

## 2024-10-28 Graham and John Host a panel discussion of the Port Hedland Council motion...

Good evening everyone in Australia and indeed around the world as uh, there's going to be a lot of people watching this interview tonight. Welcome to this special presentation from Club Grubbery. Hi John. G'day. Fantastic. It is. It's great. We, uh, we are conducting a program around research that was carried out by Dr.

David Speaker from Canada, who will be joining us very shortly. And, uh, that research, of course, is being, uh, pivotal in the actions being taken by the Port Hedland Shire Council to stop mRNA vaccinations in that shire. And, uh, documentation has been sent to every shire councillor, uh, around Australia to inform them of the reasons why, based on extensive research.

And to back that research up tonight, we have a very special panel of guests. Uh, our panel this evening consists firstly of, uh, Professor Angus Dalglish from the UK. Angus, welcome to the program. Thank you. We also have, uh, Professor Paul Maric, uh, from the USA, from Virginia. Welcome Paul. Um, thank you, Hudi.

Thanks for inviting me. It's great to have you on. And of course, one of our regular panelists, Dr. Philip Altman here in Australia. Welcome Philip.

Hi, Graham. Hi, John.

Uh, Dr. David's speaker will be on soon, and we'll do an introduction for him. We've had a couple of technical issues, but they're being resolved.

Uh, before we get these panelists to discuss their extensive background and qualifications, I just want to make this, uh, brief start to the program and why we're doing it. The revelations made from examination of, uh, vials of, uh, of the mRNA vaccine from Pfizer and Moderna has revealed, uh, some startling evidence, and that evidence needs to be clarified.

We, uh, John and I are not doctors, although John is a paramedic with extensive experience, but we are concerned citizens, as are the panelists who are on the show with us here at the moment. The basic question I want to ask any councillor who's going to be watching this, or any lawmaker, or any citizen for that matter is, if there was a chance that someone was tampering with our DNA, would you like to know about it?

And think about the answer to that. I can't imagine any reason why you wouldn't want to know about it. So that's what the Port Hedland Initiative is all about. It's about seeking the answers to questions that are begging to be answered. We are seeing a great many strange events happening medically and scientifically around the world.

And everything at the moment seems to be pointing to one conclusion. There is enough evidence out there to have any lawmaker. Uh, any elected representative to say we must stop and we must gather all the information we can without worrying about covering each other's backsides or whatever, we must examine what it is that's going on.

And this panel today is just but the tip of the iceberg of what's going on around the world. So that's the reason for this. We're not condemning anybody. We're just coming straight out and asking some basic questions. And we've got an expert panel to discuss that. Professor Angus Dalglish, can you tell us?

Give us a summary of your background for those people who may not have heard of you.

Okay. I'm a, um, an emeritus professor of oncology, having been a professor of medical oncology at St. George's for well over 30 years. I have been a head of a vaccine research institute, particularly for cancer and immunotherapy.

I have had many years experience developing an HIV vaccine with my colleagues, uh, Berger Sorensen in Germany, in Norway. And, uh, I have been on innumerable scientific advisory boards for big pharma, small pharma, and particularly one for a company specializing in messenger RNA vaccines. Clinically, I have been a consultant in the NHS.

specifically with the labels, uh, consultant virologist, consultant immunologist, consultant in general medicine, as well as oncology. So I feel I'm very well qualified to comment on issues of COVID, which I got involved with very early on because my colleague, Berger Sorensen and our collaboration on HIV vaccines while trying to by the coronavirus vaccine that might possibly work, bearing in mind that none of them have ever worked before, basically noted that the virus had been heavily engineered and therefore had to escape from the Wuhan lab.

It was the fact that nobody would even discuss this, try to suppress us. told us it was not in the public interest immediately alerted me to the fact that something far more sinister was going on here. Um, we, uh, at the beginning, very beginning after finding in these inserts showing that the, uh, virus had to come from the laboratory, we then forwarded all this to the, uh, health department.

authorities, the cabinet, all the scientists in the UK, with the additional information that 80 percent of the spike protein was homologous to human epitopes and therefore it would be absolutely mad to use this as the vaccine. Again, what's going on? 150 different groups use the spike protein as the vaccine.

And the main ones that managed to get it out and commercialize it all used the spike protein when we had pointed out it was madness to do so, but we were dismissed. Hence my background is important here. I was dismissed by Chris Whitty as an oncologist. What do I know? Well, apparently a hell of a lot than him because all our predictions have come true.

And I'm very annoyed about it because so many people have suffered.

Thank you, Angus. And a video presentation that you recorded was presented to the Port Hedland Shire Council, which definitely turned some heads. And this needs to be examined even more so. It can't be dismissed. So we thank you for coming on.

Professor Paul Maric, give us a rundown of your background and qualifications.

Yeah, thank you, uh, Graham. So I'm an intensivist. I was board certified in internal medicine, critical care, nutrition, science, and neuroscience until the American Board of Internal Medicine decided to revoke my board certification.

I was tenured professor of medicine at Eastern Virginia Medical School until I quit. was no longer able to work. Um, what, what, what we did in March of 2020 is we developed protocols for COVID. Hence, um, I think the people recognize me through, uh, our efforts. So we developed the March, April of 2020, and we developed protocols for the hospital treatment of patients for the prevention of COVID, uh, for the early treatment of COVID.

And then more recently we've developed protocols for the vaccine injured. Um, and so that's been, been my interest. You know, it's important to recognize, although, Um, people that have gas lit these patients, we know the data from the CDC itself, CDC's own V scan data tells us that there are over 18 million vaccine injured patients in the United States of America.

18 million. And these patients have been ignored, have been gaslighted, they have no resources, they have no financial support, no medical support. So it's become a catastrophic disaster. And so one of our roles is to

provide guidance and protocols to help treat these poor people. The other thing I should just mention is that, you know, There's this mantra safe and effective.

We know that there are at least 1 million excess deaths, um, in the U. S., presumably related to the vaccine. Um, so we have a catastrophic issue and what needs to be done is the Health authorities and the governments, rather than brushing this under the carpet, need to take this seriously because this is a serious issue.

And so that's what I think your initiative or the Port Hedron initiative is trying to do. We're not saying we have all the answers, but we need independent authorities to look at the data. Verify the data and then make some kind of conclusion because, um, you know, millions of patients have been involved.

It's our, it's our duty as members of this planet to do what we can to help these people.

Thank you, Paul. And I know you've paid a very heavy price for, uh, for speaking in truth and, uh, and just speaking in the knowledge that you have. We thank you so much for that. And we'll talk a little bit more about that later too.

Dr. Philip Altman, you're well known to our audience here in Australia. Uh, for those who will be watching in other parts of the world, give a brief summary of your qualification and background.

Well, I'm a, uh, I'm a pharmacologist. I did my PhD in drug development at Sydney University here. Um, I joined the pharmaceutical industry early in my career, uh, worked, uh, as a, uh, staff executive in for many companies.

Um, After a number of years, I became a consultant, and I consulted, uh, for probably more than 50 percent of the multinationals in the country. Um, I'm, uh, skilled at evaluating the, uh, quality, safety, and efficacy data that's submitted in support of new drugs. Um, I've been involved in more than a hundred clinical trials.

