2024-12-14 Graham and John speak with Professor Reuben Rose

Well, hi everyone. And welcome to another episode of Club Grubbery. We've got a cracker interview for you today. This Tuesday, the 10th of December, we're recording. You'll be watching this on Friday and, uh, we have a very special guest, uh, professor Ruben Rose joining us today. Welcome to the show. Ruben.

It's great to be with you boys. Um, Johnny, people are going to say, uh, hang on, I'll just read Ruben's resume before, um, before we, uh, we go to what people are going to say, but I'll tell you what, it's very, very impressive. Emeritus Professor Ruben Rose, um, He's an Australian veterinary educator and former Dean of the Faculty of Veterinary Science at the University of Sydney, raised on a sheep grazing operation near Jindaby, New South Wales, where he is appearing from at this moment, educated at Newington College, graduated from University of Sydney Veterinary School in 1972 after completing a postgraduate diploma in veterinary, veterinary anesthesia, worked in equine and mixed veterinary practice in New Zealand.

Returned to the University of Sydney in 1975 to run the equine clinic and completed research into fluids and electrolytes for his Doctor of Philosophy degree in 1980. He has spent periods as a visiting scientist at the Animal Health Trust, Newmarket, United Kingdom, and as a visiting professor at Washington State University College of Veterinary Medicine.

and the University of Florida College of Veterinary Medicine. Co author of two textbooks along with David Hodgson and, uh, has rose, uh, sorry, Reuben has undertaken a wide range of research projects over the past 20 years, commencing, commencing with pioneering work in physiological changes in endurance and eventing horses, research on newborn, newborn foal, and, uh, physiology and diseases, development of new drug treatments, research into antibiotics and studies of the effects of training fluids and electrolytes, nutrition and drugs on performance.

And the show will be over in a minute, but I'm nearly finished. He was the General Manager of Livestock Production Innovation at the Meat and Livestock Australia until 2006 and is now part of the International Veterinary Accreditation Association, as well as chairing the group TEC1. Uh, for the Executive Connection.

He also plays piano, guitar, bass guitar, drums, and piano accordion. He's composed two musicals for St. Barnabas Broadway, the most recognized being Joe of Oz, a comedic version of the Book of Job. Reuben, can you fly an aeroplane?

Fortunately, I didn't have the skills or the attention to detail, Graham, that you did that I certainly wouldn't have lasted long in the aviation field.

So I've done a range of other things that have been less problematic, and it's certainly less risky to be involved with animals and having the lives of humans in your hands.

Well, I don't know. I had a year or so looking after a couple of very unwell Clydesdale horses, and I think that was the most dangerous thing I've ever done in my life.

But anyhow, uh, that's one thing we've got over him, John, because you and I can both fly airplanes. But, um, Ruben, it's great to have you on. And there's an awful lot going on about, uh, medical science, science in general. People are not trusting science anymore. And a lot of people have said, and we talked about it earlier, there are some veterinary.

Uh, clinicians who seem to be more on top of things than, uh, your part, your counterparts in the human medical fraternity. Um, so it's great to have you on and John, you must have a question to kick off with. Why don't you tell us about ivermectin?

Um, look, it's very interesting, isn't it, John? The fact that there are a range of different, uh, Drugs that have been used in the veteran industry for a long period of time.

In fact, you know, ivermectin is a drug that has been widely used in human medicine right throughout the world. And it's such a bizarre story. And I think probably for you fellas, as well as for myself, the issue of COVID 19 and what happened and the dramatic overreaction by governments and the way that the whole system was used.

Really to damp down information has been quite a, a wake up call to me and many other colleagues who were quite concerned about what happened. And so, you know, Ivermectin is a, is a really interesting drug because it came out very early for use in animals and a range of different forms of it have been developed and have been very widely used.

used in a lot of different ways, right. Throughout the veteran industry. But as you guys know, It's been very widely used as well. In human medicine, right? Throughout Africa and India and so forth. And so. You know, it was probably, it probably is one of the safest drugs in terms of, you know, the reported side effects are nil yet.

At the time that it started to be used potentially for the treatment of COVID 19, it was regarded suddenly as a very dangerous drug. And the same thing of course happened with hydroxychloroquine, which again was, you know, used over the counter. And then suddenly it was, it was shut down. And its use was shut down and in France was where it was available over the counter.

It suddenly became no longer available. And so you can see that there was a, uh, a very big overreach in terms of both government regulators and also the response of the, the, the general pharmaceutical industry. Because I think, as you guys know, One thing became clear and I, I did enormous amounts of research, you know, basically thousands of hours of research as we were locked down in various ways to find out what was behind all this, you realize that the, the, there was a big problem for the pharmaceutical industry.

And that is that. In terms of the US, the only way of getting emergency use authorization of a drug is for there to be no other treatments that are valid that can be used. And so that's what was required for the vaccines to be registered. And that means that the drugs like ivermectin and hydroxychloroquine.

And other repurposed drugs that seem to have quite an effective impact on COVID 19 had to be pushed aside and marginalized. And the medical profession and anyone that, that, you know, that promoted these drugs was also marginalized. So it's been a, it's been a shocking situation, I think, in terms of the, the impact of it and the way that, The medical profession was lent on to, um, to be made sure that there was no way that these drugs could be then used and prescribed.

And because of the centralization of prescribing anyone that looked like they're prescribing these drugs, which really were very effective and safe and had a very good track record. In both prevention and treatment of COVID 19, I think the, the, the whole of the medical profession was lent on so that they were frightened to prescribe these drugs.

So it's a, it's a shocking story, but it tells us about the power of Big Pharma and how effective they have been in influencing government decisions. And also on the other side of things in influencing decisions made by. The whole of the medical community.

And it's very interesting. We're talking about Ivan Mekton at the start of this interview, because today, uh, Dr.

