

2024-03-26 Graham and John speak with Dr Jayanthi Kunadasen...

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Hi everyone and welcome to another great episode of Club Grubbery and we're getting some wonderful guests uh, joining us as uh, we proceed into another big week and um, joining us tonight John, our first doctor with voices, Dr Jayanthi Koonidas and welcome to the program Jayanthi. Thanks, Hudi. Thank you for having me back and it was lovely to see you at the conference that we just met at as well.

It was lovely to see you and it's lovely to see you too, John. Thank you for having me back. Yeah, look, it's great. Now, it's no secret to anybody, Jayanthi, that you brought, I think, all of our audience to tears when we interviewed you the first time. It was a beautiful story and a heartbreaking story. Now, you are heavily involved in the Australian Medical Professional Society.

You are also heavenly involved with Naomi Wolf, uh, which we'll unpack very shortly, but are you practicing as an anesthetist back in, in a hospital setting? So I can practice as an anesthetist in a hospital setting, just not in Victoria. So, um, it makes so much sense. It's very scientific. Uh, it's good to know that other states in Australia allow, uh, anesthetists to practice.

But Victoria for. Whatever scientific reason that they have, uh, still do not allow healthcare workers and firefighters, uh, to work without a COVID vaccine, um, requirement that is, you know, by even their token, uh, out of date. So, We'll see. Johnny, um, we've been looking forward to this one and, uh, great to have Jayanthi back on and also to unpack the stuff that we're about to about, uh, the Pfizer document.

Uh, look, uh, Jayanthi was an absolute powerhouse, um, at the beginning of all this Emma. Uh, Look, I think she really did, uh, kick off our doctors with voices, uh, momentum. Um, it was such a, uh, magnificent, uh, uh, story for everyone to hear, um, that really gained a lot of momentum and, and, and that would have resonated with a lot of doctors out there and a lot of health professionals that were, uh, out in the, out hiding and, uh, they saw Jayanthi stand up and, and, and with your background, I mean, it was just so compelling, uh, that you, you'd, you'd, you'd.

You'd, you'd grown up, um, uh, you know, in, in a state of, uh, where we're at now, really. I mean, you came here for a better life and, uh, and these mongrels ripped it away from you. I mean, it's just incredible. It is, you can make this stuff up. You couldn't like, I think at one point when it was all happening, I was like, I'm actually really scared to continue living here.

Like, what is this? You know, um, you know, I think all of us were caught off guard for how quickly we, how quickly long held medical ethics or the rule of law was just, just swept aside. And I think we're all in shock and we're not really getting the reckoning yet, but we'll see how we go. Well, hoodie and I did talk about auctioning off tickets to go on a boat to Nauru.

Didn't we? Hoodie we we were, we did, we did. Look, I remember at that time we were thinking, uh, um, what we should do is leave a whole bunch of boats on the beach in Nauru and, uh, let all the. So called, uh, boat people emigrate or go back to where they came from because they'd probably go rather go back to that than Dan Andrews, Victoria, for example.

Um, Janthi, I've watched, uh, I showed some friends here that visited us last night at home who were totally unaware of what went on in Melbourne. I showed them Battleground Melbourne. Yep. Yep. Just the hair stood

up on the back of their neck and I almost vomited when I looked back on what Daniel Andrews has gotten away with.

Exactly. It was sad. Like, I think for me, my heart broke when I saw the police shoot rubber bullets into people. Like, I was just like, this is not Australia. I mean, it was, I, my heart broke that day. And, um, you know, it's, it's, I think the city broke as well. I don't think Victoria is the same as it was before Melbourne.

Definitely. It doesn't have that same spirit. As it does it. I mean, there's a lot of recovery, but, um, yeah, I mean, when I saw policemen dressed as they were, you know, shooting rubber bullets into an unarmed populace, you are like, yeah, something broke that day. Something did break that day. And, and these rubber bullets aren't little things either.

They're massive. Yeah. John, as we know, you know, they're like the size of half a can of Coke. Um, yeah. Some people suffered horrendous injuries and they were fired. Without any, uh, without any due respect for personal injury or anything else. It was just disgusting. But anyhow, um, Jayanthi, I watched with great interest gobsmacked at your presentation at the Triple Conference in Albury.

Uh, relating to the work that you're doing now. It was, it was absolutely astounding the things that you've uncovered. So, let's just throw it over to you and John and I'll take turns in asking questions at the appropriate time, Jayanthi. But you work with the Pfizer document now. How did you get involved in that and where has that taken you?