I design clinical trials, analyze the results and so forth. I've interacted with the TGA here in Australia for more than 40 years. I know the regulations, I know the standards that they have to work toward, and I've been very critical. As to how they've, uh, handled the approval of the COVID vaccines and the, uh, reporting of, uh, adverse drug reactions, uh, post marketing.

Uh, you certainly have and you've demonstrated that on this program many times, uh, Philip. I want to go back to Paul Marek. Paul, you, uh, you recently wrote a book, uh, which we have a copy of and, uh, thankfully we do and we've read it. It's an amazing book, um, which was, uh, Which doesn't seem to me in any way, or my wife who's a nurse, to be controversial in any form, but it was temporarily banned by Amazon, and you were temporarily banned by Amazon.

What's the status on that book now?

Yeah, so obviously COVID, uh, piqued my interest in the use of repurposed drugs because I think they have an important role. So I discovered that, um, many repurposed drugs have proven biological and clinical efficacy in patients with cancer. So I wrote a book, Cancer Care, The Use of Repurposed Drugs and Metabolic Therapy for the Treatment of Cancer.

And so the book has, the first version had over 850 references, every statement was referenced by peer reviewed literature. And so it was a scientific treatise, really, on the use of repurposed drugs to treat cancer. And we stratified the drugs according to those that had the most clinical evidence. And then for reasons that were just came out of the blue, Amazon decided to ban the book because they said that the information that I provided was misleading and a danger to the public.

So then I responded and said, okay, well, give me one example. Give me one example where the information was misleading. And obviously they couldn't. And there was a big outcry in the U. S. Many people directly

complained to Bezos and the management of Amazon for banning the book because there are many books that Amazon sells that are less scientifically rigorous.

And guess what happened? They unbanned the book. So in a way they've promoted my book because obviously it was a threat to Big Pharma and they weren't able to substantiate their claims. So the book was reinstated.

Amazing stuff. And it just goes to show the level of censorship that's going on now. And that doesn't matter what you do.

Once you're labeled, you're labeled. We are so very pleased to have joined us today. A man at the center whose research is at the center of everything we're discussing today, Dr. David Speaker, let me give you a brief background of, of, uh, David, uh, he specializes in infectious diseases, virology, diagnostics, saliva, biomarkers, and clinical epidemiology.

He has examined several vials of Moderna and Pfizer, uh, to find out what's inside them. And his revelations have been outstanding and have rattled the, um, the medical and scientific world at the moment. Uh, David, it's so good to have you on. Thanks for joining us.

It is so

nice to be here and to fight alongside all of

you. It's a, it's, it's a big team effort and we're all doing the best that we can.

And so, yeah, it's great to have you on David, and we really appreciate your courage and speaking out the way that you have. And also, we do understand that you have a speech impediment. And of course, that makes your efforts even more courageous. So we do thank you so much from the bottom of our hearts.

It's a pleasure, an absolute pleasure to listen to what you have to say. And so, uh, I guess we need to unpack from the beginning, um, what you, uh, what you were given to examine and what you found. So,

um, um, so far I've looked at

the 32 vials in Canada and,

and, and those are, are,

are, are Pfizer and

Monovalent and Bivalent and, and the boost that there's, all of those have shown high level of, of, of. DNA, the, the, um, Pfizers, uh, um, all, all, all, all contain a a, um, um, SV 40, uh, um, c of a and and enhance any, um, motor based on my work in

Canada. All. Australia sent me three files, one pull top Pfizer, one, um, um, children's Pfizer, and, and one.

Now, um, um, in our vials in

all, all of our Pfizers have a, have a CT between 15 and, and seven pain in, in the Australian vials. It's between A-P-C-R-C-T of 10 to 12. On both spike and the, the, um, um, S V 40 and, and, and this year works out to about 600 copies per 600, 000, 600 billion copies of spike and S V 40 per

dose. So it's, it's high. And just. I think based on David Dean's 1999 paper, you just made three, two, um, 10 fragments with a SV40 and an answer in the cell. A non dividing cell before those DNA fragments move into the,

this across a, a, a nuclear envelope and integrate into the genome.

Um, this, this is frightening stuff. I mean, you're talking about SV 40. I'm not a, I'm not a clinician, but I understand how dangerous that stuff is. Paul Merrick.

Yeah. So, um, I mean, basically David's told us that the vials, I think these are Pfizer vials contain SV40, which is a promoter region, which integrates within the chromosome.

And so the fact that, that there's an SV40 sequence in the vials of the vaccine. is alarming because it raises the potential for the contents of the vaccine to integrate with our chromosomes. And this is an irreversible event. So the SV40 should not be within the vial and, um, the consequences. can be catastrophic.

I don't know, Angus, maybe he knows a lot about SV40. Maybe he wants to, to weigh in about the presence of SV40 in these vaccines. The fact that this SV40 in itself is alarming.

Very much so. The fact that they found any SV40 alone, I believe, is enough for a vaccine that is, uh, basically being used to prevent an infection that kills nobody anymore, uh, should be banned immediately.

I mean, that is enough. You don't need to go into all these little petty fogging details the TGA have basically put forward as a smokescreen for their useless incompetence in this. I just think it is unbelievable that they've spent all this time, and anybody with half a brain can see through this. The SV40 alone is such a major flag that this is totally unacceptable.

You don't need to go any further. And my issue with all this, and remember I have been on the Scientific Board of the Messenger RNA Vaccine Company. My concern is, is not with you, not with me, not with anybody else. on this, really, and nobody else listening. What my concern is, is our children, and their children, my grandchildren, what on earth is this going to do to their genome?

What on earth is it going to do to their chances of getting something horrible in two or three years time? I mean, once you start putting in oncogenes, and the other thing we've forgotten, Um, not forgotten, but I mean, it's been shown by several that the spike messenger RNA binds to suppressor genes. Well, as I've constantly pointed out, that if you have a mutation gene, the cancer you would have got when you were 70 to 80, you now get 40 to 50.

We know all this, BRCA, everything like that, we know it. So why would you allow a vaccine to be given to children who are never going to get it? And to die of any of these so called infectious diseases, but you're going to increase the chances of cancer, let alone anything else of the cardiology, neurology, and whatever else is out there.

So SV40 to me is a red flag that should hold it immediately. Get rid of it. Simple as that.

Wow. This is amazing. David, you, you've really uncovered something that's turning this whole argument inside out and upside down. Philip Altman, what, based on what you've heard, what you've read, you, you, you, uh, you've read Rebecca Barnett's articles, um, you have vast experience, uh, working with the TGA here.

You always held in high regard, uh, tell us what you've, uh, what you're feeling about what you've heard.

Well, this is very, very disturbing. Um, it must be pointed out that the, uh, presence of the SV40 promoter segment, um, in the plasmid DNA, which, uh, David has detected in these valves, was actually hidden from the drug regulators in the beginning.