Miley Trinh, uh, is before NCAT and she's got Professor Clancy, from what I understand, and, uh, and Dr. Philip Altman in there giving evidence. in relation to her being struck off, uh, by APRA for, uh, using ivermectin, uh, dobbed in by one John Smith, who apparently can't find.

No, it's a, it's a, it's a shocking situation, isn't it?

And you can see that there's been You know, there's been doctors singled out and made an example of so that no one else steps out of line as well. And so I think it's a, it's a shocking situation. And, you know, I think the, a group of brave doctors in the U S particularly have spoken out, but, you know, people like Peter McCullough, who's one of the most accomplished cardiologists in the world has been removed from his post.

And so, you know, I think there's the, the message is clear, just stay in line and, and do what we tell you, otherwise you're in trouble. And I think as you guys have realized, and it's become really clear to me, you know, I've worked very closely with a very large A number of medical colleagues in my research, I did work with neonatologists and pediatricians and a range of medical scientists.

I had the highest regard for them and I still do. But what I've realized is that the whole medical system is one based around government and Intervention. So, you know, basically the whole system is regulated by the government, the whole prescribing story is regulated by the government doesn't over the whole process is overseen by the government.

And then at the other end, we've got the pharmaceutical industry, which has enormous influence because they're also funding. The studies that go in and are evaluated through groups like the FDA and in Australia, the TGA. So there's, there's dramatic conflicts of interest. And what we think is that there's a, you know, a highly efficient system for evaluating the safety of drugs, but actually the influence of the pharmaceutical industry as such, it's very hard to get.

Individual influence, and it's very hard to get complete independent evaluation because everything is compromised various ways. So what looks like a very robust system isn't a robust system at all. And I think it's very hard for us to have confidence. What we see is independent, so-called independent evaluation by groups like the FDA or in our case, the TGA is always compromised to some degree.

And there are conflicts of interests that are bound in the various people that are associated with those different organizations.

Wow. Uh, Reuben, a great many people, uh, are, uh, very devoted to their animals, uh, both agriculturally and domestically. And, uh, one very active researcher. Who started, I think, over two decades ago as Elizabeth Hart from Adelaide.

I'm not sure whether you're aware of her work or not. No, I don't know her work, Graeme. So she has been extensively researching, um, uh, based on voluntary informed consent, the data around the mRNA vaccines, but her research started when she realized that her pets had been affected by vaccinations and that got her interest going.

A lot of people are now so concerned about, uh, inoculants. Uh, in various forms that they're actually deciding it's probably better not to put anything into their, into their animals as well. How do you feel about the confidence that people should have in veterinary inoculants?

Well, it's an interesting question because I suppose Um, my first wife, my first wife died about 20 odd years ago, was a pediatrician and I suppose I, I grew up with the belief that the vaccinations, all vaccinations were a common good and there was no doubt or, or, you know, we should have complete confidence in this being a valuable story and there was no hint of vaccinations being a problem.

I think over the past three or four years, and I suppose for my, the scales for, for my eyes, the lot of things in the medical system, because I assumed that there were a range of checks and balances in place that, that led to positive outcomes. You realize that a lot of things are hidden and in terms of, you know, the, the COVID vaccines, all of them were clear that they had, you know, dramatic impacts on, on health.

And you can see that even in the Australian system where we were assured in early days that the AstraZeneca vaccines were completely safe and there was no need for anyone to have any, any concerns. But within a month or six weeks, the same minister for health was saying, Oh, there are some problems and there are some clots and people have died.

And we're, we're, we're going to relook at this whole situation. So, I think we've all been assured with both human and animal vaccines that there are no problems with them. Now, I haven't looked closely at the, at the animal vaccines, the animal vaccines that have been generally used. That is the traditional vaccines that are basically the attenuated kill vaccines.

And, you know, the clostridial vaccines are the most common ones. And those are the things that impact things like tetanus and black disease and blackleg and a range of other issues in farm animals. I know that from personal experience in my family that that areas of the country where those vaccines were used when they became available in the 1950s and sixties changed the whole, you know, profile of animals and where you could have them.

There weren't the number of animals, animal deaths. So I've just accepted that all vaccines are good. But I think that the issues for me, re I, I realized that. That very early on, as I looked at the vaccine events, uh, adverse events reporting database in the, in the U S and looked at the stat, the, the dramatic increase in numbers of deaths and other ill effects, you realize that, that when you actually start to look at.

adverse events and a system that captures it. Things that we have assumed have been fine, ended up not being fine. And the, the problems that we're seeing with all vaccines have got some potential to be much greater. Now, I suppose on the animal side of things, I'm unsure of what some of those effects are because they haven't been the extensive capture of, of, um, side effects, but I'm in the human system as you fellas know, um, Robert F.

Kennedy Jr. in his book, which I've read the, the real, uh, Anthony Fauci and just capturing the whole story of, you know, What happened in the U S and some of the issues around vaccines, you realize that things are much more serious with vaccines. And we realized, and there are individual case studies, and I know you've had people on your show with firsthand experience of the ill effects of those vaccines.

So I think we've been the veterinary profession and certainly the medical profession has been far too cavalier and has dismissed out of hand concerns from people that there are serious side effects. There's no doubt though, if you look at. The VAERS database in the U. S., there's, there's no doubt there have been literally millions of deaths, uh, and side effects reported and those have been shown in the latest book by Naomi Wolf as well.

So that's really made me question the whole of the assumptions about vaccines and they're good. So, you know, I think to me, the jury is still out. The very longstanding kill vaccines seem to have certainly in the animal industries, some beneficial effects. But as you guys know, in human medicine, we've gone from just a few vaccinations to, you know, 40 or 50 vaccinations needed for children by the time children are two or three years of age.

And so it's very clear that there have been some stunningly difficult issues arising from, from the, that those required vaccinations.

