

2024-12-16 Graham and John speak with retired Neurosurgeon Stephen Halcrow...

Well, hi everyone. And we're recording this on Thursday, the 12th of December, and, uh, it's another great Club Grubbery interview. This is a ripper because, uh, John Stephen came to us. We met him at, uh, in, in Adelaide at, uh, at the event we attended, uh, just two weekends ago. And what a great event that was.

so much. Yeah. Flag on the

hill. And, uh, yeah, a lot, a lot of great people there in the audience and it was, uh, well represented, uh, day out and yeah, really, really excited to presented

that. Yeah. It was really great. And of course, one of the amazing people we met, it was a lovely couple we met, uh, but our guest tonight was, uh, Stephen is Stephen Halcro, who has been, had been a neurosurgeon since 1984.

I think I've got that right, Stephen. Yeah. Stephen.

Yeah, that's, that's when I started, that, that started training, yeah.

Yeah, so we'd like to welcome you. Now, you, you've had a very, uh, long and fruitful career. Um, you've done a lot of things, obviously, and, uh, we want to talk to you about your perceptive, your, your perceptions, rather, on what's gone on in the last few years based on your medical knowledge.

We do understand that you're retired now and you've surrendered your license. That's all well and good. But yeah, as a concerned citizen, you still have, um, some things to say and from an educated viewpoint. So we thank you for coming on.

No, not at all. In some ways I can speak more openly because I'm no longer constrained by the edicts of APRA.

Let's go there. I was going to say, let's not go there, but let's go there. Um, but before we do, John, interesting developments happening, uh, especially in the Victorian parliament with Moira Deeming. Um, very interesting lady that one. She's right on top of things. She's got a lot of courage. Hmm. Hmm.

Yeah, uh, a great outcome, uh, there Hoody, uh, essentially they've found that she was defamed and the opposition leader of the Liberal Party, uh, John Prosciutto down there, he, uh, he's at the centre of all that and, uh, she's been given a 300, 000 compensation, uh, pay, payment from, from what I understand and read in the, uh, In the news today.

So, uh, yeah, look, that, that will have ramifications, uh, uh, that will go on for weeks, if not months, one would think a hoodie because you know, you, you, you can't, uh, you can't have a man of that sort of judgment running, run or wall. You know, basically asking people to be the, uh, the alternative

premier. Can you No, look, I mean, are the liberals going to get it together?

I mean, it just seems in our federal elections, even in the States, actually, that, um, that the government that gets in that wins the election gets in because the opposition was on the nose and. The liberals need to get their act together. I mean, everyone's saying that Dutton will get in. I'm sure he'll get in, but he's not going to solve any problems.

Dutton is, um, in my view is a, is a frightening character. He's capable of anything. Um, and, uh, I, you know, wouldn't it be nice just to have some stability in government in these times? I'm sure you both agree.

Well, I did get one positive footy that, uh, and I hope it's true. He did say that he's going to get rid of all the flags.

Uh, there'll be one flag. We'll, uh, stand behind one flag, our country flag, the Australian flag, or the others will go.

Well, that's interesting. And that, that'd be very nice. However, you know, we, we just, we just seem to lurch from one disastrous politician to the next, from one disastrous government to the next.

And, uh, Johnny, as we approach the election, of course, we're going to be, we're going Talking to candidates. We're going to give them an opportunity to come on the show and tell us what their positions are, what their policies are. And we're going to be rigorous, uh, because we need to be, you know, we need to put pressure even under our friends.

We need to make sure we understand what they're on about, where they're wanting to take this country and, and we need to vote accordingly. But anyhow, so it's pretty obvious, uh, Stephen Halcro that we have been through the craziest four years in our country's history. What do you think?

Well, I think that's right.

I mean, I've seen things that I've never seen in this country before. I mean, the idea that, uh, the whole country can be, can be just locked down, followed by mandated mask wearing and, and, uh, mandated, uh, in many cases, um, vaccination. I've never seen or heard that before. I mean, the most egregious example was Victoria, where they were, The police were, uh, wrestling citizens of the ground for not wearing masks and in peaceful demonstrations.

They were, uh, rousting the, uh, the demonstrators and even firing rubber bullets at them. I've never seen anything like this, uh, since my time in Belfast when the RUC were using plastic guns. baton rounds against, um, uh, rioters who were attacking them with, with cudgels, homing sticks, Molotov cocktails, bricks, and they were in fear of their lives.