Um, That's illegal. Um, uh, that's very disturbing. They've now admitted the SV40 promoter segment is there, and as I understand it, they've recognized, um, the threat that this poses, and, um, they're trying to, uh, uh, to remove it now in some quarters. Now, given the background of the rise of cancers, uh, since the introduction of,

uh, these, these injections, uh, you cannot ignore the question, is the presence of of this SV40 segment related to the rise of cancers.

Now, this is a question that should not be just fobbed off lightly by the TGA, the FDA, or any other drug regulator. This has intergenerational impacts worldwide. And must be taken very seriously.

So I'd just like to add to what Philip says, we know from epidemiological data from the USA, from the UK, as well as from Japan, that there's been an exponential increase in the risk of cancer in young people between the ages of 15 and 44, which started in 21, 22, 22.

And then went into 23. So there is this alarming signal that needs to be, the causation needs to be determined. You cannot ignore it. And obviously there's a very strong association between the rise of the so called turbo cancers, which people think is a conspiracy by the anti vax people, but is a reality.

This is a reality. I mean, Angus himself can testify that he's seen cases and that, you know, this is a serious issue. And as Angus said, you know, if this incorporates into our chromosomes, you know, what about our children and our grandchildren? And as I understand that recent data from McKernan has found the SV40 sequence in, um, tumors that were taken from patients that had cancer.

So I think this is a really serious issue and so what I think we need as, as all the panelists have said, we need to put a moratorium on these vaccines and we need further investigation until we know the truth. It's, it's vital because the health consequences and the long term consequences are just so catastrophic.

Yeah, I totally agree.

David, what's the process that's allowed you to make this discovery that's so different to, uh, what's being looked at everywhere else?

Well, I, I, I, I think what's big is, is that most labs won't even touch

this. Um, um, Julia Lilly and, and Kate Key asked Asked, I, I, I, I think 18 Australian dabs if, if they'll test the files. And they said, no, we're, we're not doing this at all. And I'm like, of course this here needs to be, be, be done right. And it needs to be. To be done well, and, and I'm not a, a, a

parade to, um, test things. I've, I've lost five jobs in the pandemic for saying what is right, doing the right testing, teaching what is, is actual science of the pandemic. And and

damn it. And and I'm like, these are the the facts as as a I'm a scientist. I'm I make good, careful observations and I, I test things and I say, these are the facts. I get the, the vials I test did by PCR and. And

I'm like, no, the, the, these are the

facts, and I'm like, no, I'm not going to cover things up. I'm not going, you're going to, to

sugar coat things. I'm, I'm not going to as the EGA that they, um, black out all of the data. And I'm like, no, the, the, these are the facts, and

Unbelievable. And you know, you've lost five jobs. Everybody, everybody here has suffered as a result of wanting to find out answers. Every one of us have lost something as a result of that.

And, and here it goes again and it continues. Now, um, I've got to say, uh, David, I was with Adrian McCray in Perth when all of this was happening. And, um, I see you smile when I mentioned his name. Um, he, uh, we, we, we were seeing the smear campaign that went on in the media in Australia when that happened. In fact, Um,

there was a presenter on radio in six BAA man who's much respected in Perth, uh, Gary Adshead, who, uh, was pushing misinformation about you.

He said that all of your research and all of your background was based on veterinary science and not human science, and we know that that's not abjectly not true. Would you like to speak to that?

So, I, I have reached out to, um,

Mr. Um, um, um, ads. And the, the ironic thing is, is that, that he, um, I'm labeled me as a veterinarian doctor, as I work at, at the, um, unit of versus the of

Wealth with our good colleague, Dr. Byram.

And I, I said to, to, um, miss the Durham, um, um, um, um, um, ad said twofold one, I'm a PhD in, in the molecular, molecular by all legit, I, I ran two PCR COVID testing labs in, in, in the pan. And, and, and these are the facts. And, and he, um, um, said to that, um, um, my

science has been debunked. And, and he basically sent me four fact checker articles and a YouTube video of our good colleague, Mr. Paul Offit. And, and, and those, I ripped apart in a four page thing saying these are the facts we are lied to based on The, the, the, the, um, um, bio

that it's not a gene therapy. That, that it's not bio and that's not the bottom. If R and a, and I, I basically outlined six ways in which we have been by do pushed him. Oh, three times in the past week for, for a, for, for a, for a re boss. And I've heard nothing. He's like, well, I'm busy and we're Reese. Do rucksus.

And it's, it's just the vase as, as, as he doesn't want to, or, or isn't going

to, um, um, yeah, read, read, but the, the science.

Did he, did he actually, did he actually apologize or come on air and say that he was wrong about you being a veterinary clinician? He apologized

in, in writing. Um, I've not yet heard a formal on air.

Well, Gary, I'd said, uh, I know that you will probably see this. And, uh, you did a story with me several years ago about, uh, uh, screw up by the coronary office in Perth relating to the SIDS death of my three week old grandson. And you covered that story extensively. And I found you to be a man of, um, of integrity.

And I think it would be a great thing if you haven't done it, Gary, to come out publicly and, and, um, and say that you were wrong. I really do believe you should do that. Um, Paul Maric, the, the situation regarding the fluorometry and the PCR, tell us, tell us, um, how important the fluorometry is in relation to all of this.

Yeah, so I'm not an expert and so David can help us. It seems like there are two different methods that he used to quantify the um, DNA material, the PCR, um, and the fluorometry. Um, and it seems that if I understand, um, The issue is that the PCR picks up bigger pieces, bigger fragments of chromosome, whereas Fluoroscopy and David can check this, picks up all the chromosomal material.

Um, and so that's important because even small pieces of chromosome can incorporate into the DNA. Um, so you know, obviously this is not the area of expertise. Maybe David. could explain the difference between, um, the PCR and fluoroscopy and why the fluoroscopy is so important.

Stuart, since So, um, um, pieces, see, R is a specific tool and it'll

tell us, is, is, is this specific DNA or, or, um, RNA piece in our stem cell? And And that's it. And, and, and based on knowing, um, um, um, size and, and

fragments and plasmid size.

It, it, it'll give a good reliable guess of what is there. The, um, the downfall on PCR and, and, and this. Is, is that if these are all DNA smid, which are fragmented wi with DNA Ds A, um, um, um, enzyme, which breaks down

DNA. So if you've got your piece and there's a break in the middle, your, um, PCR can't pick that up. And, and s. So it's a under

of, of what's there.

The, the debris takes a dye and, and puts that onto, um, all of the DNA in the sample here were aspect of, of size. And that'll label all of it. Now, if, if the, there is a large amount of RNA in the sample, a DNA dye will, um, um, bind to, um, both RNA and DNA. So I, I used Um, um, a, a Diac AC

rain, I first examine in the, um, the vaccine itself and, and then I boiled it to, to, um, um, o pen up all of the lipid par, expose all of it, and, and, and then use the RNA RNAs to um. grade all of the RNA in the sample and look just at the DNA. Now it's, it's, it's still in the thousands, even though all of the RNA has been, um,

Ready to to, to ed, and, and this is, is for total DNA, that a small DNA piece. Seven base bears get 10, so bump

D asleep to take great as well. If, if not

there, then a large. And so that's the, the, the, the thing. Now, um, TGA and and Pfizer are basically using two, 2D methods. It's PPCR on the DNA in, in the bulk drug, um, substance.