John, do you think, um, you, you've obviously come to this position, uh, Reuben by looking at the data and seeing firsthand what's going on. What do you think is happening with all these other very experienced clinicians that are they captured?

Are they dumb? Do they, uh, just not want to speak out for fear of reprisal from, from the bureaucrats? Uh, what is it? I mean, there's red flags everywhere, but they don't seem to want to raise their hand up.

Now, it's, it's a fascinating thing, John. And I've, I've wondered this because I've worked so closely with, you know, literally dozens of doctors, uh, and research, you know, senior research doctors that have, uh, that have got an experience.

I've wondered the same thing. And I think the, the way that I look at it is this, this is my This is my conclusion anyway, that medicine has become increasingly specialized and John, you know that you, you can't just be an orthopedic surgeon anymore. You've you're a, uh, you know, uh, a shoulder surgeon or you're a hip surgeon or you're a knee surgeon.

And so medicine is increasingly specialized and it's very hard for doctors to keep up with their own fields and to read in those fields. And so, as I. Discuss these issues with a range of doctors from GPs to specialists. I discovered there was a complete reluctance to actually know and to independently research.

Issues around the vaccines. So the doctors in general rely on, um, memoranda from the Department of Health, um, from, you know, um, the, the group that's a target, that's responsible for overseeing, you know, vaccine, um, recommendations. From the TGA itself, um, the therapy goods administration, which oversees the registration of medical products.

And so if they're aligned on a system, whereby the Commonwealth government tells them, yes, these drugs have been evaluated. They're fine. There's nothing to worry about here. And, you know, that's the end of the story. So in terms of the registration of The mRNA vaccines, for instance, you know, despite the fact that there was minimal evidence on the, the, the data that the companies themselves, both Moderna and Pfizer put out, although there was minimal evidence of any.

Really effectiveness against the COVID 19 the, because they were registered for emergency use in the U S and then therefore quickly registered for use in Australia. There was no, there was no, uh, awareness of doctors at the potential side effects because I spoke to a number of doctors. No one knew about.

The VAERS database, no one knew, knew about some of the issues that have been raised, like by people like Peter McCullough, because they were relying on the system that is the Commonwealth system for registration and telling them whether drugs were effective. So I think that doctors, good people that are very sound people, um, are really battling to keep up with their own fields.

And so they rely on the input from the Commonwealth and the groups like And the TGA. So the problem is with that is you fellas would realize then patients who don't know what the story is go along to their GP and doctors thinking, well, these guys must know what the situation is. But these doctors haven't had time to do any independent research themselves.

They're totally relying on the information. That's provided by the department of health. And that, that information, um, has, you know, is, is dubious because you're, you're looking at organizations where you've got people selected that have got conflicts of interest that have got associations with some of the big pharma groups.

So it's very hard, unless you do the research yourself to find out what the real information is. And I, you know, I literally spent thousands of hours. Because I was so concerned about the issues around vaccines to look at the COVID vaccines and see what they did. And you can see that there's been a dramatic impact on the health across the whole world, and not only in immediate deaths, but also because these vaccines, these mRNA vaccines have an effect on things like immune function on neurological function, on a range of body systems, that there's a fly on effect.

And a lot of this hasn't been recognized. Because it's not allowed to be talked about in any of the mainstream media. And certainly any doctors that raise issues are quickly flagged and, uh, and put, put for, um, disciplined reaction by their, by the, the, uh, APRA and groups like that. So I think it's a, It's such a dangerous situation.

We, we live in because people blindly go along and to their doctors and see what the story is. And I'll tell you, fellas, one story for myself, you know, I, I haven't had any of these injections, but I came down with a range of different health problems in the last month or so. And I went to see. My doctor who was a hematologist.

So a specialist in, in things like blood cancers and so forth. And, uh, he said to me, um, well, you've got immune problems and there's this, this, and this. And one thing is certain, you need to make sure that you have. A COVID vaccine. Um, and because you're over 70, you need to have them every six months. And so if I'd gone along with the medical recommendations, I probably would have had seven or eight vaccines by now, if I'd still been alive.

So, um, there are real issues with the health system and just taking it on face value and the recommendations that are made. By the various different, you know, federal bodies that are meant to be responsible for overseeing the effectiveness of these vaccines. And I don't know if you guys saw at all, but there was a very important paper in 2021 that came out from the Lancet.

And that paper showed absolutely clearly. That there was a very big difference to what they claimed was the effectiveness of the MRNA vaccines or any of the, of the, the vaccines and, and the, um, the effectiveness versus the efficacy. And, um, you know, we were told that there was a 95 percent effectiveness, but when you actually looked into the data.

The actual, the actual real information showed efficacy was quite a different word than effectiveness and the effectiveness was only about one to 2%. So the vaccines, even at their best, even if they did have an impact, had only a very marginal effect at the edges of preventing COVID disease. And it certainly was shown very clearly that they had no impact on the spread of the disease.

So I think that the. The way that this was marketed and the data behind it. Was always obscured and people just never understood that there was a very big difference between efficacy and effectiveness. And that paper was published in 2021 in the, in the Lancet and was titled COVID 19 vaccine efficacy and effectiveness.

The elephant not in the room. So I think there have been a lot of data there that has shown. Wait a minute. We've got some real issues with these vaccines, let alone their side effects, but the, the power of big pharma and it's, it's reached into the media in government is so great that all these things were obscured from the general public.

Unbelievable. How did you get on, uh, I presume that like, like all of us, when, when, when you come up against somebody that's encouraging you to have those vaccinations, uh, Reuben, that you maybe had a discussion with the hematologist and said, Well, these are the reasons I don't want it. I mean, what, what was the outcome of that?

I mean, because I think people find it very difficult, uh, to have those conversations and wonder how to get a good outcome.