All right. So basically, you know, like when I just first got fired, I don't know how you all felt, but let's say when you're working all the time and suddenly you're like, What do I do with myself? And I think I used to get up and get ready as if to go to work and it's like, but there is no work. And I think, you know, and then obviously, I, I saw the call out for volunteers for for to analyze the Pfizer documents so it was part of it was like, At that time as well.

I mean, like it was a height of segregation. I'm pretty sure. I'm pretty sure. Um, you know, I just been fired. I didn't know what I was going to do. I didn't know how I was going to do. And then I saw this call out for volunteers. So I volunteer. So I've been a volunteer from the very beginning. And at the very beginning, I think I was thinking like, you know, I've got nothing to contribute here because I haven't really published or anything.

I'm, I'm a very practical anesthetist. Um, so I basically joined these meetings to have friends, you know, like there were people halfway around the world, but they obviously thought similar to what I was thinking. And, you know, friends that I have had threw me out. And basically didn't want to talk to me because of a personal medical decision and an ethical decision that I took for the profession of medicine.

So I lost my friends. So I had to find new ones. And then I got involved in this Pfizer documents analysis and for the longest time. I didn't think I had anything to contribute but, um, as we went along and the document drops continued, um, then I, you know, you could see patterns and then that's when I, you know, started looking really into analyzing things.

So at the triple conference, the topic that I was given was tyranny for your own good. And basically, um, you know, I've always heard this face, you control health care and you control the population and I never really thought it through. And that's actually from Saul Alinsky's, uh, you know, the first thing you do to create a socialist state.

And. But when I looked at the Pfizer documents and I've uncovered two, two bits of fraud. So one was the contractual fraud and one was the hidden debts. So both of them are pretty big topics. So I'll talk first about the contractual fraud. So in the first place, I want to say that I didn't do this work alone.

And it was a team of amazing people that I'm blessed to be part of. It's team three, uh, of the daily cloud IO. So it's all volunteers and we've been volunteers for two years and we come from very, very backgrounds, um, from,

uh, and as a doctor, um, I've never had this interaction with data people in my life, like I think to myself, like if I was still working, I would have never had this, uh, it's actually quite a eye widening experience.

And so I'm, I'm work, I'm blessed to be working with really amazing people. And we've actually published the first peer reviewed article in the medical literature looking into the Pfizer documents as well. So that was the second thing about the hidden debt. So the first one was actually, there was a lot of bait and switch.

So, um, and people haven't paid attention to this. So I'll, um, basically President Trump said, um, we're going to have a vaccine before the election. And nobody paid attention to the deliverable for that contract, which was actually the primary end point of the trial. So it was how many cases you get. So the target was 164 of a certain kind of cases.

It was a specific criteria. And basically Pfizer underrepresented publicly the number of cases they said they had. They went past the contract and basically waited until Joe Biden was declared president. And then. Again, under delivered under represented how many cases publicly they had. So because I found the exact.

So the 95 percent efficacy criteria for the Pfizer COVID 19 vaccine came from the results of 170 patients. So I found the exact 170 patients, we published on it, and when you look at when they were diagnosed, then you see the bait and switch. And you have to remember, Pfizer's contract initially with the Trump administration was for a vaccine to be approved by the FDA by the 31st of October.

So there was in my report, which is report number 76 on the daily cloud IO. I name a few, a few players was basically that were publicly involved. Obviously I don't know who's, who was more behind the scenes, but from the public statements, they changed the goalposts. So the only way they could have delivered a vaccine by the 31st of October is they did an analysis as soon as they had the first goalpost, which was 32 cases.

They changed that goalpost. On the very day, they reached 32 cases and said, Oh, we're making up new rules. Now we have a new criteria. And basically what they said, we're only going to do an analysis now at 62 cases. And what I showed was the day they made that protocol amendment and said on the 29th of October, which was probably their signal to the Trump administration, you're not going to get a vaccine.

They said, we have to wait till we have at least 62 cases. I show on the day they made that protocol amendment, they had way more than 62 cases. They were sitting on 80 something. So they misrepresented publicly the number of cases that they said that they had diagnosed and basically waited until, um, you know, Joe Biden was declared president and then sort of announced, Oh, we've got 90 percent efficacious on 94 cases.

On that day, they had more than 120. So they were always under representing because they had to You know, when you're blowing past a contract, but you have to understand they got a bigger contract after that. They got a 10 billion contract. Um, there was a lot of bait and sweet. So that was basically the first part.

And I wanted to tell people to contemplate how you can really use healthcare to control the population. I mean, at this point, we have a big company and some deep state actors. basically suppressing results of a clinical trial around election time. Can you explain to our listeners, uh, the term bait and switch?