Flew on the tree, on the, the, um, RNA of, of the final drug and what's, and what's given, so it. It'll, it'll over call all of the RNA, you know, it'll under call all of the DNA and

we need the same methods you use on both at the same time to basically work out exactly how much is in there. Is that helpful, Paul?

Yes, I think so. So I mean, what is I mean, your findings are very striking that it seems like there are billions of pieces of chromosomal DNA in the vials. And this, this is a worry.

Oh, it's It's a big worry. The, the, the, um, um, T-G-A-F-D-A guidelines of 10 nanograms per dose DNA is, is, is is four, uh, uh, um, DNA vaccines of of naked DNA, less than 200 base pairs in length. And, and, and, and, and not for, um, um, um, the

lipid, manoparts

to the gulls, which put all of this DNA right into our skulls.

Yeah. So Graham, I think, you know, what David is, is describing is very disturbing. And so what I think is that. You know, the TGA, the FDA, the, uh, whatever healthcare authorities need to find independent labs to do the same technique that he's done to see if he's right or wrong and, you know, not to cover this up.

We really need the answer. The fact that this SV40 in the vials in itself is worrisome, but the fact that we're finding such high concentrations of, you know, plasmid chromosomes, Even if these are small pieces is very disturbing. And so I think we need the truth. You know, we can't whitewash what he's found and we need independent labs using his technology.



And he's methods to either prove or disprove what he's found. It's as simple as that. I think, you know, the, the, the, the options or the risks are just so striking.

Yeah. So I know you might have to leave shortly because you've got a time constraints. What, what's your, uh, what's your take on, on, uh, on what David's just said?

I mean, you know, the Port Headlands stuff really. Yeah, it is about stopping the use of mRNA based on this. Contamination. But there's, I mean, you hit the nail on the head earlier. I mean, the disease isn't really killing anyone at the, you know, the risk benefit analysis here doesn't stack up. It's a red flag.

And I think that's what we're trying to get through to moms and dads. Grandparents out there. Listen to these experts. Uh, you're now going to inject yourself with these boosters. They're doing nothing. That they have done nothing. They're only likely to cause harm. What's your summation of what David just had to say?

Well, what David had to say, and I don't think there is any ifs or buts, we're just arguing about very minor details, is that the quality control of these vaccines is appalling. And it always has been, and it always has been, and it's been virtually impossible To get right. As I said, I sat in a scientific advisory board seven years ago.

I was on it for five years. They still couldn't do it. And they regarded themselves as the most expert, um, in the world. And they're spending their resources now suing Pfizer and Moderna for, uh, using their patents and wanting, uh, recriminations on them. But it was obvious. You can never make this safe. And this was, we were talking about cancer.

We're talking about, uh, you know, a virus infection that now kills nobody. I mean, if you die of COVID now, you, uh, leukemia and intensive care, you know, going to die of something very quickly. It really is nothing. And the idea we're using a vaccine for it is absolutely ridiculous. Just literally unbelievable.

The fact that they're now rolling out this technology, this is really very, very dark forces. We don't need that. And I have to go so far. You don't need a vaccine for flu for Christ's sake. I mean, it is one of the biggest cons and facets to roll out the flu vaccines for the last few years. The only people who it's ever benefited are the shareholders and the people who get the contracts to make the useless flu vaccines which are usually between three and eight percent efficacious and all you have to do is boost the vitamin D level in the at risk population.

There are several papers, I counted at least four, which shows you're better off giving these people vitamin D than these expensive useless vaccines. But the reason I'm banging on about this is they want to make these messenger RNA too. Even though we now know they're incredibly dangerous and they should be banned for everything.

If they weren't good enough for cancer patients, how come suddenly, are they good for the rest of the world and they're giving for children? And I know this, in my own hospital, they were actually advertising to give for children. 1, 500 to mothers to bring their poor, hapless children along for a useless messenger RNA vaccine.

I regard that as absolutely criminal. They should be locked up, banged up and everything for that. And I've had, I've got to the stage where I'm not mincing my words. It is this bad. What bit do they not understand about this? It is unbelievable. It is like giving children guns in school and then wondering why.

one or two of them being shot. I mean, this is, the damage is inevitable because it's going to go, if children, it's going to be in their genome. SV40, even, you know, when you go down to, uh, risks and deaths and things with the vaccine, they talked about, well, one in 700 was appalling. Well, to have SV40 in this, you're not talking 1 in 700, you're talking far, far worse than that.

1 in 70, that sort of figure. It's totally unacceptable. I mean, we could destroy the genome of our children. This is the bit I'm trying to flag, and I'll not stop until they listen. And the one thing, as I said, I'm at the stage where all the people who've had the vaccine in Australia, if you've had it, I don't really care.

What I'm caring about is your children and their children. And they're the people that we're fighting to stop this nonsense. It is absolutely outrageous and we just have to get rid of it now. Now and forever. I don't think you're ever going to be able to stabilise the messenger RNA technology. And just one last thing.

This is so insidious that Australia and Britain have signed up with Moderna Hundreds of millions of pounds to build big useless facilities to churn these out for anything that comes. No, you don't want. Actually, it's opened my eyes. Um, there are so many vaccine now we need a big review. Just how many are important in Western society?

I actually believe we should a whole vaccine program, uh, after seeing this. effort to industrialize vaccines to make everybody money from the WHO, from everybody else, Fauci, Gates and the big pharma downwards. No, they've exposed it for what it is and we should now be very, very careful at any vaccine that has been licensed, whether we really need it.

So John, I agree absolutely with every word Angus has said. And just, just to add to that, you know, these vaccines are ineffective. The Cleveland clinic has shown that the more boosters you get, the more boosters you get, the greater the risk of getting COVID. So you unpack, you're being vaccinated against the disease.

The vaccine is increasing your risk of getting the disease you're trying to prevent. It's a completely ineffective vaccine. So not only is it phenomenally dangerous, the list is, the spike protein is probably the single most toxic protein known to mankind. There's no disease that it cannot cause. And as Angus said, because of molecular mimicry, The number of autoimmune diseases caused by the spike protein is endless.

And so not only is it not safe, It's ineffective. It's a complete and utter

ruse. I mean, yeah, thank you, Paul, so much for that. Because what we have both just said is for the TGA to even try and defend this, shows they're not fit for purpose, and they should be ripped up and some other Kind of protect a person put in their place.

I believe the regulators have become unbelievably Complacent because of this and we all know who funds them big pharma and we all know That the revolving door is just Complete complete. I mean, it's just they're not fit for purpose, and the government's have to completely, I believe, remove all the regulatory authorities, including the FDA.

We know that that amount of, uh, um, felony that's been going on with the FDA and Big Pharma. It's just unbelievable. We know that. From the big, big fires that they've all had. Now is the time. We cannot accept this because it's now got a potential to damage our children. And up with that, I will not put as Winston used to say.

Let me, let me bring Phillip Altman into the mix now, because we've been really talking about the FDA, TGA, and you've been listening to a lot of this. Phillip, thanks for your patience. I,

I agree 100 percent with what's been said. Um, I've, I've worked with the TGA here in Australia for more than four decades.