Look, it is really hard. And John, I think I've had those conversations with a range of doctors and unfortunately it's sort of impossible to have those conversations because. One thing that's big, that's very apparent, like with the hematologist, he was totally relying on, you know, he just had, here's the latest information from the, the department of health.

It says that if you're over 70, you need to have, uh, one of these injections every six months. And so from him, there was no, as far as he was concerned, you know, there was no point in him looking behind this whole situation. And from that point of view, there was no point in me. Trying to argue with him because I could see there was no grounds of arguments.

So i've had a lot of discussions With a range of doctors and when this started very early back in 2020, 2021, I, I talked to a local doctor and, you know, said, wait a minute, you know, you can't be recommending these vaccines for people in our area. Because if you look at the vaccine adverse events, database reporting system, there are huge problems in the, in the numbers of adverse events that have been reported.

And his response to me was, well, a lot of people's washing machines break down after they've been vaccinated as well. So he just completely dismissed this idea out of hand. And so I realized that it wasn't possible to actually have a reasoned discussion because the problem was that the doctors themselves had no ability or no desire to do their own research.

They were totally relying on the research provided by the Department of Health. And they knew that any colleagues that stepped outside that, you know, like people like Mark Hobart were quickly set up on, on top of and, um, and were, you know, had action taken against them by various authorities. So there's, there's quite a incentive just to fall in line and do what the government tells you.

So it's a real issue for us as patients because. We imagine that doctors have our best interests and our welfare at heart. And I'm sure that they do, but the problem is, is that they themselves don't know that the system is not, has not been been accurately set in place. And that the memos that come out from the department of health, that they assume has got a lot of data behind it.

They haven't looked at all the alternative studies that have shown different effects. And so, you know, I think that, People like Robert F. Kennedy Jr. have been so important because they've been a been prepared to stand up and speak out against the issues of the pharma pharmaceutical or pharmacological industry, and particularly the vaccine industry.

And, you know, in a way, it's it's amazing to me that just from first principles. If you're indemnifying the different pharmaceutical groups that are producing vaccines so that there's no legal action that can be taken against them for, for adverse effects. That in itself should tell you, wait a minute, I think we've got a problem here because if this was all completely above board, then it should be able to withstand legal scrutiny if there are issues that people bring forward.

And so I think that that issue that started really in the United States in the 1980s under Reagan. And that act that came in place whereby people could not take legal action against people against pharmaceutical, um, industry for adverse effects that is flying, uh, flying through all, um, the, the different systems.

And so, you know, When Scott Morrison did the deal with Pfizer, um, there was a need immediate indemnification given for many problems associated with the vaccines. And so that in itself should tell us as a problem, but somehow, uh, we've been a bit like lambs to the slaughter. And, um, I've seen it in the, in the situation where, you know, patients file into the, the waiting room here a couple of years ago in the local area, and they don't give, get any information, they line up and get their vaccines.

They've got no idea there are potential problems with these. And, you know, it's a, it's a very dangerous situation. But it's been impossible to deal with because the system is too big, uh, the way that the whole process works, it's very hard for individual doctors to speak up. And so it's, it's put a lot of, to me, it's put a lot of incentive back on individual individuals to make their own assessments and do their own research.

And that really led to me putting forward my newsletter, which I've done on a weekly basis for almost three years now to try and bring some of these things to people's attention because I feel as though it's so important.

And thank you for doing that. Um, we, we've done, we've had extensive conversations with two very, uh, eminent, uh, doctors and, uh, scientists in Dr.

Paul Marek is arguably one of the best critical care specialists in the world. And Professor Angus Dalgleish, uh, from, uh, Oncology in St. George's Teaching Hospital in London. Both men agreed, uh, that in the research they've done relating to cancer, for example, that Um, the one thing people have in common who, who die from cancer is very low levels of vitamin D3.

And they, uh, they are completely recommending that people maintain high doses of vitamin C and vitamin D3 as a preventative. And our own Professor Ian Brighthope, uh, who's an integrative medicine specialist, is also saying he's seen incredible results from high dose intravenous vitamin C. And, uh, we, we're seeing a pathway develop, uh, in Australia now where there's a parallel health system building that's integrative health, integrative medicine.

And even in, in the veterinary area, we live a long way from veterinary help, uh, on our farm. Uh, we have treated our dogs, uh, when they've been bitten by a snake or something like that with high dose vitamin C and it's actually brought them back. Are you seeing any trend in that regard as well through veterinary science that we, we need to look at integrated things as well, like vitamin C?

Yeah, I think it is happening very much. Um, Graham, and you can see this, I suppose there's a worldwide trend for awareness around alternative and repurposed medications, as well as things like, as you say, vitamin D and vitamin C. I mean, vitamin D issues and low levels of vitamin D were one of the crucial issues.

Around fatality associated with COVID and yet, you know, there was very little, um, awareness of that within the broader community and within the medical profession until more recent times, I think in terms of alternative treatments. It's very hard because I think the whole system is one that's been brought up through a particular process.

The whole area of veterinary medicine grew out of human medicine. And if you go back to the early 1900s. The impact through the Rockefeller foundation of the Flexner report. That was a report that, that basically put in place a process for, uh, medical education to be run along certain lines. And so, you know, at that stage, some of the parallel medicine was pushed to one side and the same thing happened with, with veterinary medicine that, that the, the process was, was very similar in terms of, you know, the educational process of.

Of anatomy and physiology and biochemistry and all those are good things, but at the heart of that whole issue was, um, a pharmacological and pharmaceutical system that was run along particular lines. And, you know, that's delivered some really good outcomes. You know, if we look at things like the antibiotics that we have that have prevented a lot of death and disease today.

But I think we've, we've lost some of the ability to look at the alternatives. And, you know, it's interesting as you guys have probably been aware that in more recent times, there's been quite a lot of interest in a drug that's been used mainly in cattle called fenbendazole as a treatment for certain types of cancers in humans.