Um, well, it, it, you know, they present something and they, they actually have something else that's, that's basically, um, you know, smoke and mirrors may be a better word than bait and switch smoke and mirrors. Yeah. Yep. So, you know, they told the world, Oh, Waffle. We've got 94 cases. They were sitting on 120 the day they told the world that they put it in a protocol amendment.

We will only do an analysis when we have more than 62 cases. They were sitting on 80 plus cases, you know, and in the report, you will see that they slow rolled diagnosing, uh, people with the knees. So this was the primary endpoint was the, of the trial was to see how many people got COVID. It was, you had two doses, you had no protocol deviations, but it was also, uh, seven days after dose two.

So it was a specific Not anybody could be in this, uh, special population. And they, so finally you have to do a swab. So prior to the election, they slow rolled processing swab. So this is in the report. And then after the election, if the, If there was only one central lab, which is what a lot of people say, one central lab in New York, after the election, they fast rolled, they steamroll processing swabs until there was someone in Argentina on November 11th or 12th who had a positive symptom and could have a test in New York that same day.

The flight from Argentina to New York is 11 hours. And you think about a biological specimen going through, uh, customs. This is the power of a big corporation. Like they slow roll processing before the election and after the election, it was like, so, you know, it's been, um, it's not anesthetics, but it's been very interesting.

Good grief, Johnny. It's a comedy show. Oh,

This is contractual fraud. This is the contractual smoke and mirrors, you know, and I wish people. Thank you for giving me the opportunity to talk about it. So I wish people really talked about it more because the 170 patients were the only thing that made it into press releases. And it was the only thing that made it into when the contract was moved from 2 billion to 10 billion, it was the only thing that was in the contract.

They reached 170 because that was the criteria they needed. They needed, even if you say you have an effective, a safe vaccine, you've got to show it's effective. So this was the primary endpoint of the trial. And, um, you know, it was like it was actually the most important thing to look out for, but nobody's really paid attention.

Nobody's paid attention to the 170. So one of them. So if you think about it, these had to be the most perfect patients in the trial. Like they had to have gone through this trial perfectly and you know, we've lost jobs over this trial, right? One of them didn't even, one of the 170, the supposedly most perfect patients who went through this trial correctly, no protocol deviation, et cetera.

One of them didn't even receive the correct dose of the investigational product.

It's even more farcical, right? Like it's like, and we all lost our jobs over this. So. And these chief health officers like Dr. Kerry chant and Brett Sutton. They, in some instances, gave evidence to, uh, very high jurisdictions like the Supreme Court about the efficacy of these vaccines based on 170 people with flawed data.

Yep, yep, flawed data. They changed the dosing interval as well. So the dosing interval is supposed to be 21 days. That's all that the phase one study was based on. Initially, when they did the trial, they didn't know whether it was, you know, one dose or two dose, or then how many doses apart, how many days apart.

So they chose 21 days. That's the only thing that they studied. But in the trial, they just made the dosing interval from three weeks to six weeks. Just so that they could recoup at least 1, 400 patients whose blood, whose results they would have ordinarily had to disregard and including five of the 170.

That's how much hanky panky was going on. And the madness continues. I mean, just to digress a little, I've just been speaking to somebody here. Who, um, has, has, uh, a lady friend who, 51 years of age, had a heart attack 24 hours after a first jab, went back for the second jab, had a heart attack after the 24 hours of having the second jab, and when my friend was talking to her, do you think it was vaccine related?

Well, it doesn't matter if it was, she said, because if I hadn't been vaccinated, I'd be dead now. Yeah, I think the reasoning for, I mean, everybody's sort of lost logical thought, isn't it? It's gone out. And I think for me, the saddest thing is what has happened to the profession of medicine. Like in medicine, you never, if someone's allergic to something, you, you try very hard not to give it to them.

And here you have a lot of stories of people being told, don't worry, you'll have the research equipment available. You just come and get vaccinated. It's like, it is just, you know, um, yeah. And, and the whole, and that's why I want to go and talk about the second big finding we found as well. So remember I said, we were part

of the first peer reviewed paper in the medical literature, looking into the Pfizer data by a group, not affiliated with Pfizer.

Yep. So we basically at that, and our paper was written amazingly wonderfully by emeritus professor Corinne Michaels in America. And basically we examined the, uh, so the Pfizer data, the, the trial supposed to be two years, but they published the 16 week finding. So that's when they gave the EUA. And basically the six month finding.

So by six months, they had 38 people that died in this trial, they said. So we examined the 38, we basically examined the 38 dead subjects that they said happened in this trial. So the first thing is in a trial of 44, 038 dead is actually 17 percent of expected actuarially, like people will die. Do you know what I mean?