Um, and I can tell you from my experience. Um, any, any drug that had one 10th. Of 1 percent of the reported safety issues related to a product would have been withdrawn 1 10th of 1%. Um, the TGA here. I've lost complete confidence in them. They have a proven track record of misleading of providing misleading information and this latest.

bit of information. This critique of David's work is just the latest example. You remember they, they miss, they misled us about, uh, how effective the vaccines were, how it prevented transmission and infection. Uh, they told us it stayed at the, at the injection site. They, they told us a lot of misinformation and this is just the latest bit and it is so important.

Um, the, the consequences for humanity are enormous and cannot be overstated. Um, this needs an independent analysis, an independent look, and the hand waving away by the TGA. Is, um, uh, just doesn't get it.

Look, and, and we can come back and unpack a little bit more of this. We know that, uh, Gus Dalglish has to leave us, uh, in a couple of minutes time.

Uh, Gus, linked into all of this mess that we're in, uh, certain phraseologies have emerged in the, in the narrative, and one of those is turbo cancer. Now, turbo cancer has been described by Wikipedia as, uh, as a conspiracy theory. You are one of the foremost oncologists in the world. You have taught some of the great oncologists of the world.

Um, I want you briefly to tell us, Does turbo cancer exist? What does it look like? And how many of your colleagues are seeing the same data that you are?

First of all, I, lots of my colleagues have seen this, especially surgeons. A young surgeon has sent me his recent experience and thoughts on this, only today.

And he is basically saying we're just seeing an explosion of cancers that are presenting. Of course, they've always been there, but they're presenting at stage 3 and 4, like colorectal, not at 1 and 2. They're presenting in people in their 30s Not in sixties and seventies, and it's becoming very resistant to treatment.

I myself have had three good friends with turbo cancers, all which occurred after the booster vaccine. It's absolutely, yeah, I've witnessed my own eyes. with my friends. Two of them are now dead. The other is basically just holding on in there. They all, and this is absolutely the case, all three of them had the boosters purely so they could go to family events abroad because of the draconian requirement to have a booster vaccine in order to travel.

And two of them are now dead. Now one of them is in my specialty, Melanoma. He had a tiny little melanoma years ago and he suddenly presents with metastasis aeromea. He had bone metastasis all down his spine, in his pelvis, everywhere else. He was completely resistant to the standard treatment now, which induces static disease in at least 90 percent of people and responses in 70%.

This is, and then he was dead in no time. This is what I mean by turbo cancer. And yes, everybody has seen this.

So people are saying that then they, most people know somebody who's died suddenly of cancer that just came, they were diagnosed within weeks, they're dead. That's what you're talking about.

Absolutely. And you just remind me that, you know, I had this, uh, diaspora of friends where we meet up, say once a year or so. Uh, that in one of these groups, I was horrified to find that three people had died suddenly of two of pancreatic cancer and one of mesothelioma in the years since we saw them when they were completely healthy.

And yes, they'd all had unnecessary boosters. The NHS is bullying. It bullies me. I'm getting absolutely furious that I must have a booster. When I have told them my views on it. I think they're criminal. I think the people running the NHS put in all the resources into getting people to have useless vaccines that basically is going to kill them.

If it doesn't kill them with a cancer, it's going to kill them with The stroke and cardiac conditions is beyond the pale. What has gone on with the people governing us? It's like they've all been infected with a dementia virus. So anyway, that's so interesting. And I, I've got no respect for Wikipedia ever since they got facts about me totally wrong.

And they don't seem to be particularly interested in correcting facts. I, I basically think Wikipedia uh, is absolutely a worthless thing. I wouldn't give it the time of day at all. And it's just, they've proved my point by saying that turbo cancer is a conspiracy theory. Well, let's get rid of Wikipedia too.

It's way past its sell by date. At any rate, I must go now, so thank you very much indeed for having me on, and to everybody, it's been a great, uh, it's been really great to see, and especially to meet David for the first time, Paul who I've spent a lot of time with, and John in New Zealand, and then, um, and uh, yourself, it's been, it's actually been wonderful, thanks very much.

Thank you Professor Angus Dalglish, thanks for joining us, and we hope to get you back on again soon. Thanks for joining us. very much. very much.

Right.

We continue now as we need to, because this is really important. And before we go back to the rest of our panel, John, you are an elected representative in the Snowy Valley Shire Council.

Uh, Councillor Adrian McRae is an elected representative, uh, a Councillor in the Port Hedland Shire Council. And, um, He has come out, you have come out several times and uh, not only on this program but within your own organization, speaking for other councillors, other elected representatives. We have said all along that it beholds any elected representative in any organizational level of government if they see something is wrong to speak up.

How do you feel about that and what advice would you give to councillors who will be reviewing this video and who will be receiving that document from, uh, from David Spiker and others?

Well, look, I think we could get really, uh, really mad about it, but look, that I suppose doesn't really achieve anything.

I think what we need to say here is that there are enough. Uh, expert people, uh, around the world, uh, like the, the clinicians and experts that we've got gathered on our panel today to say to mums and dads out there and to, and to, to bureaucrats that have got, uh, the blinkers on, there are red flags. There are red flags here that need to be looked at and look, I know these GPs, these doctors go to work and that they work long hours and they obviously don't have a lot of time to do their own research on these things, but surely they must be seeing an explosion of issues going on.

I think it's fouled by the problem in our country, in Australia, ARPA, the regulator of health professionals, has really pushed heavily against doctors, nurses, paramedics, physios, anyone, pharmacists speaking out about the vaccines. And it's made it very difficult for people to pop their heads up and say, I'm not happy about this.

Because unfortunately, hoodie. Uh, having an aviation background like you, I think medicine is way behind, uh, where aviation was 30 years ago, uh, in the cockpit. You know, we've got this situation where we've got these Mavericks going around at the TGA and other places that are, that are basically, uh, spoiling the party for everyone.

Uh, and, and they, and they're careering towards a cliff and they don't even know it. Um, it's, it's a very sad situation, but so what we need them to do. is, is just take note, uh, and just ask questions and, and make those grassroots inquiries about getting something happening, happening independently to, to at least look at what's going on so that we can do some analysis.

But look, the real problem is these mRNA vaccines, we've heard the experts, Woody, they don't serve any purpose. They're not doing anything. So why take them? What's the risk benefit analysis? I know you said very early on in the piece, if the chief pilot said to you, we're going to run your 737 with a new experimental fuel, would you fly the aeroplane?

And you said, no, you wouldn't. Um, so why would you want this being injected into yourself when it's got absolutely no benefit at all? None. None at all. You've heard the experts. So why take it? Um, so what you need to do is activate at the grassroots level, uh, councillors need to put this up at their next council meeting, uh, and, and at the very minimum, have a discussion about it and support the motion of Port Hedland, uh, in, in essentially, uh, Doing the same thing that they've done and I know that councils have, uh, have received all that information and so just act on it, just ask questions.

That's, that's all we need to do.

And John, before I go to the rest of our panel, um, is it within your remit as an elected representative of your local Shire Council to be concerned about health in the Shire?

Look, uh, different councils, uh, Hoodie have different, um, remits. Look, in South Australia, I understand they're responsible for vaccination programs.

Uh, but look, health is the remit of, of every local government area. It's the remit of everyone in a position of responsibility to ask questions about health and safety. It doesn't matter whether you're just walking down the footpath and you see a crack in the pavement, you should do something about it.

Uh, this is no different. Uh, so the councils are responsible, even if they're just checking food preparation, uh, in their, in their daily, uh, activities, occupational health and safety activities. Uh, so they are on local, uh, health advisory committees. They are so invested in health. Uh, they work. Uh, cooperatively, especially in regional areas of Australia to assist in providing programs and health outcomes, better health outcomes for, uh, all Australians.

So they need to get involved, uh, at this level. And it's very important that they do, uh, they, they meddle in it everywhere else. So there's no reason why they can't meddle in it

here. Now, John, the, uh, the former, uh, health minister of WA and now the current premier of WA, uh, Roger Cook, uh, came out and said that all councillors should go back to their knitting.

Uh, just briefly, yes or no. Are you a good knitter?

No.

No. No. Thank you for that. Okay. Gentlemen. Now the, the one big. The elephant in the room that we're all ignoring is that while all this debate's going on, people are becoming injured, people are dying. Now I've got to tell you that, uh, over the weekend, the Hoodies Heroes group in the Northern Rivers area were very concerned about a young woman who has been severely vaccine injured and gaslit to the point.

That she was, she has been suicidal and she went missing over the weekend and a great effort was mounted by some incredible people to locate her and look after her. She is in this mental state because she has been severely injured as a result of extreme vomiting that she's been having, uh, most of her time since her, uh, her vaccine, uh, all her teeth are rotten and people are looking at her and calling her a drug addict.

She's got rotten teeth because she's doing cocaine and all that sort of stuff. Um, this. We are hearing these stories every single day. We have interviewed so many, I think hundreds, of vaccine injured and there are organizations out there who are speaking up. They're not only vaccine injured from the mRNA, they're vaccine injured from a whole bunch of other vaccines.

And we've also had, uh, been highlighting the case of infected bloods in the last 30 or 40 years in Australia and around the world. Infected bloods, have been given to hemophiliacs and others which have given them AIDS and Hep C and it's destroyed their lives and nothing gets done. We have to start looking at these things.

Let me ask David, is there anything you want to contribute to that? And firstly, before you do, I just want to tell you how incredibly brave you are. I mean, not only are you speaking out, but what you're dealing with, uh, the, the impediment that you have, it must frustrate the daylights out of you. And the fact that you push through it and put so much energy into it is just inspiring my friend.

Oh,

thanks. Um, it. It is tough. It's it's tough to to um, um, see lots of of my

peers out out out There did this guess what i'm saying My work and i'm so thankful to those like your

Steal and who, um, I'm, um, actually talk with me ab ab about my own works. So I'm, I'm, I am old pen to, um, talk with who have where about the science now, the, um, um, but more we, um. Um, look at these vaccines, these gene therapies, the more ways in which we see they are causing harm. So, spike is toxic, lipid, and the, and the, and the animal particles are toxic.

There's high amounts of, of DNN they, and there the whole SV 40, um, um, n one methyl pseudo

causes. It says ribosomal

frame shift. There's double

where we're

RNA. There's D-N-A-R-N-A.

Hides in there, and each of these ways have a possible way of causing harm. And a

way two of my

are, are, are, are severely vaccine in one mike.

Cole has had two shots, can't even walk. And St. Joe's Healthcare here looked at him and said there's nothing they can find wrong. It's, it's either psychological or, or neurological. And our governments aren't even doing the right thing. funding for the science that they won't admit there's a whole chunk of vaccine injured out there.

And we need the right funding to do the Giants to help these people Have the right

tests to get the um help and treatment they Need and and and so it's it's it's my heart to um, help those in in

So there's no good spike, um, um, antigen test out there. I'm, I'm working on

one, but I don't have a firm who have force vaxxed so many people and made people choose a job versus a

shot. It's like. If you don't get it, you don't work. Um, um, these people need to admit fault and admit that they've caused people harm and do what, um, they can to help those

Absolutely. What do you think, Paul Merrick? What do you think you're saying vaccine injuries?

So I agree with David a hundred percent. So as I said before, the CDC's own data tells us that they, at least 18 million, 18 million vaccine injured people in this country. And that's probably an underestimate.

These people are gas lit. They it's a disease that's not recognized. It's a disease that's not being studied. It's a disease that's not being compensated. We know out of these so called 18 million, according to the

compensation, the vaccine compensation fund, 17 have received compensation, and these are patients who've either had an anaphylactic reaction or myocarditis.

So these people are basically left to their own resources. They have no financial support. They have no medical support. They have no emotional support. They basically signed up for the vaccine, you know, in good will, thinking that they were doing the right thing and were harmed. They were misled. It's a complete and utter travesty.

And I think as a society, we need to study this disease. We need to recognize this disease. We need to compensate those that have been injured. And, you know, the tragedy, as Gus has said, is that we vaccinated children. Children are at an exceedingly low risk of dying from COVID, particularly with Omicron.

The risk is infinitesimally small. In fact, a healthy child has almost a 0 percent chance of dying of COVID. The data shows that children are more likely to Drown in the bathtub than to die of covert. So if the FDA was doing their duty, they were banned bathtubs rather than forcing Children to be vaccinated because it does no good.

The other thing I wanted to say is the biggest one of the biggest problems and David spoke to this is censorship. Once you sense the science, you decapitate science. We need to be able to talk to each other. We need to be able to exchange information with each other. We may not be right, but that doesn't matter.

We need, this is the basis of science. It's always been the basis is that we exchange information. We're not always right, but it's a process of. self improvement. It self corrects itself. So by censoring the voices that they don't want to hear, basically it's stopped all dialogue and it's stopped progress.

So we need to stop the censorship. We need scientists to be able to exchange information freely. And that way we can move forward.

Absolutely.

Sorry,

John. I was just going to ask Philip, uh, I mean, given that, uh, the emphasis on this program has really been about, uh, the advanced testing and, and, and, and evidence that we've, we've been able to, to, to find out and now expose, uh, Why is that?

I mean, you know, Paul talked there about 18 million people that have been vaccinated in America alone. I mean, how many have died? I mean, you know, surely there's got to be testing available to do autopsies, but they're just not doing them.

No, they're resisting. autopsies because all autopsies will reveal the true answer.

Um, the vaccine compensation scheme for the COVID vaccines in Australia has ended now. Uh, there have been a thousand reported deaths linked to the COVID vaccines in Australia alone. When you consider the underreporting factor, which the TGA itself acknowledges. Is probably in excess of 10 times. It's it's probably between 40 and 100 times.

We're looking at not 1000 deaths link, but maybe 100,000. And yet the TGA, as of right now, only admits to the last time I looked about 14 deaths linked to the vaccines. That is misinformation. What we need is transparency. We need to see the record level data to be independently analyzed. We need a royal commission.

The government here in Australia promised a royal commission before they came into power, and now they're refusing to do it. This is one of the most important consequential things in our history, and yet our government has failed us. Uh, this latest information from, from David is just the last bit of information in a long, long line of information that we all know about, um, that's been revealed over the last four years.

And unfortunately, I have no confidence in our TGA. I have no confidence in our government to reveal the truth. And this, this is so important to uncover. So I, I thank people like David who have been so brave and have come forward and revealed, uh, this, this data. And it needs to be taken very seriously.

The hand waving of the TGA must cease. And, and we need to get more and more people behind this information to reveal the truth.

There's been some wonderful articles written by Rebecca Barnett, uh, who we interviewed on this program just a few days ago. She does her homework. She's very cautious about stating anything unless it's thoroughly proven.

Uh, you've been across the last couple of articles she's written. She's written an article particularly, um, examining the very rapid debunking by the TGA of Dr. David Speaker's research. Enlighten us a little bit of what you know about that, because you know the TGA, you know them very, very well, and you've read the article, and you know what David has presented.

Give us a summary of that.

I am absolutely convinced that the objections that the TGA has put forward are without foundation. But the way to prove that is to have a dialogue. That's how science works. Let's have a debate. Uh, the TGA is, is using the misinformation word to, to cover their backsides. Now, this is the problem because in Australia, as in other places, we're currently considering the misinformation and disinformation bill.

And if that gets across the line, it's very serious because the TGA can just hand wave away. The detailed signs that David has put out and, and just classify it as misinformation. And that would be the end of the story that can happen. We can't allow that to happen.

It staggers me that, uh, all the research.

Uh, supporting the mRNA vaccines when it's, uh, obtained under freedom of information appears to be redacted in most part. Uh, so it leads one to believe that something is being hidden. Uh, Paul Merrick, um, the speed at which, uh, research is debunked is, is frightening and it, and it should indicate to everybody that There is a massive degree of protection going on.

One of the, one of the crazy statements I've heard in the last year was when AstraZeneca withdrew their vaccine from the market. Our own, uh, our own health minister, uh, Mark Butler came out in a press conference and said he wanted to thank AstraZeneca because they have saved 65 million lives around the world with their vaccine.

Have any of you seen any data supporting 65 million saved from AstraZeneca?

No, not at all. That, that claim, I, I've heard the claim of 20 million lives. Um, when you look how that claim is supported, it's it's supported by modeling. So they've assumed in their model that the vaccine is highly effective and that COVID 19 is much more deadly than it really is.

And when you put that information into a model, you come out with 20 million. There's no evidence that this, these vaccines have saved net lives. I, I've never seen it.

Yeah, I must agree with Philip. I think it's an overstatement. That the vaccines have saved millions of lives. I think on balance, more patients have died from the vaccine that have possibly been saved.

And so this as as Philip said, this is derived from modeling experiments, not from actual patient level data and patient level data does not support this notion that it's saved Millions of lives. That's just complete misinformation.



David Speaker, you've seen what's in this stuff. Does it save lives?

Um, I, I

find it's, it's so

ironic that if, if, if you do something thing which helps use either

or, or even then, um, um, um,

own the vaccination. If, if, if it helps and it's not killing folk, it's being de minima and the nice, the whole thing on, on I ver Mecton and the hydro. Oxy

vitamin D. These whole mRNA vaccines, which have billions of dollars be behind them are, are being pushed because the, um, um,

beats are, are making, uh, billions. We could just have to follow the cash as for Rebecca Burnham. And that's latest report, which, um, came out

well, the hours, uh, go. I am so thankful for that. Um, um, in our reach, Response to the MTGA. Rebecca helped 'em, um, lead that charge. Um, um, and, and then scientists like. Myself, Kevin, Ben, McTernan, and Jessica Rose ensured all of her science was right. It's there. It's solid. And so it's a It's a nice song in depth rebuttal of a weak PG a key key key key key key key key key key.

And are these vaccine safe? No. Are they effective at causing harm? Yes, but Um, Um, I, I don't think that they should be, um, um, on the bar kit and, and they, um, um, um, must be pulled

ASAP. Well, and you're looking at this stuff and I know you're a family man because we've seen your children wandering around in the background and, um, You know, it's just, um, uh, we, we, we have to look at the elephant in the room when that's, and that's what Port Hedland is all about, isn't it?

Um, gentlemen, John, uh, and the rest of the panel, if we could talk for hours, is there anything we need to touch on before we go? Let me start with you, Philip.

Well, look, this is this is so important. So consequential for the world for humanity. This has to be taken very, very seriously. Um, the problem here is.

basically that the burden of proof of safety has been shifted. In the beginning, the burden of proof was, was on the manufacturers to prove safety. Now, safety is more or less assumed because the regulators aren't looking for proof of safety. You can't find a problem if you don't look for it. And the onus of proof of lack of safety is falling on people like David, and it shouldn't be there.

It should be on the regulator. That's their job. They used to do a good job. I knew them. They were excellent at what they used to do. And now I've lost confidence. Uh, this is so important. It must be addressed.

Professor Merrick.

So I think this, um, initiative In this, uh, single city in Australia may have consequential, uh, results, you know, hopefully it can spread to all the city councils in Australia and that they will seriously consider.

The information presented, you know, shouldn't dismiss it out of hand and hopefully it will increase the level of awareness and then, you know, it should spread across the world. We need people to open their eyes because

they've been misled. These, these gene therapies are neither safe and effective, we've been misled, and I think this needs to be a grassroots level, which seems to be happening in Australia.

Maybe Australia can lead the way for the rest of the world. So, you know, what these counsellors have done, I think, is completely, is admirable. It's astonishingly good. positive move because it's a ground roots level. Hopefully this can spread across Australia and across the world. And that is our hope because our goal is to help people.

You know, there are so many people, as you know, that have been suffered and have been injured that this needs to stop. We need the truth and we need people to have open discussions and to talk about this. So hopefully this initiative will gather momentum. And, you know, uh, our, you know, our deepest gratitude to those, the city council that's involved.

Absolutely. And, and we'll, we'll give a comment to you now, David, anything that you would like to add. Well, uh, um, I'm

so thankful to Ed, Rian mimic.

Right. And those counts as houses, houses, house, a logo. There's, um, um, they have courage and, and guts to take this and, and, and, and To stand up and, and do what's right. Uh, um, I've, I've

been in, in, in talks this past week with, um, n

News theEnd Folk and

Thes and, and, and this sort of. Grassroots council level work is, is Dar thing fair too? And so hopefully if things start at the, at the grass roots up and that, that a scientific, um, debate level that will, um. Gain some

tion on this. There's been so much evidence shown over the past four YY years, and. It's piled up and, and it's time that our gov go commitments and, and the

regulatory bodies wake up and, and do what is right. So, well,

you know, so well said. And, and you know, and it's succinct as well. I mean, it's just, it just comes down to doing what's right, Johnny Lauder.

Well, look, hoodie, I think it just comes back to common sense so that people can, uh, ask questions. I mean, if this was a Qantas aeroplane on a ram and the flight engineer or the engineer were were downstairs saying, I'm concerned about an issue on this aeroplane, it wouldn't be allowed to depart.