And there's been anecdotal case reports. Of a range of beneficial effects, even in disseminated forms of cancer from things like fenbendazole. And the problem with these stories like fenbendazole, a drug like fenbendazole, which has been on the market for a long period of time is that it's very hard. You can't get, uh, you can't get a particular license for it, or, you know, it doesn't, it's, it's off.

Any regulations. So it's, it's very hard then for a company to make any money out of it. So I think we're increasingly going to have to look at some of these alternative approaches and some of the, the work that's been done, that's being done. That's just. Being provided in, in case reports and, and, um, and repurpose drugs where drugs like fenbendazole, which have got, you know, no reported adverse effects have been shown to be a very effective in a range of different forms of cancer, even cancers where that have been spread quite, quite widely in, in the various body systems.

So, you know, I think there's a lot for us to learn, but it's very hard to do it in traditional. medical systems.

I think you're right in what you say, that the mums and dads and Joe Public need to essentially do their own homework and rise up against all this because they're not going to get it from their local GP, uh, in the main. There's likely to be a shift. I mean, there's already this drug hesitancy, uh, vaccine hesitancy now that, that, that is developing.

Do you think that they're going to? By default, start putting this MRNA into cattle and into other livestock to, uh, to start the process by default.

Well, it's, it seems that that way, I think, John, the difficulty with the MRNA vaccines, I think is that the, the jury is still out on their effectiveness and also just the impact that they might have in a wider effect.

You know, if you look at the impact that the MRNA vaccines have had in, in human health You know, Naomi wolf and others have really documented really well, the impact of those, then one would imagine that you're going to see the same impacts in animals, because there is, there are issues around effect on immune function and a range of other body systems, because what you're doing is playing with the very machinery of life.

You know, MRNA is, is just, just coding instructions to make protein of a particular pathogen. The thing that's, that's, I think, very. Attractive to manufacturers is that it's a simple process and, you know, now because of the, the way that unfortunately, President Trump led to this operation warp speed and these, these vaccines being rushed through.

So there were no long term requirements to look at their effectiveness or any side effects. It seems as though those mRNA vaccines can be rushed into production very quickly and rushed through any approval processes. So I'm worried about the same sort of thing happening in the animal industries because we don't know anything about the impact of these and the long term effect of animals.

The issue is whether it affects whether it could affect human health is probably unlikely, although, you know, it's potential that it may have an effect through things like milk. In dairy cattle, in meat producing animals, I suppose, because of the processes that meat goes through to eventually eat those, there's probably, there's probably degradation of the, of any MRNA effects, but I don't think there's a lot known still about the long term effects of, of these, these things.

And if you look at the human MRNA vaccines that have been used for COVID. You know, there were signs in even Pfizer and Moderna's own early studies that there were really serious issues, you know, issues that were unexpected, like myocarditis in young men. Uh, and, and, and those things were really covered up.

And, and not acknowledged and just pushed to one side. So, you know, I'm very concerned that as things are brought onto the market and we're assured these things are completely fine, we've got no confidence in the processes and systems that would say, yeah, these, these are fine. And we've actually looked at all this and, you know, the, the, the story of the, the conflict of interest between the people that are funding this and putting funds into the evaluation system as well means it's very hard.

To have a really independent view.

There's a couple of veterinary drugs, uh, on the market at the moment, which appear outwardly to be quite sinister. And one of those is ruminate, uh, which is of course got Bill Gates's fingerprints all over it. And the other one is bovia, which is leading to a lot of people, consumers tipping their milk down the toilet.

What can you tell us about those two?

Well, you know, both of them are the, the, the different mechanisms, the, the ruminate comes from a seaweed product and, but both of them are aimed at reducing methane production in the room. And now, you know, people need to understand that. The, the, the cow stomach is a very complicated organism and it's got four parts to it.

And the room is, is like a big gas fermentation, uh, vat that's, that's there to process all the fibrous material that comes in, into the, into the gut where, where, and where cows and sheep eat. Now, anything that modifies. The impact of organisms and both those, those products seek, seek to basically modify the methane producing organisms to produce less methane.

And so the studies that I've looked at, and I've, there's, there's probably been 20 or 30 of them, uh, have shown perhaps a, a 20, 30 percent or so reduction in methane production from the organisms because they inhibit, uh, a particular enzyme. That is responsible for methanogenesis, the production of methane in the rumen.

Now you don't have to be, it doesn't actually, to me, John passed the pub test, because if you say, well, wait a minute, here's, here's an animal that relies on a digestive process. It produces methane as part of the story. As soon as you inhibit that, it must have, Some negative effects. Now, none of the studies I've seen have shown that there are any negative effects, but on the other hand, they're all been funded by the manufacturers.

So I don't have a lot of confidence in any of these products, nor in the fact that we're reassured that they have no way of making themselves that into the food, the human food chain. So I've got a great deal of skepticism, skepticism about the products. But if you actually go back to square one and say, well, why should we even care about this?

You know, they're, they're, they're claiming that, that, um, you know, methane from ruminants is responsible for three to 5 percent overall of, of greenhouse gas emission, um, of, of, of human, uh, of human, uh, gas, gas emission, um, CO2. Basically gas type production that could be affecting the climate. Now, you know, it doesn't even make, it doesn't even pass the pub test because, you know, if you go down to the pub and say, look, we've got to give this stuff to cows because, you know, them burping gas out is affecting our climate.

It just is completely ridiculous. The whole, the whole concept doesn't even make sense to me. And, you know, even accepting the arguments. You know, Australia is perhaps responsible. They claim perhaps one to one and a half or 2 percent of greenhouse gas emissions. And if you think that ruminants are possibly responsible for three to 5 percent of that, then it doesn't even make sense that we're doing anything in the first place.