But that wasn't the case in Australia. These were peaceful demonstrators. Just gave you the impression that, uh, Victorian police were nothing more than political enforcers for the, uh, for the Andrews government. And it wasn't much better in, um, uh, situation in Western Australia and, and, um, Queensland for that.

Absolutely. Now, just to, just so we know, as we're discussing these issues for the next 40 minutes or so, Give us a background of your, of your training and your expertise. So when we said you started in 1984, take us on a little journey through your, your career.

Um, I grew up in the Western suburbs of Sydney, about near Parramatta.

I went to a state primary and secondary schools. I did my basic medical degree at Sydney university. I wasn't sure what I wanted to do after I finished, so I worked in industry for a year or two. When I started to come back to the fold, so I did a postgraduate examination and had a bit of trouble getting back in, but, um, I worked down in Melbourne for a year and I worked for Australia's, uh, first and foremost lady neurosurgeon.

And, uh, I guess she inspired me to, uh, consider that as a, as a career prospect. Um, a lady called, uh, Dr. Elizabeth Lewis. Um, there weren't many, there weren't many training positions in Australia, so she suggested. But I consider going to the, um, to England, to the UK, so I did. I went over there in 1981 and, um, got into a training program, uh, in various, um, parts of England.

Um, over there the training's different, you've got to do some general surgical training first, you do your fellowship exams and you go into post fellowship training afterwards. It's different now, but um, it's more like the Australian system now. So I did some general surgical training down in, um, in Plymouth during the time of the Falklands War.

Um, I did my exams in, uh, became a fellow of the Royal College of Surgeons of England and the Royal College of Surgeons of Glasgow. Then I started in 1984 as a, as a, uh,

it's called a senior house officer, junior registrar up in Glasgow. And I went from there, um, got a job, uh, Um, Newcastle upon time had a substantive, substantive position over in Belfast, in Northern Ireland. Um, I thought I'd go there because I didn't think too many POS would turn up to, um, to bomb out Belfast at that time.

And I was right, very . I was only one of two, uh, at the, um, interview and I got the job. It's one of the best jobs I've ever had. I spent three years there. Then I repatriated myself to Australia and, uh, had to go through. The Australian training as well to get the, um, to become a fellow of the Royal Australasian College of Surgeons.

So I did that in, um, in Sydney and, um, uh, worked in Sydney briefly, then got a permanent position down in Adelaide and I worked in Adelaide for quite a few years.

My family was there and I ended up, uh, working in Canberra and, um, uh, finished up my working career in Canberra.

Wow. So were you in, uh, you were working in Belfast during the time of the Troubles? Yes. Yeah, back in the 80s. Wow. A lot of sectarian violence going on.

So you'd have been doing a lot of trauma surgery?

Yes. I mean, I've never seen, uh, anywhere. I've never been to any place anywhere that handled trauma so well. Not the sort of stuff you cut your teeth on, and that was invaluable training to start off with.

Wow, that's amazing. So, Belfast, of course, the home of the, uh, the famous Titanic, was built in Belfast, and, um, and that's, a lot of us are starting to think that Australia's like the Titanic.

It used to be unsinkable, but now it's going down very strange pathways. As, as a clinician. Of course you're retired. When, when the pandemic started, what were your thoughts?

I'm still working.

I was still working then. Okay. Okay.

I turned 70, so that was two years ago.

Oh, okay. So tell us what you thought about, um, the direction that, uh, warp speed and, and, um, and all the other, all the other procedures that were being introduced were, you know, we seem to have, uh, forgotten about.

Um, about, um, about, you know, using off patent drugs and all that sort of thing. We went straight for this incredibly new situation. It was going to fix it all up. What were your thoughts?

Well, it goes back to the, I think the first case was reported in China in early December 2019. And there was this nonsense going around that, uh, it came from the zoonosis from somebody eating a bat from a, from a wet food market.

But, you know, I think that's. What been well and truly debunked, it almost certainly was a leak from the, uh, Wuhan Institute of Virology. And, uh, suddenly it seemed to spread. I mean, middle, it was a very infectious disease, more so than sars, COVID one and Mo and so on. Um, but unlike Sars, COVID one, they didn't appear to be much of a concerted effort to, um, to lock down borders, to stop, um, uh, foreign nationals and internationals.

Moving, um, moving around the world. And, uh, I mean, just in Australia, it was said they introduced, uh, quarantining of international travellers in, uh, March 2020. And the only way that it can get into the country, we're an island nation, we're surrounded by thousands of miles of ocean. The only way it can get in, is from international travellers bringing it in.

And, uh, despite, uh, the government saying that, um, