmaceutical company or on a product being shipped or being, or even knowing is that product really ivermectin?

How many ivermectins have we seen that are actually not even ivermectin? Right? So, you know, The thing that happened to me is trust is gone. Trust is gone for an industry that was supposed to save my life, that was supposed to protect my family. Trust is gone. And here's the problem. When trust is gone, it's very difficult to support another product.

You really have to convince me that that product. So now I do my research. I do my research on everything. You're selling me a product for Crohn's disease. Well, guess what? I'm going to be looking at what that product is doing to my patients. I'm going to be monitoring, right? Because I'm not going to just keep selling products for pharma and putting them in this level of heightened power.

And then, you know, and not just pharma, but the stock markets. You know, the stock brokers that are controlling the stocks. So at the end of the day, everybody becomes a patient and then, you know, karma is a woman, I think. Wow. I mean, um, are you, have you, do you have evidence that there are fake ivermectins out there?

We tested some ivermectin and, uh, let's just say the quality was not. Um, envisioned. So even the factory that I get the ivermectin from, we sent it to secondary lab to validate that there was actually ivermectin in there. It's unbelievable what I discovered this pandemic, the quality of products is not there.

You know, the one thing the FDA should be doing is actually checking the quality of these products. You know, when I tested 26 products on the market, and three of them had bifidobacteria, and they all said bifidobacteria in

the back, you know, that important microbe from a trillion dollar industry of probiotics, when I saw, you know, all these products have bifidobacteria in the back, but I was drinking this kefir, no name kefir, and I noticed it.

Wow, my bifidobacteria in my colon is not increasing, yet I'm drinking like a gallon of this every day. And when I tested that kefir, I realized there was no bifidobacteria in there. So even though the label says bifidobacteria, it doesn't have it. And here's what I discovered. Out of 26 products tested in my local grocery store, not around the world, because you know what happens?

People listen to this and they call me and they say, Dr. Hazan, what are the three products? I tested in my local grocery store. I didn't test all of Australia's products. I didn't test Europe. I didn't test America. All of America. I just tested my grocery store. Out of the 26 products, only 3 of them. So that told me right away that labels mislead the consumer.

There's a huge market out there. That is basically saying bifidobacteria and it's not real. If you look at even the probiotics, 16 out of 17 probiotics on the market do not have bifidobacteria in there, even though it says bifidobacteria. So yeah, trust is gone, you know, uh, and then you, you look at the food industry, are they vaccinating our cows, are they giving hormones to our cows, are they giving antibiotics to our cows to make them fatter and juicier, so we ingest that, and what is that doing to our microbiome?

And then you look at the, The vegetables full of pesticides. What is that doing to our microbiome, right? So if you have you i've become a very um, uh Non trusting soul I have to say but I think yeah Yeah, it's kept i'm very skeptical now. I everybody tells me oh you should try this You'll lose weight or you'll try this and, you know, have more energy.

And I'm like, what is that doing to my microbiome? You know, everything affects the microbiome. So we have to be very careful of what we're ingesting. Johnny. Yeah, Dr. Hassan, uh, the bureaucrats, the politicians, the chief health officers all over the world, they've been very quick to hide behind, uh, the catchphrase pandemic and one in 100 year pandemic, uh, for their egregious behavior, uh, was it really a pandemic or, uh, was it, was it a systemic failure?

I mean, we. We're hearing, uh, you know, accounts from you saying that if we'd have used those things we had in the cupboard, people probably would have, uh, got better. I mean, it, it, it, it, the data suggests it's probably nothing worse than a bad flu season. Right. At the beginning, it was, it was a pandemic.

At the beginning, it was definitely a pandemic. I think what we saw is, um, you know, the virus kind of weakened with time. And you know, it was kind of funny because I stepped into the pandemic and I was like everybody else. You know, I was worried. I was wearing a mask. I was doing all the right things precaution and, um, you know, it just, um, it was interesting to see that the yes, the virus was definitely hit a lot of people very quickly at the beginning, but then it died off.

You know, when Omicron started, Okay. That's really when we started breathing, and then as it got weaker and weaker, and now it's just like a mild flu, you know, we don't really worry about, of course, what's happening is now we're seeing the people that are immunosuppressed because they're, they've overdone it with the meds and the shots, you know, so you kill your gut enough that you don't have any immunity.

Remember, immunity comes from your microbes in your gut, right? It comes from your microbiome. It comes from your gut. Immunity is in the gut. So you destroy your gut, you're not going to have an immunity. That's just the way it is. I was going to ask you the correlation between, uh, gut health and, and what is it effectively a respiratory disease or respiratory illness.

Um, and, and most people are starting to realize now how important the gut is. If we can't trust, um, products that we're buying through supermarkets or, or pharmacies or whatever else. Um, my wife and I are using, uh, sauerkraut a lot to, to try and boost our gut health. Um, can you give, before we unpack what you said in the

Senate, because we're talking about this, can you, um, can you tell those who'll be watching, so they would say to us, please ask her what we can be doing to make sure we're starting something naturally.

First thing is basically decrease stress and turn off the TV and the news that upset you. You know, I think the more you give, the more you, you know, we have the power to turn it off, right? We've become the consumers, right? So if we stop becoming consumers, That's already one step at winning because we are more than they are and they need us to listen to their news.

They need us to buy into their products, right? So if you turn that off, um, that's already peace for your gut because now your brain, your spirit can focus on something else. Breathing in nature, going for a hike, listening to birds sing, you know, paying attention to nature instead of being on these little, you know, cell phone devices.

So I think that's the first thing is turn it off. The second, so, cause Peace, peace of the mind, peace of the gut is very important. I don't think we talk about that enough in medicine or as doctors, but the power of the brain to the gut. Remember the brain controls the gut, the gut controls the brain. It's a, it's blood flows all over, right?

So when you talk about asthma, when you talk about lung disease, when you talk about virus, why are we fixing the in order to fix the lungs? Because the blood travels. The blood travels and circulates it goes from your gut to your lungs to your brain, and then it recirculates right, and then you've got these nerves that are going from the gut to the brain and they also are ways pathways highways for viruses and bugs to circulate right, so ultimately, everything goes in the gut.

Your lungs, the circulation of those microbes that are in your lungs go into the gut right there They're fighting a different war and that you need good Microbes to fight those bad microbes and flush them out into the toilet, right? so the war happens in your gut and you have to start thinking of it as Bad microbes in my lungs, bad microbes in my skin, my face, my nose You eventually ends up in my gut and now the, the fight begins of, you know, good microbes taking over the bad and flushing them out into the septic tanks.

So I think that's, that's the number one people. So nutrition, the right foods, the right farms, the right farmers, you know, develop a relationship, the right, um, you know, making sure your foods are not full of pesticides, avoiding things that are full of pesticides. If you don't trust it, for example, you know, I've stopped eating salads.

I just don't trust them. You know, I mean, is my salad full of pesticides? And remember, pesticides is that big poison sign on the bottle that says, you know, wear a mask, wear a hat, wear, you know, a suit when you use this because it's toxic, it's poison. And here we are spraying it galore. On our soil on our vegetables and you can never really wash that very well.

So you're ingesting that and then it goes into your colon. So all that you're making me feel guilty because when I was a very young pilot, I used to, I was a crop spraying pilot. I used to spray pesticides and insecticides and fungicides all over the, you know, at low level flying under power lines, doing that for a living.

Um, and, and I remember how. How unprotected we were while we were doing that. It's incredible. I'm still alive. Some of the chemicals I played with back then, you know, but now we're learning so much more question, right? Have you become resilient because you've been exposed to all those chemicals? Do you have a resilient microbiome that basically, you know, it's like the woman that smokes.

tobacco in a tobacco farm and never dies of lung cancer. But the person that's, you know, never been exposed to smoke and is exposed to secondhand smoke and all of a sudden dies, you know, from lung cancer. So I think there is such a thing as developing a resilience. Some people develop a resilience. And that's why you could be exposed and I could probably eat salads with pesticides and I'll be fine.

Uh, but unfortunately, if there are those people that are not as resilient, they get affected. So. Johnny. Doctor, what would you say to the GPs, uh, or the, the general practitioners out there, the medical doctors that people visit, um, um, their family doctor, I'm not sure what you call them in the US, but, uh, their, their local doctor,

what would you say to them, um, that, uh, are towing the government line and, and believing that vaccine injury doesn't exist, that these vaccines are still safe, that, uh, what you're presenting with isn't actually, uh, Uh, vaccine injury, the shingles, the, the pericarditis, they're all related to long COVID.

Yeah. So it's, it's a tough one because unfortunately to convince, uh, physicians, you have to show them the data. So it's important to write the data. I recommend, uh, strongly for any doctor out there that is trying to fight the narrative and seeing something. I recommend no matter how hard it is. To fight and to, um, to submit that data.

Okay. So that's the first thing is basically We need to write more. We need to Publish more so we can convince the physicians, you know, I can tell you I go to lectures I give lectures all over the world for one purpose and one purpose only and that's to educate the doctors um, I think That's very important.

Educating the physicians, having them listen to people like me that are writing the data on the microbiome, that are spearheading the microbiome. You know, to people like Peter McCullough that has, you know, done so many numerous trials and written and published so many papers. I think the more people to jib, batter, cherry from Stanford, you know, the more of us are out there publishing, the more doctors start paying attention because I can assure you I go to.

conferences all day long where there's a lot of skeptic doctors that believed in the vaccine that got vaccinated. They listened to the lecture on the microbiome. They listened to the discoveries and then all of a sudden they're, they turn and they actually come to me and say, you know, your lecture made me realize how I killed my microbiome because I never had these abdominal pains after the vaccine.

You made me realize. That it is the vaccine that gave me those abdominal pains, right? So it's only when you when you show someone The data, the clinical data, the data that's presented at colleges, the American College of Gastro. Look, we presented during the pandemic at the American College of Gastro, you know, four times.

We presented a digestive disease week. Four times, you know, this, these are big meetings where thousands of GI doctors go from all over the world to these meetings. We present, we're presenting at the Anxiety Association. We presented at the A4M, the Longevity Meeting, the Stem Surgery Center. You know, I'm presenting at UCLA, I'm presenting at Notre Dame, I'm presenting.

So all that little by little, the word gets out and then physicians start opening their minds. So right now their minds are not open because they're not taught. In fact, even on social media, someone said to me, well, you know, why are we taught this in med school, bifidobacteria? Because we're not there, right?

I'm, I'm. just doing the research right now and I'm doing 57 clinical trials on the microbiome and disease. We've published about 40 papers in, or abstracts in four years, which is enormous, but we're still not there. We have like I have 52 papers that are is on my billboard to write one by one. So, you know, the more the data comes out, the more it goes into meetings, the more it gets recognized.

We won three presidentials award at the American College of gastro three years in a row. So our data is being seen as being recognized. We're winning prizes for it. So I think all that changes little by little the world. And then people start paying attention and then those that were sitting on their high horse thinking that the vaccine was the only answer, all of a sudden start paying attention because they themselves may be affected or their family.

You can't ignore what is happening around you. You cannot ignore the amount, you know, I'm in, I have a group page on, um, On Facebook where it's called ladies of the gut and the other day a woman gastroenterologist said have you ever seen so much pancreatic cancer and everybody acknowledged and said not only pancreatic cancer, cone cancer, etc.

So I think people are noticing, you know, this trend of cancers going up this trend of Alzheimer's going up this trend of new onset Parkinson's going up. There's a reason, right? What has changed in the last four years that now we have an increase? So, so I have hope, but I think it's important to get these primary care doctors to

listen, to educate themselves, you know, send them my video of the Senate and say, you should pay attention to this video and who she is.

You know, that's one of the reasons, by the way, at the Senate, I rolled out my big CV as a role, you know, and I didn't even put The clinical, there were like over 200 clinical trials in there just by title, you know, that's a lot of clinical trials I've done over the years. So, you know, I've learned, I learned a lot.

And I think nobody can remove that from me. Um, you know, having been in the trenches of clinical research, you know. Well, let's, let's unpack what you presented to Senator Ron Johnson in the Senate committee hearings, um, because I found that astounding, uh, that what you'd noticed by examining stool samples and, uh, and methods of treating spike protein and all that.

I'd love you to unpack that for our audience. Yeah, so we basically discovered COVID in the stools. That was the first thing because I had a genetic sequencing lab that was looking at the microbiome. And to me, it was important to see, you know, what is the microbiome doing, uh, in severe COVID patients versus non severe that were exposed to COVID.

But never got COVID, right? So that was my obsession at the beginning of the pandemic. Why is it that in one family, three people didn't catch COVID and one person got it? Why is it that a wife is sleeping with her husband, has COVID, but the husband never got COVID? Right? Those were the big questions. In fact, I remember interviewing a farmer and there's a video that they took down on YouTube, off of YouTube, but they put it back.

Where basically it's Dr. Eisen and the farmer and I'm talking to this guy, Matt, and I basically said, Matt, um, you know, we started talking about the microbiome, the soil, how, you know, chickens go to the poop of the cows. But if the cows are vaccinated, the chickens don't eat the poop because the chickens are basically they go to the poop for microbes because they're needing microbes, right?

So we were talking about all that and then at some point he said, you know, by the way, some something really bothers me, Dr. Hazen, my wife had COVID and I kissed her and I took her saliva, smeared it on my face and I never got COVID. And I said, let me take a look at your stools. And I took a look at his stools.

I took a look at her stools. She was an English professor. She was a teacher, not outdoors. You know, not as diverse microbiome as her husband. So she was susceptible on top of that. She's in a classroom with all these kids that were probably bringing COVID, et cetera. She got COVID. He never got it. He was tremendously diverse because he's playing with cow poop.

He's outdoors. He's in the sun. He's got vitamin D. He had a lot of bifidobacteria and a lot of, uh, another good microbe that we find in the microbiome. And he had a lot of diversity. So I said, I bet you that's why, right? So that was the first one, the first. Two people. And then there was a family as well.

Three people didn't get COVID. Then there was more spouses, like husband got COVID, wife didn't get COVID. And, and by the way, we tested like by PCR, but we also have the capacity to test by whole genome sequencing, which means the whole entire virus. So our lab, because we were the first one to identify the whole entire virus in the stools, Of positive PCR.

Every single positive PCR had the whole genome sequence of COVID in their stools. Okay, so that became our marker. The whole genome sequence was basically, wow, we're seeing the whole entire virus, not one copy, but like thousands. Right. So from there, um, you know, seeing that one spouse doesn't have COVID in her stools and nasal PCR negative and no symptoms.

Okay. And one spouse has COVID and full blown out symptoms. The key differentiation between the two of them is the wife had a lot of bifidobacteria and the husband didn't. So for whatever reason, he must have killed his bifidobacteria, whatever. You know, maybe medications he was on, maybe alcohol, who knows, right?

But that was the beginning, that was sort of like, wait a minute, well, bifidobacteria is a trillion dollar industry of probiotics, right? And bifidobacteria seems to be present. In, uh, people that never got COVID and it's absent and people that have severe COVID. So let me zone in on the bifidobacteria, right?

So one of the things we noticed, and I noticed because I was the guinea pig, because at the beginning I was panicking. So I started taking vitamin C and then as I was taking my vitamin C, I noticed my bifidobacteria went up. Looking at the data on vitamin C and bifidobacteria, there was an in vitro study that showed that that showed that vitamin C increases bifidobacteria.

And if you look at how they make probiotics, it's actually, they use, you know, substances like vitamin C to increase, to multiply the bifidobacteria. So I said, well, you know, maybe that's why it's working for COVID, vitamin C. Same thing with vitamin D, it increases the bifidobacteria. Zinc, we noticed, increases firmicutes, which is another group of microbes that is important in fighting immune, uh, infections.

So really the whole vitamin C, D and Zinc became important in a way like boosting your microbiome and then hydroxychloroquine Z Pak killed the virus, but also killed the microbiome. So it was kind of like a biome blasting, right? So I, and that's how I presented it to Dr. Brody. I said, I bet you we can do what we did with C.

diff, right? What do we do with C. diff? We kill the bug with flagyl vancomycin and we kill the gut at the same time, but then we, we give a new microbiome, a new group of microbes. And we regrow all these beautiful microbes. So we're re implanting, right? So I said, how do we do that without doing fecal transplant?

By the way, fecal transplant, two cases in Germany improved COVID, like cured COVID. So There is a precedence of like this whole fecal transplant and COVID patients, but of course, nobody's going to do it now because, you know, it's so complex, you know, who's vaccine injured, who's having a spike in the stool, who's having COVID in the stools, you know, are we passing COVID?

So it's not as straightforward to do fecal transplant as it was four or five years ago, before all this. But the idea of hydroxychloroquine, Z Pak, vitamin C, D, and zinc was essentially kill the gut like we do with C dip flagell, and then boost the microbiome, increase the bifidobacteria to flush out the virus.

Right? That was the concept behind the protocol. The protocol of prophylaxis was really, look, I'm exposed to someone with COVID. I don't know my bifidobacteria level. I don't know if I'm strong enough. I So therefore, what I'm going to do is I'm going to just pop one pill. Remember, hydroxychloroquine lasts 29, the half life of hydroxychloroquine is 29 days.

You don't need to take it every day. One pill changes the pH of the cells, the virus comes in, alkaline milieu, bam, wiped out, right? And then you take your vitamin C, D and zinc to increase. That was the whole thought process behind one pill at exposure and then vitamin C, and then one pill the next morning, and then vitamin C, D and zinc, right?

That's why we created those protocols. The second protocol, the third protocol we created was ivermectin because ivermectin when hydroxychloroquine wasn't enough, right? We, the patient waited too long to call my office, right? Comes in three weeks later and his oxygen is dropped. I'm stuck with this patient, you know, so discussions with Dr.

Brody and, and I was writing the protocol for, for ivermectin at the time. And I said, you know, Dr. Brody kept putting that seed in my brain that said, ivermectin, try ivermectin doxycycline. And I'm writing the protocol on ivermectin doxycycline to submit it to the FDA. So I'm treating these patients with low loss of oxygen.

I'm like, you know what, let's just add ivermectin. Let's add doxycycline. You know, I just put everything in the fire to save my patient, right? Because your patient's dying. There's no, and he doesn't want to go to the hospital. So you're stuck, right? So that's when I discovered that ivermectin increased the oxygen saturation, but I also

discovered that it depends what you give it with, right, certain things don't make it depends if the quality of the ivermectin is good enough to increase it.

So it was an interesting path we published. I published all the patients I treated that were hypoxic with Dr. Robert Clancy, who's actually from Australia as well. And by the way, Dr. Clancy, at the beginning, we were talking, it was me, Dr. Barone and Dr. Clancy, uh, discussing these protocols. And I said, well, I'll tell you, this is what I'm doing.

I have nine fam. And this is how we submitted like patents and everything. We submitted our work at the beginning, because what was happening was I was treating the patient that was sick and I was prophylaxing the families. That paper is eventually going to come out, you know, when in a perfect world, but essentially what was happening was I was treating and I was prophylaxis.

The prophylaxis people weren't getting COVID and then the treatment patients were fine. But again, that was at the beginning of the pandemic where it was really, really a bad virus. I'll always remember Robert Clancy, Dr. Clancy saying to me, he goes, do you know how long H1N1 lasted, Sabine? And I was like, I don't know.

And I said, No, he goes 15 years when he said that it was like lightbulb the cloud just removed from my head. I said, Wait a minute. H1N1. So, and, and, you know, Dr. Clancy says it beautifully because he says, look, the virus comes on strong, like a hurricane and then dies off. And really, that's what we saw this pandemic.

We saw that. And I'm coming in with a hurricane killing a lot of people and then dies off with Omicron and all these other strains of the virus.

Wow. A lot of stuff happened. Oh, wow. Johnny. Well, we published, we published the hypoxic patients that we treated with multiple drug therapy. Robert Clancy's on the paper. Peter McCall is on the paper. Dr. Brody's on the paper because we were all collaborating. Right. And here's paper that was basically. You know, patients that were hypoxic, they should have died for all intent purposes.

If you looked at those cases, oxygens in the seventies, eighties, they should have died at home and they all lived on combination treatment. So the art of medicine is a must. We cannot stop, you know, doctors from treating. And, um, it's a shame that more doctors didn't have, um, You know, I don't wanna say courage 'cause they were really handcuffed.

I think you saw in Australia doctors losing their licenses. Yeah. You saw, listen, even I had, you know, the Department of Health in my office, um, you know, investigating me and I had three protocols with the FDA and I'm like, why are you in my office? I have three protocols with the FDA, allowing me to treat patients.

Its jurisdiction of the FDA, shouldn't even be here anyways. When I showed my roar, uh, they decided to leave me alone, because I'm not afraid to lose my license. I'm not afraid to go in front of courts. And at the end of the day, it's about freedom. It's about freedom of choice. That's why I stood up. Uh, it's about doing the right thing and saving a life is doing the right thing, in my opinion.

Johnny. Dr. Sun, we interviewed Professor Angus Dalglish, who's a very prominent oncologist at St. George's Hospital in London. And he gave a very frank account of Um, what he's seeing and what he believes, uh, he expects to see. In fact, he, he made the remarks on our program that, uh, the mRNA products, COVID mRNA products will make thalidomide look like a pimple on your bum, um, and they should be immediately halted.

What's your thoughts? I have to agree. And I said that at the beginning of the pandemic, I said, this, this, you know, this is a reminder of thalidomide, but unfortunately, um, this is going to be worse. This is going to be worse. And I think it's going to affect many generations from now. I hope I'm wrong, right?

I hope I'm wrong. But I think we're going to start seeing a lot more autism. We're going to see a lot more Parkinson's, a lot more Alzheimer's, a lot more cancer. Um, you know, and of course the eternal, well, we don't

know why this is happening. Uh, but we know we've changed. We've manipulated bugs. We've played around with human nature.

Uh, we're playing with microbes. Microbes, you know, microbes that are controlling us. We are simply a reservoir for microbes, you know, when you do fecal transplant, you have an appreciation of what the microbiome is when you can take stools from a healthy donor. And put it in a patient that has alopecia areata and the patient grows hair from poop.

You did something when you put stools from a healthy donor to a patient that's suicidal and he's no longer suicidal and he's happy. You did something. The microbes directed that happy mode, right? So we have to be conscientious. that they are leading. We are, they are all around us. There's trillions of microbes around us in our foods, in our skins, in our nose, in our eyes.

The answer is not killing them. The answer is working in an environment together to create balance, right? So that's the most important thing. It's creating that balance in the ecosystem. Because if we alter our microbiome of our guts, that goes into the planet. That affects the overall microbiome of the planet.

That creates your disasters. Cheers. Think about a bacteria like bifidobacteria, which is lacking. We've tested over a thousand stool samples in the last six months, and we discovered less than 5% of people have bifidobacteria and one patient had lactococcus in their guts one. So what does that tell you?

That tells you that we're lacking, you know, 900, A lot of people are lacking a lot of microbes. Bifidobacteria, that important microbe, decomposes plastic. Here we are saying, well, we've got too much plastic in the, in the planet. What are we doing that we have too much plastic? Our microbes, our poop is supposed to decompose that plastic.

If we're not decomposing that plastic, there's a lack of good microbes that are not going back into the earth to decompose the plastic. We have to pay attention to that. The circle of life. You are born with a lot of good microbes. You die with bad microbes. Your body gets consumed and eaten by microbes and puts you back into the ground.

We cannot just think, Oh, this is all about us. And we're just here for a short period of time. What happens after I'm gone? You know, that's the problem. Do you think that parents are too cautious around their children? That children should be allowed to play in the dirt and take risks and build their immune system?

Yes. You need to be outside, you know, the, the stupidest thing they did this pandemic, especially I live in Malibu and, and the, the mayor of Malibu said to not go to the beach. I mean, really? Or not go hiking? Really? I mean, you want good microbes. Well, the beach is salt water. Salt kills, you know, viruses, you know?

So it's just, it was that whole mentality was just Above and beyond. I've heard it said by, uh, by several physicians that the unique design of the human body is so good that even when the baby is born, it is the exit to the birth canal is right next to the toilet. And, and the baby gets this beautiful dose of, uh, of good by a good microbiome.

The minute it exits the mother's birth canal, you agree with that

point? I think the baby gets his his good microbiome from breast milk of mom and that bond between the mother and the child and that peaceful time when you deliver a baby and you spend your six weeks at home breastfeeding your child. I think that's when your child is is the best at growing and getting good microbes and then from there.

You leave them exposed to the world. You know, my little one, my first one, I was that parent that was sterilizing everything and going crazy. And my kid was allergic to everything. My little one, I just let her on the floor, eat

from the floor, you know, walk around and never got a near infection, nothing. So, you know, I think, um, I think we overdo, we over sterilize.

In my opinion, and I think the most important thing is breastfeeding your child and having that bond with your child as a mom, um, that's raising a child. That's the most important. You know, but we live in a world where, you know, we don't want to breastfeed the mom. We don't want that relationship and breastfeeding of mom's breasts.

We want to replace this by formula, you know, so we encourage formula because we freak out the moms that they need, their babies are lacking microbes, you know. So, you know, it's just, uh, it's a crazy system to think that you are born, you're born, um, to a mom and right away, you're no longer, think about what's different from us and every other animal, you know, the baby's drinking milk from the cow, you know, and every animal is like breastfeeding at some point or, you know, Or, or getting nutrients from their mothers, right?

They're, they're sharing nutrients. They're, the mothers feed their newborns, right? Why would we be any different? Why would the formula come from a bottle that is manufactured? Right? Why would we, uh, then need to vaccinate our kid, um, you know, 92 shots when, you know, we need to build up their immunity. So, I think we've gone a little bit too far and that's probably why we're having a problem with our young, with our, with increased mental health issues.

Um, you know, increased autism, we've, we've definitely messed up the natural, um, progression of life in my opinion. John. Yeah. Just a final question for me, um, Dr. Sun, uh, a lot of people are very worried about taking blood products. Uh, and it was a question I've asked a number of our, um, our guests, um, I noticed the Red Cross in America are now.

essentially asking the question, have you received a COVID, uh, vaccine, um, previously? And if you have answer yes to that, you have to contact them before you can give blood. What are your thoughts are around that whole process? Do you think that it's, it's an issue? It's reasonable. I think we don't know yet what's going on with these spike proteins.

I think we're definitely seeing them, uh, still present, um, and present in different secretions. Um, so I think we need more research on that and I think the government needs to start paying attention to this. This is a serious crisis because we're, we're going, we went from one crisis where we totally messed it up to another crisis where we're totally going to mess it up.

At some point, we got to start saying, okay. How do we fix this problem without, you know, creating more chaos? Right? So do you think the blood banks need to essentially, uh, have a separate, uh, bank for the unvaccinated blood? Possibly. I think that's, what's going to need to happen possibly. But here's my question.

What is the, you know, even for the vaccinated people, giving them a spike protein blood, what is that going to do to them? Does that increase the risk of? more coagulopathy, you know, most spike protein injury because now they're getting, they have their spike, but now they have a second spike from the blood.

And how do you clean that off? You know, that's going to be another interesting, uh, path. You know, I think men always tries to recreate what God gave us. And screws it up, you know, we've tried to reproduce blood, but we've not been able to reproduce blood. We still need human blood to give to patients, you know, um, where we tried to reproduce microbes and we create these synthetic microbes.

But what happens is our bodies reject them because they're not real, you know, the whole process of immunity is to reject what is not natural, right? So now we're giving an unnatural product, you know, you look at these unnatural meat products, your body is not going to, is going to reject it as well. You know, the body is designed to reject the unnatural.

So why are we giving it unnatural and stop messing up with human, you know, with mother nature and human nature, you know, in my opinion. The, uh, the, the soil health is vitally important. And one of our, one of our local broadcasters, community broadcasters, Barry Green in WA is very, in Western Australia is very big on regenerative agriculture.

And I've done some work on that myself, because we're trying to be, uh, grow self sufficient food supplies on our own little farm. And, and I did three or four days at a university in Lismore studying the microbiome of the soil and how to create better microbiomes. The soil that we walk on, the soil that we grow our things in, and the soil we dump our junk in seems to be the lifeblood of our entire existence.

Would you agree with that? A hundred percent, a hundred percent. And the more diversity, the more diverse plants, the more diverse animals you have, the better it is. Dr. Hazar. Thanks for that. I, I think that the, uh, the, I have learned in the last three years that the greatest pandemic we're dealing with is fear and the politicization of fear.

That seems to be the thing that keeps, uh, incredible physicians like yourselves and scientists locked away in a safe somewhere so that you can't come out and infect people with truth. Um, we're also aware here in Australia that we, we have 75 senators in our Senate chamber. One of our brave senators has been moving.

On three occasions to have an investigation into the, uh, excess mortality rate in Australia. It's only just passed now by one. The first two occasions, it was voted down by one or two senators. In other words, half the Senate voted in favor and the other half plus a couple voted against it. What do you think would drive a politician or a bureaucrat to not want all this investigated thoroughly?

Money. They're paid.

They're paid to put blinders on. I hate to say it. They're paid. But politicians are politicians. Okay. So the moment we realize what a politician is, uh, the better we are as human beings, in my opinion. So who pays them, who sponsors them, who supports them, who did they promise that they were gonna, you know, lobby or not lobby for something?

Uh, I think that's basically what you're looking at. So at some point, uh, the people need to stand up and the people need to, to speak, you know, we, uh, we, we need to demand for transparency in politics, who sponsors you. Right. Who paid you? Which pharmaceutical company paid you? Well, you know, in medicine, if I get paid by a pharmaceutical company, I have to announce, I have to report that, right?

It's part of the Sunshine Act. Where I, Dr. Eason got paid by a certain company for doing a clinical trial, I report that. Or if they bought me lunch, I report that. So it tells, Patients. These are the pharmaceutical companies that have paid me to, you know, brought me lunch or whatever. And at least there's a, there's a transparency, right?

So I come up front with, hey, you know what? I did these clinical trials for this company, this company, this company. So then the patient makes his decision, right? I think the same, we need the same transparency in politics, in politics, in the media, et cetera, but you already kind of see it in the media because it always, you know, how many ads are sponsored by Pharma, you know, Pfizer, you know, I saw the Academy Awards sponsored by Pfizer, you know, I mean, it's a big like, you know, and I said that at the Senate, it's a big market.

And that's the problem. It's everybody is. They're getting paid to have their show on, you know, so all of a sudden, you're not going to shake that, that money that's coming to you and you're going to do what you're being told. But you know, when the public becomes the patient, that's when you stand up.

That's when you stop and say, okay, you know what, I realize I'm getting paid. Listen, I was getting paid by pharmaceutical companies to put clinical across the market. It didn't benefit me to speak. Because I was making money from them. In fact, I lost a ton of contracts because I went on this rogue mission, you know, but when you see the truth and you see it potentially can affect your kids or yourself, you have to speak up.

I'm sorry. There's no money in the world that would make me close my eyes on what's happening. People need to speak up and I encourage politicians to speak up, even if they are being paid by pharma or others to just stay quiet. Is Senator Ron Johnson a bad politician, but a good citizen? Uh, what do you mean by bad politician?

I think he's a good politician. I mean, he's Now, what I, what I see is to be successful in politics, you have to be, you have to play the political game. And over here in Australia, there are five or six. Uh, people in politics who are going against the mainstream and speaking their truth. We see it with Andrew Brigden in, in the UK.

Now as a politician, he's failed, he's failed his profession, but for the citizenry, he's been a champion. And we're seeing, we're seeing a group of those surface in Australia. And I say Senator Ron Johnson, as if he was a career politician, the moves that he's making are desperately anti, anti his career.

Let's face it. Bye. Bye. I don't think Senator Johnson, um, you know, and that's my feel of him, uh, you know, I met Senator Johnson at the beginning of the pandemic. The first Senate meeting, he actually wanted me to speak, but I was doing my clinical trials and I didn't want to bias my research. So I said, let me get some research.

Let me say, you know, what you saw the Senate was Sabine Hazen prepared, right? I had a hypothesis published retracted. I had a lost microbes, you know, published. I had a hypoxic papers published, you know, I had a lot of data that I published and I fought to keep published. That's a different Sabine Hazen that would have been there four years ago with a hypothesis and nothing published, right?

So that's why I didn't speak at that time, but I will tell you one, one sentence he said to me that marked me and it was Dr. Hazen. I want to know the truth. I'm ready to die for the truth. And when I heard that, I said, this man, I can trust this man. I will listen and I will support. And and let me just tell you how far Senator Johnson has gone.

Okay. First of all, he has listened to patients that were vaccine injured, you know, Maddie the gray. He sent her to me, you know, like, basically to see how I can help her etc. Offered to pay for her treatment. Okay, that's how but it's beyond, you know, paying. This is this is a new research that needs to be done.

You know, like we started with covid. We need to start a whole new protocol with vaccine injured. But first, we have to acknowledge that there's such a thing as vaccine injured and we have to give our hypothesis as to why we believe the vaccines are are injuring people, right? So that needs to be published.

Mhm. Who's going to publish that data when the journals don't even publish the data on hydroxychloroquine, right? So, or, or any data for that matter, or retract the hypothesis. So, he was instrumental in listening to patients, putting them on stage. He was also instrument, he was, he also was doing, um, raising of funds in L.

A. Drove from L. A. to Ventura, which is about a two hour drive, to see my lab, to see what I did here. You know, to make sure I was not, you know, You know, full of, you know, whatever, he looked at our machines. He looked at, he talked to my scientists. He talked to my, you know, I can tell you after he left, all of us were in awe of that man for coming out of his way to just see what we were doing and giving us support and giving us courage.

You know, it's not easy to do what we did as as a independent lab with no funds, zero funds, the government didn't pay us. We didn't get sponsorship. We got some donations from different people to hop along the way. But essentially, I've not made a penny in four years. I've spent all my money on my research, and it keeps going.