And the meanwhile, you know, China is responsible for over 30 percent of the whole greenhouse gases that have been put out. And yet. You know, they're building power stations and coal powered power stations. So, you know, we're, we're doing a range of interventions that don't even make sense from a common sense point of view.

And we're impacting potentially the health and well being of animals and our own health and well being for. Uh, a marginal impact, even if it, if it's an impact at all, but we don't know the long term effects of, of giving these drugs. And I, I think there's going to be a considerable consumer backlash against them.

Wow. That's amazing. And all that, all that stuff going on while Australia provides China with most of its coal. It's just, you know, it's just beggars belief, Johnny, how many times have we said you just couldn't make this stuff up?

You couldn't make it up. Reuben, you found your way.

You fell as a rod because I think that's the thing.

That, um, you know, as, as, as we, if we have, uh, uh, our government ministers fly around the world and make commitments and money is shelled out to, to help other countries and all this sort of stuff is happening. No, one's asking the basic questions is wait a minute. What is the, what is the eventual outcome of this?

Where is it going? Can we meet our energy productions? Is it going to actually make any real difference? And is the treatment actually worse than, than the disease. And I think that's what we're, we're seeing in this whole

situation, you know, it goes back to the story of COVID, you know, the, the, the became the, the treatment, the treatment was actually much worse than the disease.

And if you look at the, the story of a number of the young people that were, were vaccinated, you know, the, the 14, 16, 18 year olds, you know, there was much more danger to them from the vaccine than there ever was danger from COVID itself. And so that's the scandal. I think that these things have happened and yet they haven't been allowed to be discussed and anyone putting forward those ideas has been penalized and, and, and taken offline.

And so there's been such effective censorship of that whole area that even today, most people don't realize that there's any real issue.

I think that's so true. I mean, the medical term first do no harm should really be applied to every government department. I mean, these people have just let us down at every opportunity.

There's no question about it. Now, I was going to ask about, you found your way into local government, Ruben. Now, I know as a council, Snowy Valleys Council, we put forward a notice of motion, which was voted 8 to 1 for a rural commission. Uh, and we got a response about two years ago from the governor general and from The Prime Minister Albanese in relation to that, they said they'd have an inquiry.

Now we've since had the Port Hedland motion, um, Adrian McRae over in, uh, Port Hedland, and, uh, that was on the background of, uh, uh, um, uh, Russell Broadbent in, uh, at the federal parliament writing to the Prime Minister about the contamination that was found by, uh, Dr. David Speaker and, and a couple of others now, um, in, in these vials.

Uh, with the SV40, uh, promoter. Now, Hoodie and I watched, uh, a poor council in Dubbo, uh, last week, uh, introduce this and, and, and one of the councillors did a fantastic job trying to get this over the line, but I mean, you're up against it. I mean, this, this guy that was fighting it was basically. Comparing, uh, this to the ANZACs and saying that this is people who don't want the vaccine are basically like the deserters that remained in the trench at Gallipoli, uh, and anyone else that sort of jumped out of the trench and, and is a casualty of war, like those that have been injured and died from the vaccine, well, that's just bad luck.

That's just bad luck. I mean, this is the sort of nonsense you're up against.

No, it's really hard, John, and I, I've, I've, I've been looking at, um, looking at the material and I was, I've been lobbied by a couple of people about trying to bring this forward to our local council, but I realized that there isn't even, there's, there's no knowledge base for people to even accept something like this.

And, and so it's very hard at a local council area because. Most people have no information, uh, all the people that I've spoken to in the local area and I've, I've spoken to hundreds really rely on the, the word of the GP that says, this is the story. And it's interesting, you know, I have a local neighbor who is quite a good friend.

Uh, I sat down with him and I'd, I'd, I'd slideshow, just putting all the material about the vaccines and the danger. Uh, the, the, the, that they had and, you know, just showing the data from the adverse effects and, and so forth. This is, this is probably about six or nine months into the whole process, but he went to the local doctor and, and the local doctor said, look, you just got to get it.

Um, I've had a couple of the self as no problems and here's the story. So it's very hard to actually get this information into the right domain because Again, people don't have the information or background to deal with it. And, you know, it doesn't seem to most people that this is relevant for, for local government.

And they, they, they basically go to their doctors and the doctors say, no, no, this is okay. It's totally, you know, that there's totally been, been approved by the TGA and, um, the vaccine group and so forth. And so there's no problem at all. So, um, It is very hard to just get this information into the public space.

And, you know, the Port Hedland group, I think have been very brave. And, uh, it's, it's really great that you've been able to do something at the Snowy Valleys group to get people on the side. But in general, most councils really aren't interested because they're trying to work out, well, how do we actually get the roads fixed and how do we get the rubbish collected?

So, um, and which I can understand that as well.

Yeah, people are apathetic, unfortunately, and, uh, it, it, it's a, it's a hard, it's a hard slog, uh, no matter, no matter what happens, but they're difficult times ahead. There's no, no doubt about that. Um, what, what would you say to, uh, the health department? Um, what would you say to Dr.

Kerry Chant if you had the, had the opportunity? I mean, you've been an esteemed professor at one of the world's leading, uh, institutions, Sydney University in, in, in veterinary science. I mean, surely. Surely somebody like you, uh, saying, well, hang on a second would mean something.

Well, if you think that someone like Peter McCullough, who's one of the most, uh, eminent cardiologists, uh, in the world has been sidelined and, and pushed aside, uh, you can see that there's really.

No chance for anyone else, because there's a, I suppose, John, as you know, there's a whole system that's behind this and, you know, there's a lobby system, there are billions of dollars. You know, if you look at the, the impact of the vaccines on far as it's profitability on the. The following couple of years, it was just dramatic, uh, in the impact it has.