No, I mean, this, this is the reality here. I mean, we're in a situation where we the, the, the, the motto first do no harm. I mean, we've heard numerous experts say there is no benefit to having, uh, these vaccines in their current format for anything. Uh, there's, there's no risk to the public. So why have it?

Why put yourself at risk? And I think people just need to ask questions. I mean, there are so many red flags here. There's so many increases in different diseases. Uh, people are suffering different injuries and they don't know why. Uh, but there's only one common denominator here. Uh, people are dying, people are being injured, and people are having, uh, these, uh, terrible, uh, diseases impacted upon them from the vaccine.

There is no doubt about it. Uh, that may be alarming to some people, and it may be confronting, but that's what is happening. That is the only thing that, uh, has changed. And until people start asking questions about all these influences that are going on, you don't have to look too far, Woody. I mean, 96 percent of the funding.

Uh, to the Therapeutic Goods Association in Australia is from big pharmaceutical companies. 96%. These people have got their grubby paw prints all over everything, and you don't have to look too far. If it was a murder investigation, it would be over in about 24 hours. But here we are four years on, and people are still not awake to what's happening.

Well, maybe this Port Headlands stuff might be the catalyst to, uh, people. Having a look at

what is going on. Well, John, you've just been guilty of spreading misinformation as Rebecca Barnett said the other day. She published an article saying that 95 percent of funding of the TGA was from big pharmaceutical and the TGA rebuked that.

They said, no, it was 94%.

So in the interest of, uh, giving the correct information, I had to correct you there, John, but

It'll be corrected. That's the difference.

Even they admitted. That's 94 percent at which is the highest level of big pharmaceutical cover, uh, uh, funding at any regulatory body in the world, Australia's own TGA.

Well, there we go. So, um, we're in a situation where we're presenting you facts, uh, and we're hoping that a great many councillors will be watching this. There is a responsibility that goes with office, no matter how minuscule you think that is. Many of you will think that now all I'm in charge of is garbage collection and maintaining footpaths.

Well no, you have a greater responsibility. The people who care about your initiatives and the work that you do for them in representing them in their local shire are wanting you to represent them thoroughly. And you can do that by examining all the facts on both sides. The ball is in your court. How will history remember you?

Because we are on the cusp of the most monumental, uh, event in global history. We are, and it will remember you one way or another. How would you like to be remembered? I know for me, I'm It's um, there's no way if the engineer, as John said on the ground, said to me before I was pushing back to start engines, that I'm not happy with something.

I would immediately stop the pushback and shut everything down and get this thoroughly investigated before it went anywhere. Why? Because it's my moral obligation. It's my responsibility to do that as a captain of an airplane. It's your responsibility as a doctor to do the same. It's your responsibility as a scientist or a legislator or a counselor to do the same.

It's your responsibility as an authority to do the same because history, history will record your action or inaction, uh, in ways that you may regret later on. For media outlets out there who will be reporting on the aspects of what's going on in Port Hedland, we pray that you do your job diligently. We pray that you push time constraints aside and editors comments aside and do your research.

I know it's hard for you because there's no time to do stuff. And even Gary Addsheed from 6PR said, I don't have the time to continue this argument with you, David Speaker, which is indicative. If you haven't got the time to do the research or back up what you've said, don't make the comment. Don't make the comment.

Uh, it's customary that we pray at the end of these programs. So gentlemen, if you would, uh, indulge me, dear Lord, father in heaven, we seek truth. We know that truth sets us free because you've told us it does. And Lord, we pray for all of those regulators and those elected representatives who are viewing this today, that they will just put prejudices aside, examine what's before them and know that they may be culpable in one stage of their life in the future, and that they need to know what they're talking about and know what they're rebuking.

And so Father God, we pray that you guide and lead their thoughts in every way and their research in Jesus name. Amen. I want to thank you on behalf of all of our audience, uh, David Speaker. Um, I don't need to go on any more about it. You are, you're an incredibly brave man. You are, uh, you put so much energy into this.

You put, you've forced your way through, um, uh, incredible, incredible, um, barriers to get your message across. And I want you to know that your message was heard very succinctly. And I want to have you back on. I'd love to get you back on with another panel. I'm sure this isn't over yet to those of you, uh, before I go to Paul and, and the Phillip, McRae.

You need to examine all that through a very different frame. This man will be discredited at every turn. At the moment, he's returning from Europe. Uh, he'll be arriving back in Australia soon and he will be the brunt of some incredible attack. And I can tell you that that attack is coming from people who are worried about the truth that he's sharing.

So get behind Adrian McRae, stand with Adrian McRae, examine the facts for yourself before you jump to any conclusions. To those of you who are about to comment on this post, be gentle, be kind and ask yourself this question. If there's any chance that anything you've heard tonight might be right, would you want to know about it?

If there's any chance that you have been given a substance that is, uh, that is going to affect your health and your outcomes and that of your family, would you want scientists to be working on a, a cure for this? Because the fact is, Dr. Paul Maric has referred to the vaccine injury as a disease. We are talking about the cure becoming the disease.

I, I can't believe you said that, Paul. I know where you are coming from. But we're talking about vaccine injury as a new disease. The cure has become the disease. Um, and that requires all of us to take stock. Dr. Paul Merrick, you have sacrificed so much in the cause of, of, uh, truth. Uh, I know this because, uh, I had the privilege of spending a week with you.

I've got photographs of you and my wife, Michelle doing the washing up in New Zealand after we cooked a meal together. It's been an absolute pleasure to get to know you and Angus Dalgleish in that time in New Zealand. I know where your heart is and I know that many doctors have told me that they know your name because you are one of the best critical care specialists in the world and they acknowledge that even those who may not agree.

So we thank you for coming on, uh, Dr. Philip Altman, courageous to the last year sub stacks, keep bringing out truth after truth. You examine everything carefully. You're always free to give your time to us. And you're, you are working for the benefit of all Australians and not only all Australians, but all human beings.

And we thank you so much for being part of that as well. So, uh, yeah, thank you, Paul.

Just want to thank you for what you're doing. You, you, uh, you, uh, an example of a great leader and a great gentleman and a great person. So, um, I just want to thank you. Um, we love you. Thank you.

You know, there's an upside to COVID and that upside is meeting guys.

Like you, um, it's been an honor. Thank you.

Thank you. The honor's all ours, Johnny. A hundred percent, a hundred percent, a hundred percent. And, um, and, and we carry on, we go on, we don't stop. We've got to keep going. We're obliged to, whether we're elected or not, we have to do what's right. At the end of the day, that's what it all comes down to.

So God bless you all. Johnny, you've often been heard to say, you just couldn't make this stuff up. You just couldn't make this stuff up. Stay out of the trees, everyone. And don't forget, if you love somebody and you

haven't told them, please tell them now's the time. Um, we don't want to have crews of people looking for people who've disappeared and we're worried about them as we have over the weekend.

God bless you all and spread this far and wide. This needs to be seen everywhere to all you, uh, regulators, To all of you elected representatives, you know what you need to do. Do the right thing. Examine it. Let's get this out on the table. God bless you all. And from Club Grubbery, bye for now.