So it's not easy, and it's very stressful to support employees, et cetera, and to keep this both moving of the research when. You know, we encourage people to support our research, obviously, but we couldn't do, you know, encouragement of supporting research and doing the research at the same time, so it's very difficult to be in this predicament of trying to move this train fast enough to show the data to show that the vaccines kill the bifidobacteria to now show, does the vaccine penetrate the DNA?

That's important to know we may not have the answers for it, but we need to know if it does somebody needs to do the research right it, you know, and I was, I, I'm giving a lecture tonight to a bunch of physicians, and I was driving to the place where I'm giving the lecture and putting my, my, my monitor and my computer there, and I was with my assistant that we were driving together and I said, You know, let's just breathe for a moment and realize we're still alive and we live through COVID.

Today is four years, you know, when we started writing these protocols, enrolling patients, there were days I didn't even know what day was. I was treating 52 patients a day. I was on my cell phone night and day with patients, oxygen saturation dropping, having to make the call, take more vitamin C, take more vitamin D, take more ivermectin.

You know, it was not easy. And to be alone doing that. And then all of a sudden, thank God for like the other heroes, the Peter McCullough of the world, the Richard Urso, the, you know, Pierre Corey, the Paul Mary, the, you know, all the key, you know, Keith Berkowitz, so many doctors. Dr. Tamboroti, you know, like always encouraging me, you know, always saying, if not you, who's going to do it?

You know, it was not easy. It was. And, and by the way, I, and I say this to my staff, I say this to everybody, the money I spent on my research, I could have bought a condo in Italy and escaped all of humanity till, you know, the dust settles and been on my arc, like Noah's arc and done nothing. I didn't need to do any of this.

You know, I'm a, I've done well in my life. I live in Malibu, I'm married to a cardiologist, great kids. I didn't need to do any of this, but I felt I needed to do it. I felt that God put me on this path with a genetic sequencing lab and with a CRO that does clinical research. And then when hydroxychloroquine became political and Trump talked about it, the only thing that came to me was like, God, why me?

Why me? Why me, God? You know, you don't have a choice in life. That's what I realized. I realized what I did. I didn't have a choice. I had to stand up. I had to speak. Answer to God that I have to sleep at night, that I did the right thing for people every day. And am I, am I insecure about it? Am I sure of my protocols?

No, of course not. Like everybody else, but at least I tried. I tried to make a difference. Am I right 100 percent on everything I say? Absolutely not. I'm the biggest critic of myself. But at the end of the day, I tried. I tried to save a life. I tried to see the truth. I spent my own savings to see the truth.

I risked my life to see the truth. Why? Because I did it for my kids. Their kids. When I'm gone from this planet 100 years from now, and humanity is still around, maybe I had a part in it, right? Because what I'm seeing right now is humanity going extinct the more we kill microbes. So maybe my actions may have changed the direction where that egocentric scientist that thought it was all about vaccines can now start thinking and saying, you know, maybe she's right.

Maybe we're over killing. I'm not saying, you know, antibiotics are bad. I'm not saying vaccines are bad, but maybe we're overdoing it. Maybe we need to pay attention and say, how do we recreate the balance? How do we kill a tumor? a colon cancer without killing the microbiome that puts us at risk for infections.

And therefore, yes, we killed the tumor, but now we're boosting the microbiome. It's all about blasting that virus, blasting that tumor, and boosting. It's all about balance. We've not understood balance. And in this world, it's not about balance, it's about right or left. Forget right and left, I don't care if you're a Democrat or Republican.

This is my life, this is humanity. This is about health, this is about not censoring the voices of those that are trying to save lives, that are trying to make a difference, and not interfering with research. Stop the interference with research. It doesn't help anyone. Research is not set in gold. I said this today on a tweet.

If during the, if science was settled during the days of George Washington, phlebotomy would be the answer to the common cold. Well, guess what? Thank God it's not settled because phlebotomy and removing blood was

not the answer to the common cold during George Washington because that's how he died. So we need to advance science.

We need to be humble. We need to see every single path, and we need to be, you know, safety first. That's the number one. These vaccines were new technology, and they were not tested properly, and there are problems. We need to acknowledge this. And we need to say, okay, maybe they helped some people in those people that are affected.

We need to pay attention to what's going on there. Okay. Because few people die of colon cancers. You know, not everybody dies of colon cancer, only a small percentage, right? But if we didn't do colonoscopies every year for everybody over the age of 45, how many people would die of colon cancer? Because we didn't pay attention.

You know, people are dying from vaccine injuries, they believe is the vaccine injuries. We need to pay attention to that. That doesn't mean everybody else is going to die. It just means right now we need to pay attention to those people that are complaining and we need to give them the benefit of the doubt because if somebody died four days after a shot, I'm sorry, but that's called a serious adverse event in clinical trials and that's caused by the vaccine.

Okay. If somebody has a complication, a neurological problem that they didn't have, we have to pay attention and we cannot stop the publication because it contradicts the narrative. Okay. Because somewhere in writing the data, somebody else thinks of something else. And adds to fixing the problem. So if we get retraction of papers, if we are not able to publish, we cannot fix the problems if we do not acknowledge the problem to begin with.

I want to, we've got to bring this to a close. You've been incredibly generous, but, uh, how important is God? Um, to me, God is everything. You know, I think the foundation of science is the belief of God. You know, our fingerprints were all different. Um, and who creates that, you know, micro and you see the presence of God when you see the microbiome when you see trillions of microbes interacting together to create a healthy human.

So where did these microbes come from? How were they created? Yes, we can come up with all sorts of ideas, but behind every science experiment, there's a scientist, you know, there's always someone behind. So I like to believe that there's a God first as my foundation, and then it makes science easier to understand, because then I don't have to go back all the way to the beginning of the black hole, I can just start at.

There was a God, the humans were microbes were created, air, gas, et cetera. And then there you go. Humans were created. So I think also God makes us responsible because now we are not responsible, you know, for a government, but we are responsible for somebody that is. Some divine energy that basically is overlooking our actions.

Um, you know, this pandemic, I saw the presence of God with miracles. You know, losing no one during the pandemic, seeing covid in the stools, seeing loss of bifidobacteria out of trillions of bacteria. For that bacteria to just pop up and say that's the one that's, and then fa bacteria and perhaps needs eat.

That's the one. And high baces. And then. seeing, you know, diseases after diseases and seeing like almost a signature, uh, noted in Parkinson's or Alzheimer's. So I think, you know, that's the presence of God. That's him showing the path, showing you the miracles because, and the way I like to think about it is, you know, COVID was a test.

I was tested. The test was will you take your money and retire in Italy and not give a hoopla about humanity or will you step in and if you step in I'll hold your hand and that's what he did. He held my hand through the pandemic. I cannot tell you how many, you know, high profile individuals I've treated, celebrities I've treated, farmers I've treated, fathers of little girls I've treated.

That were dying, dying, and through the power of prayers, through conviction that they were going to be fine, they healed, they lived, you know, um, it was a miracle. I've, I've witnessed a miracle seeing a kid in the middle of

the pandemic with autism doing fecal transplant, a kid with autism and him saying mama and baba a week after the fecal transplant, that was a miracle, right?

Never, the kid never spoke and all of a sudden says words. After taking stools from his sister, a protocol I had fought with the FDA for three years. That was a miracle. You know, the kid improving to the point that he's no longer banging his head on the wall. That was a miracle. You know, publishing a case of Alzheimer's, a father who remembered his daughter's date of birth from fecal transplant.

That was a miracle. Now, we need to see what are those miracles doing? How do we accelerate the research to decrease Alzheimer's, to decrease Parkinson's, to decrease cancer? I think, so God is everything. So if we're suffering from a pandemic of loss of trust, then obviously the antidote for that is faith.

Faith over fear 100 percent. I had faith. I trusted God the whole pandemic and you know at some point I'll be gone and that's okay. You know, my job was done and that's that's the choice You know, I I think we have a responsibility To do something in this world. We're here for a short period of time to learn a lesson to Know something You know, do we come back?

Is there a life after death? Who knows? Maybe the answer is in the microbiome, you know, microbes that take over our bodies. Are they coming back through another form? You know, it's a fascinating world. It's an exciting world that's coming. I think COVID was, um, was, had, you know, gave us a glimpse into immunity.

Uh, for those who were courageous enough to, to see, and, uh, it gave us a, it also, you know, taught us to be, to have faith and to, to, to not fear. So. Well, you won't be offended then if I close the program with a prayer? Not at all. Let's do that. Dear Lord, Father in heaven, yet again you have enlightened us in a world of darkness.

Father God, those of us who are growing in faith of you and with you are learning more and more that you are still and ultimately the only one in control. As the world gets crazier, the darkness gets darker, the light also shines brighter. And today as we've conducted this interview, the light has shone brightly from this amazing doctor and the work that she's been doing and the spirit that fills her.

And Lord, she has given us hope. You have given us hope. So father, as we venture forth into this dangerous world, we just pray that we walk with one step behind you so that we hear every still sweet instruction that you give us to bring glory to your kingdom and salvation to the people of this wonderful planet.

We ask in Jesus name. Amen. Thank you. Amen. Now. I'm thinking I'm John is probably where our eyes are hanging out because we have, we had a big day yesterday in the Senate, but we, um, I would dearly love to unleash you and Tom Barody and Robert Clancy on one would you be in that? 100 percent would love it.

Wonderful. Well, we've had Robert Clancy on and, uh, I'm sure if we use your name and show him this interview, he would be excited to join it. And to all the politicians who are, we believe watching these programs in growing numbers, you have a responsibility. How will you be remembered in history? That's the question you need to ask yourself, because we are living in the greatest human factor disaster in global history.

There's no doubt about it. It transcends everything else. The ball is in your court, ladies and gentlemen, what you do with it is up to you, Johnny Lata, you've often been heard to say. Well, Senator Ron Johnson, he drove a couple of hours to this very good doctor's facility to find good bacteria. And by God, did he find it.

You are a champion, you're one hell of a lady. And we thank you for being in the trenches. You're a remarkable doctor and a remarkable human being. You just couldn't make this stuff up. You couldn't make this stuff up and, and, you know, model to others to become, to, to do the right thing. That's all I care about.

I really. It's all about passing the torch and, and keeping that light going. You, uh, you indicated during your dialogue that, uh, you've, you put your life at risk. I want to highlight that because a whistleblower in the United

States for a worker of Boeing has come out and talked about shortcuts at Boeing and taking the manufacturer of its product.

And he is very, very credible. I've looked at his evidence. I believe the guy, incredibly credible. He was fine. He was giving evidence. He was due to give evidence again a couple of days ago, and two hours before the hearing, he was found dead by self inflicted wounds in his car in a hotel parking lot. I'm not saying anything.

You ask yourself the questions. We're all taking risks. The harder we push, the harder is the pushback. So, to doctors who are doing this, not only have they sacrificed their careers in many ways, but I have a feeling they're going to come back bigger and better. For But they're also putting their lives on the line and in many ways, so we all, so let's do the right thing and stand by it.

Stay out of the trees, everyone. If you love somebody and you haven't told them for goodness sake, call them and tell them and turn this thing off and go out and enjoy the sunshine after you've watched it. Of course. God bless you. And, and Dr. Sabine, thank you so much. You're an absolute gem. We've been thoroughly enjoyed this interview.

My pleasure. My pleasure. And thank you for having me. Thank you everyone. And we'll see you next time with another great interview on Club Grubbery.