And there are lobby groups for the, for big pharma, uh, right throughout the world in, in making an impact. And so that's pushing back against the whole system. So it's very hard. To get people to look independently and, you know, I've been looking and you guys have might have looked at it quite closely of the material has come out of the UK inquiry so far.

And that that inquiry is estimated to cost 300 million pounds. So, you know, 600 million and has been overseas, saying it started in 2022, it won't be completed to 2026, nothing useful is going to come out of it. Because I think you've got the wrong people looking at the wrong things. And the only thing that I've seen that has been useful and you guys have probably seen it as Senator Ron Johnson in the U S who has really gathered a group of the eminent people that understand the problems about the vaccines in particular around the COVID vaccines together and, and had some inquiries in the U S Senate, but those things never seem to have made the light of day as well.

So, you know, I think what we're dealing with is a pretty Worrying issue going forward, because it's very clear that emergency legislation has been put in place to set up to take away individual rights and responsibilities. There are things like vaccine passports that are going to be required and have been signed up to buy all the G 20 country countries.

Another, you know, a pandemic is coming for sure and is being set up because there's gain of function research going on even now in a range of U. S. Laboratories. And the H5N1, you know, the, the, the, the cattle and the bird flu viruses, um, uh, being played with and modified. I think the whole thing that's, that's so effective is that, you know, the, the system allows then emergency legislation for people to be locked down and put in place for people to then have forced vaccinations.

And then ultimately, uh, to be able to move around requiring a passport. So, you know, you don't have to be a conspiracy theorist to see that all these elements are in place and will be introduced again by governments because that's the way that the whole system has been, has worked. And it was very effective.

And, you know, that forced vaccination, I was shocked to find That the data suggests from the department of health, that 92 percent of Australians received two or more vaccines. Now, when you look at the impact of those

vaccines through the, the latest data that Naomi Wolf has published from Pfizer and Moderna's own information, the flaw in effect of people's tele of medic.

And we're seeing that, you know, you guys probably know people like I do where, you know, people have got a range of different autoimmune problems or have had heart problems. There've been neurological disease that have been tumors. And I could talk, you know, I can, I could put my finger at, you know, 15 or 20 people personally that I know.

That have had issues like this following the vaccine. So it is a very serious issue, and it's very hard to get it into the public space because it's regarded as being a fringe issue and, and not important. But yet, you know, at some stage, the, the data itself will make itself known. And I think the, the latest book by Naomi Wolf is very important.

In that regard, because I think it documents from Pfizer's own data and that book called the Pfizer papers was just published just a few weeks ago.

Yeah, I've got a copy sitting on my desk and we'll put a photo of that up on the, on the program. Getting back to, you know, the council's approach on this and the Port Hedland initiative, a lot's been said about.

You know, not bombarding your councillors with a whole bunch of stuff they can't disseminate, but move, come alongside them and make friends with your local government officials and talk to them about your concerns. Do you, do you see that as bearing more fruit?

It's, it's, it's a really good idea, Graeme.

And I suppose, It's, it's, it's gotta have better impact than trying to bombard them with imperial. But in a way, you have to have a frame of reference. So this is, this is a worldview issue, isn't it? That, that, you know, if you have a worldview that, um, the government is here to protect us. Um, and so when the government says this or this or this, then we just have to accept it and say.

That's okay. Then that's a real problem. And, you know, it was Ronald Reagan back in the eighties. He said. The nine most dangerous words in the English language. I'm from the government and I'm here to help. And I. I think that's the, that's the mindset we need to have in this situation because governments are always doing things for their own reasons and government involvement in health, which you probably might remember.

Um, the, well, I'm older than you guys, but I, you know, I remember the, the big fuss that the Australian medical association made at the time of the introduction of Medicare and Medibank. Because there was real concern by the doctors of government interference in health. But now that that's been lost and, um, the, the, the government system has taken over health completely.

And the, the, the doctors themselves have just been, uh, just people that, um, are required to, to lay down and, um, fall in line with whatever the government recommendations are. So, It's very hard. I think to get this information out, it's very hard to make people believe that the really is a problem here and that we need to take note of it.

And we need to be serious about it because I think that's, you know, that's what prompted me in my own small way to, to start my newsletter three years ago, because I felt, wait a minute. There's serious issues around this COVID story and the vaccines that isn't getting out. And at least I can get something out to my family and friends.

And so, you know, I don't have a big relationship, but it gets out to perhaps a thousand people or more each month. But, but, you know, it's very hard to change people's minds because I think there isn't the mindset to think, wait a minute, this is really serious. And it is serious. If you think about it, because it tells it, it means that there's, you know, we, we have to be very careful about laying the government.

Into our lives, into medicine and into everything. And yet that's the nature of governments. They desire to take over more and more. And so, you know, I think your approach, Graham is, is a good one. And I need to do more myself. In just bringing some of this information to some of the local counselors that are my colleagues.

Well, I think I thank you for that perspective, Reuben, but I think from my perspective as a citizen, um, one of the most intrusive levels of government in my life is local government. Uh, they want to know everything. They're getting involved in whether my sheep are tagged, uh, I've got to get permission to dig a hole to plant a tree, I've got to get permission to put a shed in, and they're heavily involved in social engineering.

Libraries are being used to, to impart information to our children, which is not healthy. We have drag queens, uh, story time. So councils are heavily involved in other things other than, uh, rubbish collection and fixing roads. And, and I applaud any elected representative myself, any elected representative who is prepared to take on an issue that they believe is to the benefit of their constituents.

So I want to, I do want to encourage every councillor to have a good look at this, because I'll go back to the question I asked earlier. If you thought there was a slight chance that somebody might be interfering with your DNA or your immune system, would you like to know about it? Now federal and state levels are not prepared to do it because of whatever policy or corruption that they're involved in.

We at least hope that our grassroots politicians can do something and I implore everybody at that level to at least take a look at it. And that's, that's where I sit on it personally. So, um, I think we've done our hour and it's been great. We could talk to you for hours more. And, uh, we really appreciate having you on John, any final comments or questions?

Well, I was just going to say, look, I think that the issue is with the government. I mean, even when there's a breakthrough, even when you can maybe think that people are realized that something's not right and they've got these conditions. I mean, then, then the government comes in and tells you that it's long COVID.

I mean, look at the St. Vincent's hospital in Sydney, they're running this COVID long COVID clinic. Uh, it, it really is just a, a, a, a complete department of people with vaccine injuries. Yet there's no mention of vaccine injury in any of their literature, not one, not one mention of it. I mean, it's hard to believe that, you know, they, they are doing this.

I mean, they're just gaslighting us at every opportunity, uh, and it's, and it doesn't matter if it's state governments, local governments, federal governments, uh, health departments that they're doing it everywhere. I mean, even the TGA. Uh, are overturning coroner's decisions. I mean, who do these people think they are, that they can decide that a coroner who inspected a body did an autopsy and said somebody died seven days after having the Pfizer from myocarditis?

They can ignore that. They put it through some World Health Organization matrix and a whole heap of people on some board that probably wouldn't even know. Uh, the first thing about medicine, I've probably never seen a patient in their entire life, but they know better.

And the other thing for me too is even today, John, in the paper, as you sent to me an article, uh, based around our illustrious professor, Brendan Crabb from the Burnett Institute saying that the, uh, the spike protein from COVID infection lives in our brain for a long period of time and maybe forever.

And they're urging, once again, everybody to get vaccinated. And they have a photo, I think it's of Kerry Champ, with a mask on. You know, in the byline. So I just, um, with all the evidence, the book, the book of Naomi Wolf's. Uh, all the data coming out of the U. S. Congressional hearings into what's going on with COVID and their own inquiries.

There's so much damning evidence and the evidence provided by the, um, by the, uh, Council in Port Hedland, which has come from Dr. David Speaker and many other luminaries, surely they can't keep this lie going forever.

There, there has to be. A summit where all the people are called out of, um, obscurity and, and, uh, having themselves being canceled.

And we need to get to the bottom of this. I think that's one thing everybody could agree on. What do you think,

uh, Reuben? Well, I mean, Graham, it's interesting, isn't it? Because you would, you would hope that the weight of evidence is going to make its way through. And it may do in time, you know, so much in science, uh, where there have been hypotheses that have been.

Overturned because of, of newer information has come, come along. I think there's such a cargo cult around this story. There's such pressure for people to fall into line. There's such pressure for doctors not to speak, speak out about any of their concerns, you know, I've spoken to a range of cardiologists who must be seeing a greater range of problems.

Following the, the, the widespread vaccination, but they claim the ones that I've spoken to, no, we haven't seen any other issues. So I don't know if they're just ignoring it. You have to remember that, you know, a drug as serious as thalidomide was widely used and it wasn't recognized for a long period of time, the range of birth defects that were happening.

So I think you just have to keep the pressure on. Unfortunately, all the people that end up, um, speaking out against this are marginalized and sidelined and, um, you know, Naomi Wolf herself has been very effectively marginalized as well. And so it's very hard when people speak up about this because it's hard to gain traction.

It's hard for people to really be taken seriously because the whole, you know, pharmacomedical government complex is so effective. And this there's billions of dollars involved. So it's just very hard to see the light of day. And I thank you guys for trying to make this, some of these issues more widespread in, and speaking to a range of people with firsthand experience and firsthand expertise.

You know, I've got very limited expertise. A lot of research myself that has convinced me that we've got a serious problem, but most people don't recognize it. And, you know, most doctors who I spoke to are people that really care and are people of goodwill. They're relying on us on a system that is basically laying them down.

They're relying on, on a process of registration. You know, what we should do is just to say, wait a minute, this doesn't pass the pub test. If we think that something like a vaccine is required a five to 10 year period for evaluation, and somehow it's rushed into production in six months, and we're not going to expect any effects.

And the manufacturers are indemnified for first principles where you just should say, no, it just doesn't make any sense. But that did make sense to a lot of people and, and doctors continue to promote it. So, you know, we've got to keep on speaking about this. Very clearly, eventually this may overturn the providing view.

Well, before we close with a prayer, I'd like to remind everybody that two people prominent mentioned on this program tonight have been guests on Club Grubbery. And that is Naomi Wolf and Senator Ron Johnson have both appeared on this program in the last two years. And you can have a relook at that.

Those on the club robbery website. That's www. clubgrocery. com. Did I hear we've had some great guests and, and you're up there with the best of them to Reuben. We really thank you for coming on. Thanks so much, Graham. Okay. Let's close with a prayer. Dear Lord, father in heaven. We just want to thank you Lord, that we are able to continue speaking.

We thank you. The common sense has prevailed around, uh, some level of freedom of information. And we pray Lord that we, uh, We present the best quality information we can based on the science available because we just want to live in truth. Well, we just want to know whether things are being done against our better judgment and against our will.

And that's all we ask. And so we ask you to guide that process for it in Jesus name. Amen. Amen. God bless you, Johnny. You've often been had to say. You just couldn't make this stuff up. You 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, now might be the time.

It's, uh, it's crucial that we come together in compassion. If you have a different view to somebody else, that's fine too. You don't have to get in the ring. As David Sherrill Amber says, you don't have to engage. But as long as we do whatever we do with, with compassion and seek truth. And, uh, that's all we're about.

So. Professor Reuben Rose, thank you so much for your time. I hope we can call on you again.

No, look, it's been great to talk to you guys and thank you so much for what you're doing.

God bless you. Thank you very much. And to everybody watching Club Grubbery, we'll see you very soon as we draw the year to a close with a couple more interviews and you won't want to miss them.

God bless you all and bye for now.