And so the number reported in the trials actually very much lower than what it actually should be. That's one. We found a cardiovascular signal as well. So a lot of the vaccinated people, if you look in through their medical notes and everything that I'm talking about is based on publicly available data that was available to the TGA and regulators around the world.

Um, there was a cardiovascular signal in the vaccinated three times, 3.7 times higher. Then in the placebo, how they died. And a lot of them were founded, you know, the first four people in the vaccinated arm of this trial were people in their mid fifties to sixties, who are basically founded, founded by husband.

Coroner had to come. Um, and, you know, and basically, so what I want to talk about is what I'm talking about when I talk about the hidden debts, when they make the application for the EU way. That point was the 16 week results. They said only six people had died and they presented it. It was for placebo to vaccine.

So it made it seem it was never going to be statistically significant because the numbers were so small, but it made it seem that if you took this, you at least decreased your chances of dying because more people were dying in the placebo group. But what actually happened, if you line up people along Transcribed The time when they died and the different arms of the study.

It wasn't, the data cutoff date is November 14, and it can't be any day earlier because they've had the 170th patient they found on November 13th. So November 14, they declared a data cutoff date. That was a Saturday, and then what happened was. By November 14, it wasn't six people that died. It was actually 11.

So that's the big bombshell. There were deaths who, which occurred and not declared and quite, quite a lot of them. We don't have the paper trail, but for so, and also what had actually happened was it was six people who in the vaccinated group died compared to five placebo. So what they presented to the world where.

More people in the placebo group died compared to the vaccinated was actually not true. More people were dying in the vaccinated group. It was six versus five. So that was a misrepresentation of what actually happened. And the thing is that we have, if you think about it, if you have a side effect and your patient in clinical trial, you would call the clinical trial and let them know I've got a side effect.

But if you died, you can't tell them that. Like it falls onto your loved ones and emergency contact to do that. And at this point, the world was in a lockdown. Like, I think if you were a person in this clinical trial, you would tell somebody that I'm in a clinical trial. So if you die, quite likely, someone was there to tell.

You know, so, and the delay in telling people's death could only come from the loved one because if clinical sites, the minute they know of a death, they're supposed to tell Pfizer immediately. Definitely no less than 24 hours. So the minute the clinical sites informed of the death, it's actually a legal record to tell the authorities.

Do you know what I mean? This is how we monitor safety. So what we have now, we have five, uh, six people in the vaccinated group, and they only managed to talk about two deaths. So what happened to the other four? So

for four of them, we actually have the paperwork for two, where we have, when they died. So the first person died on October 19th.

She's a 63 year old woman. She just has, so they say she has obesity and hypertension. I'll tell you a little bit more about that. Yeah. But she was basically, uh, you know, the emergency contact basically said she was dead. She just had a bit of back pain, a bit of depression and, um, on October 19th. So if you think about it, the data cutoff dates, November 14th, this person died October 19th.

How come this is not reported to the world? Do you know what I mean? And this is when I have a bit too much time, uh, courtesy of Dan Andrews. So if you look into the patient's notes, Um, what they say is this patient died of sudden cardiac death. Then when I looked into the patient's notes, the day before the approval meeting for the approval meeting for the vaccine was December 10.

Someone wrote the words sudden cardiac death on December 9th into her patient records. So she actually had an autopsy result. That's what they said on. Now they officially entered her death on November 25th. And even then, so she died October 19. They officially entered it November 25th because it was November 25th.

And after the data cut off, that's probably how they decided they're not going to tell anyone about this death. Do you know what I mean? And then. Um, they said this death has nothing to do with the vaccine. No, no, no. And this is what the TGA accepted. You have to understand that. And then they said she died of obesity and hypertension.

And guess what her weight is? 74 kilos. And her BMI is 27. It's a joke, isn't it? Like it's, it's farcical at this point. I mean, like it's, it is, it's such contempt for human, for human beings. It's criminal, uh, Jayanthi, it's criminal behavior. These people have to be prosecuted. There's no doubt about it. Now, this is just mad.

And we've got these superintendents in New South Wales. It's Dan Doughty, won't even return a phone call, won't even return an email. And he's been held up by Karen Webb and Ray Hadley as the, uh, the greatest thing since sliced bread. Well, I'll tell ya. Uh, how you people are ignoring what is going on, and the, you know, the expert testimony of people like Jayanthi is beyond belief.

Jayanthi, what, what Just before you go on, how do, how do these drug companies recruit people to participate in a clinical trial? What, what would, what on earth would somebody want to participate in a trial for? Well, I think, you know, the people do it for altruism. So I, a lot of, you know, and to think about it, like this was sold as our ticket out of lockdown at that time.

We've forgotten what it was three years ago. So, you know, I think a lot of people would have, and if you were someone who thought you were going to die, you stepped out of your house. You being in a clinical trial, you would have thought at least you're reducing your chances of dying by half because you could have at least gotten the intervention.

Do you know what I mean? So, but they, they, I think they have databases. That they reach out for and then they can call certain people. Uh, so, you know, they, they've been doing clinical trials for a long time. Um, and, um, and I, and the thing is that like, I don't think it's the first time they've been hidden that, but, you know, we found the paper trail.

So we found the paper trail for two patients, even having it for one patient is, is big enough. We have it for two. So someone else the, she was 58. She was founded by her husband. He called the clinical trial site the day it happened and, um, they didn't do an autopsy. I think they probably said, no, no, no, no, no.

Don't do an autopsy again in the vaccinated arm. And they just, you know, her cause of death was just like, It didn't want to know. So they sat on one autopsy result and didn't tell the world. And another one. The problem for them is they have documented that they received notification of her death on November 7th.

So then it begs the question, how come they didn't report it to the regulators? You know what I mean? So, um, I've written a letter to Ken Paxton. Basically, so our, um, forensic paper was really good, but it was already 40 pages long, and by the time we found out about the hidden deaths, um, you know, it was, it was just going to be a very long paper.

So, um, Our paper has a little bit about the hidden debts, but the details, like this is DIY. Anybody can take the information that I've put out there and find it themselves. And it's for everyone to use in their legal cases. It's freely available on the internet. So it's a letter to Ken Paxton on daily cloud IO.

I thought it'd be helpful and let him know that, um, that Because these are U. S. patients. So the rest of us can't really do very much. It, it, one happened in Georgia, one happened in Kansas. So we need more people to know about this, but I have as well, uh, written a letter to the TGA about this as well, just to, I think, you know, when, When you find out these sort of things, there's a responsibility to tell, I, I don't know what the repercussions will be for me, but, you know, we've pieced this together.

The paper trail is out that it is publicly available, you know how to read the documents. And I felt a responsibility that it should be out there freely available for people to read and understand. So at the point of the vaccine approval. Uh, decks were not. were hidden, you know, and what was presented publicly was not accurate.

And that's an easy story for people to follow. I think you've just highlighted something there, Jayanthi. Tony Nikolic from AFL Solicitors touched on this with Senator Malcolm Roberts at the Senate Estimate hearing about willful blindness. Now, people just can't. They just can't throw their hands in the air and say, Oh, we didn't know, uh, because we've been telling them people like Jay Anthony been telling them, uh, so many institutions across Australia have been telling them.

We've been writing letters, we've been sending emails, we've been doing social media stuff. It's just a non event to say you don't know about it. The TGA knows about it. I mean, it's gross misconduct. Uh, and that's why it needs to be criminally investigated. And that's why we need a royal commission into this.

Uh, it makes any of these financial, uh, things on wall street look like, look like a play school, doesn't it? I mean, when you think of the concept. The contempt for people. Yeah. And I think like the, the people in the clinical trial were the first victims and when they're dead, they're really voiceless. And, you know, there was a mother, mother.

So she found her 56 year old son dead in the, in taking a shower. You know, I mean, there are people who died, like, just walking and then they died. Like if you read the manner in which they died, they were the first victims of this and they really have no voice. So we have to be their voice and we have to talk about it as much as all the hubris that followed post approval and what's been rolled out to the world.

They were the most innocent of this because they, they, You know, like, their debts were a cry for help and nobody, it was all suppressed. But this cover up, Jayanthi, has just led to so many, uh, ongoing disasters, hasn't it? I mean, it's like an airplane crash with the Swiss cheese model. Uh, Woody can probably explain a bit better than I can, but look, at the end of the day, what's happened here, because they've corrupted the data, Things have happened beyond and now we've ended up with situations where we end up with school kids lining up in the thousands to be vaccinated to go and do the right thing to save granny and go and do your HSC.

People saying, oh, they were never coerced. It was never mandatory. What a lot of rubbish. They were told they couldn't sit high school certificates. Uh, they're leaving certificates unless they went and got vaccinated. Kids were dropping dead at these super centers where they were vaccinating them and they're hiding it.

And they're hiding like, you know, myocarditis and stuff. And that's why I really want the story of the hidden deaths to come out because I think that will be the thing that will really change doctors perceptions because when doctors really understand that at the point of the vaccine approval there was this much of a the people died and they hid it they sat on an autopsy report they could have spoken about it and they chose not to And I

want doctors to really understand if you are defending this, this is what you're defending now, if you know about the fact that more people died in the vaccinated arm.

And so what if you say it's not statistically significant. The point is they hid it. They sat on an autopsy result, and they hid it. They did, they, we have documentation that they were informed. The clinical trial site was informed. Now it's a matter of whether the clinical trial site or Pfizer, you know, but whatever it is, patients loved ones did the right thing the minute the day they died, they picked up the phone and they informed, you know, and, and, um, well, I really hope.

Was never enough, was it, Jayanthi? 170 people, I mean, to run a medication out worldwide on the basis of data from 170 people is laughable. It's ludicrous. Yep. Yep. But that, that was also this whole warp speed. So initially it was going to be 32 people. And then, uh, then they, they, you know, they had this operational reasons, which was probably trying not to give, uh, you know, pass a vaccine before the election.

That was the operation. Um, and then they said the next threshold is 62. And then they, you know, the day they changed the protocol, they had way more than 62. But they must have written it down there as the sign to the Trump administration, like you're not going to get a vaccine, you know what I mean? And then suddenly on November 8th and November 9th, they announced it early in the morning.

And all of this guys with, um, with, uh, protection, protection, all this with, uh, you know, with immunity protection to the pharmaceutical companies. Yep. So hopefully the, if we talk about the hidden debts enough, the malfeasance of that can pierce because you're not supposed to hide people's debts. Like, you know, you're not supposed you don't get that much of a blanket, like, you know, um, so that's why the hidden debts is so important because, and the paper trail that is publicly available documentation.

That's hopefully that malfeasance can, so we were written up by trial site news and they sort of said whether this malfeasance, uh, would be the thing that could to pierce the immunity shield, we'll see, but we need more people being aware of it and talking about it. Yeah. Well, that's what we're here to do.

So it's just, it beggars belief and, and still we have, we have people talking about, Oh, look, let's just move on. You know, it was a bad time. It's all over now. Let's be friends. Yep. Yep. We can't, we cannot do that. I mean, if we enable this, we're enabling criminal medical negligence into the future and you have to draw a line in the sand.

Yes, you have to get people better. Yes, you have to start working on protocols to heal those who've been injured, compensate those who've lost loved ones and jobs and everything else. But people need to come to trial. People need to be held to account. This is not, oh, you know, we did the best we could.

This is rubbish. All this went down for a so called illness that had, what, a 99.7 percent survival rate? Yeah. Yeah. Yeah. This has been so much wrong. I think for doctors as well, like it showed how easily doctors could be controlled. Um, and how easily, like I, as I said, like in the speech at the triple conference, like what I, what I did and what a few, some of my colleagues did was not even done by 1 percent of doctors in Australia.

And that's the sad part. Um, so there's that lack of critical thinking, but also that nobody really stood up for medical ethics because the coercion should have never been condoned, like mandates in in of itself should have never been accepted. And for the medical profession to just, even if this was the safest, most effective thing on earth, ethically, I felt that was the reason I took my stance in the beginning was the ethics.

Like all this is only been discovered recently. Do you know what I mean? They, they drip, drip, drip, drip, drip, drip, drip the information. So it takes time to piece it through. Um, but. Ethically, any doctor would have been on solid ground just saying we really can't be, be behind, um, you know, mass coercion of the public for experimental medical therapy.

That should have been enough, but that wasn't even done. So it was very sad. It's a very sad time. Let's face it. The people of Australia who, who were vaccinated, um, they gave misinformed consent. Yep. Misinformed consent, not informed consent. And what you're saying, Jayanthi, is, is that in a nutshell, and that's where the ethics are involved.

Doctor patient relationship has been trashed. Um, we're just talking about the medical ethics about this. Do no harm is now a thing of the past. And, and there has, there is, it is not possible for anyone to have given informed consent, only misinformed consent. Yep. Because a doctor never, I think specifically as well, like Australia, like Australia had specific amendments in the constitution to avoid this after World War II, like it was a specific mem, not to conscript doctors to never intrude into that doctor patient relationship.

You know, it was really sad. Like, I just think, you know, if you don't know history, you go down very slippery slopes if you don't learn the, the, um, the, the, the real lessons in history, and it's actually really, you know, people with foresight put it in the constitution. And it's still got some worth it. Well, look, Jayanthi, there's no way in the world that there would have been, uh, an appetite to, to mandate these, these jabs.

If the truth had been revealed from the beginning, I mean, we've got this first issue about the alternative drugs, the ivermectin, hydroxychloroquine, they were just, uh, they were just basically, uh, uh, written out of, uh, contention. Uh, so this passage of, uh, uh, uh, through, through their, uh, through their back, back door.

Uh, and, and then we've got the manipulation, the fraud, the, uh, the, the, the iatrogenic harm that's been caused. From these, uh, from these jabs, because the truth was never told. Uh, then you've got the regulator opera in our instance, but, uh, you know, they're obviously different organizations throughout the world, but they, they jumped in, they jumped in to make sure that doctors didn't speak up any of those that were a bit, uh, you know, some confidence issues and what was, what was going on, I mean, but Kerry chant.

Dr. Kerry Chant, Dr. Brett Sutton, I mean, just to name two of them, they, they, Dr. Kerry Chant gave evidence. She said it's, it's 95 percent efficient based on 170 people with flawed data. Yep. The whole joint was shut down, mandates were issued, people were killed, people lost jobs, people committed suicide, people had all sorts of disastrous outcomes because of these jokers.

Yep. But we also know that medical, medical bureaucrats were advising the federal government not to go with mandates. Because ethically, ethically it was really wrong, ethically it was really wrong. So even, as I said, like I took my stance because of ethics. And, and I was thinking to myself, I didn't work this hard to come to Australia and do this kind of medicine.

Like this is insane. So, um, you know, ethically it was always not correct. So, um, and I wish more doctors had stood on that, but, um, the evidence is terrible anyway. So, um, there's no link to stand on. Jayanthi, we've obviously been dealing, uh, over the past couple of years with, with the fallout from the vaccines and the mandates.

There hasn't really been any, any words spoken about criminal charges. You know, everyone's been speaking about getting people better and all the positives, but, but what do you think needs to happen? I mean, these people, these people need to be put on trial, don't they? Yeah, I mean, I mean, you're talking to someone who's, you know, looked at the fraud and written about it.

So, um, I feel so I feel really strongly, like, you know, I, I mean, whoever it was in the clinical trial sites who were informed of the debt and chose to hide it, or, you know, I just, I just think I just don't understand how medical professionals could be complicit in this. So, definitely, definitely, there needs to be and I hope you know what I was talking about it more, and there will be more.

Focus on this that there will be and ultimately will have to be in Georgia and Kansas because those the two places where the two patients we have the paper trail. But if we get that we don't know what happened with the rest. But if you give us the documentation, we can we can make a, you know, we can have a look at it too.

But there definitely needs to be a criminal, you know, I feel strongly as well. Like it's very bad for the practice of medicine. Um, if, if behavior such as this, where you, you are hiding death, you're sitting on autopsy results and you choose not to tell the world. You choose to tell the world, you present it as if this is lifesaving, but you're sitting on autopsy results of people that died, were found dead.

After this vaccine who was 60 something 50 something if it's the person who they had the autopsy results or 63. The next one they sort of, I think, you know, no autopsy results but she just was found dead at 58, you know, and, and, um, yes, definitely needs to be criminal it's it's for the good of the practice of medicine, there needs to be criminal investigation.

Well, it's got to be done to establish not only confidence in medicine again, but also in the judicial system, John, surely. I think so. I mean, I, I mean, we, we, we don't really, I think, give enough, um, emphasis to what needs to happen in the criminal stuff. I mean, it is just being ignored. It's been disregarded the, uh, the, the, the police in, All these states need to, the federal police, someone needs to take ownership of this and have a look at it.

I mean, I, I don't know how you can have one death and not look at it. I mean, in, in Australia, we've got, if you believe the TGA 14, at least, uh, likely underrepresented by, by probably hundreds, if not in the thousands, who knows? I mean, if we believe, uh, what, what's going on overseas, I mean, they're at 38, 000 when we spoke to Senator Ron Johnson hoodie.

I mean, he, he seems to think that that figure could be underrepresented by 10 to a hundred. Um, so look, this is just, this is just beyond belief. I mean, I I'm not a big history buff, but I mean, Jay Anthony, I mean, you know, medical history. Is there any, has there ever been anything like this? That, that you know of?

Uh, I mean the Germans, uh, we're obviously, uh, up to no good in World War II with this sort of stuff. But, uh, we had Professor Dole say that this, this will make, um, this will make thalidomide look like a pimple on somebody's backside. I mean. What do you think? Oh, it's definitely the biggest. I think because it is so big, many people are still trying to be willfully blind.

Because if you think about it, they took away our jobs. They went to that, they, you know, it's lines that you never thought would be crossed in a, in a western, uh, Democratic society and they were crossed, you know, they crossed so much. The people's livelihoods were destroyed. People were being shot at in the streets.

They took away your job. So because it's so big, people don't want to see it. But then the cost, the cost of not seeing it is continued harm and you, we're never going to heal till we have, we really understand what we were dealing with. And, and we can, you know, um, so we put out the, we wanted to get, we, um, send the manuscript to, you know, some of the higher tier journals and stuff, and they didn't want to, they didn't want to put it.

So you can't even, you know, print out, you know, There's so much censorship, even in the medical journals to what you see, and you have to be so discerning to be thinking about, yes, this is what I'm allowed to see, but what what am I not being allowed to see what happens there. And it's a very scary place for a lot of people because trying to see what wasn't there.

You know, brought you brought us to the to the places we've been like we've our jobs were taken taken away from us because we thought this is really wrong. And until people stand up, and I think it's because we stood up that, you know, things are what they are now. But we have to have the accountability for what people did not.

They'll do it again. If they can get away with hiding people's debts in plain sight at the point of approval, they will do it again. 100%. And I think Jayanthi just to highlight that, I mean, if we're able to get a copy of that manuscript, I think Club Grubbery. Send that to, uh, Dan Doherty, Chief Superintendent Dan Doherty at the New South Wales Police.

Yep. Yep. I'll send you both. Yep. You should act on this. I mean, uh, just because people have died overseas, uh, the consequence of what's happened from those deaths alone. I mean, if, if drugs are manufactured in Columbia and they're brought to Australia and they kill people in Australia, it doesn't matter whether the drug was manufactured here or anywhere.

I mean, at the end of the day, people are dying here because of things that happened overseas. Please. Uh, you've got to investigate them and it's worth blindness from you people, uh, to not even acknowledge an email. It's absolutely disgraceful to think that we are in Australia and you can make a complaint to the New South Wales police and you don't even get a response.

It's just incredible. Sort of like the institutions have been so gutted, isn't it? Like, you know, uh, everybody's forgotten who they were supposed to serve. And, um, Got to get back to it again. Got to rebuild a lot of things. Well, I think we can say with some confidence, John, that if anybody out there in a position of authority is practicing willful blindness, then we're going to practice willful annoyance.

We are going to annoy the daylights out of you until you go to the ophthalmologist and get your cataracts removed so you can see. And you can't pretend to go to sleep, you can't pretend it's all over because we're just going to keep at you. Um, and we're getting more and more traction. We're getting a bigger and bigger audience and more and more people waking up.

And, um, and, and we're going to keep being credible. We're going to keep being, we're delivering the goods and we're going to keep annoying the daylights out of you. Yep. Yeah, they're going to need the three from one from Spexo as though I will be at them. Well, we better bring it to a close, Jane. very much.

Your, your, uh, your work has been tireless and the way you've kept your spirits up, I know it hasn't been an easy ride for you. Um, we hold the, the guys from AMPS close to our heart. I think we're all family. Um, and you know, we, we add the nurses to that. We know Kara is doing great work with the nurses, the paramedics, John, there's so many frontline people that we desperately need.

People with integrity. We have to get them back to work and we have to hold those who kept them out of employment Accountable. Yeah, definitely. Absolutely. Well, let's have a quick prayer as we customarily do. Dear Lord, Father in heaven, we thank you for truth and we ask you, Lord, to keep shining a spotlight on it.

We thank you for the tenacity of those people working behind the scenes with the data to expose it. And we ask you to give them a solid foundation of wisdom. In the name of Jesus. Amen. Amen. Well, Johnny, you've often been heard to say another great Australian on tonight, uh, what do you, Jayanthi? I mean, she should be given any order of Australia that's available for her work behind the scenes.

You are one incredible lady, you're one incredible health provider and you're, uh, you're demonstrating empathy, compassion and integrity and honesty, uh, in, in a, in a country that's so divest of it, unfortunately. Uh, but you, you're holding the line and we thank you for it. You just couldn't make that stuff.

You couldn't. And Jayanthi, you, you have, you have, um, upheld the spirit of Australia much more than so many people who were born in this country and we love you and we thank you for that as well. And we want you to keep us up to date anytime you want to come back on and, and reveal anything that you've discovered.

Will you promise me you'll give us a call and we'll get you back on? Oh, I will. I just discovered the contractual fault and the hidden debt, so it's pretty good. Yeah, you've done very well. And if you talk to Naomi, uh, Wolf, please tell her thank you so much for what she's doing. Yeah. Welcome. Thank you.

Thank you very much. I'll send the papers as well. Thank you. All right. We'll stay out of the trees, everybody. Thanks for watching Club Grubbery. A full week of interviews coming along, and this one's going to take some beating. God bless you all. Thanks for your love and support. And um, we'll keep the interviews coming at you as thick and fast as we can.

Bye for now.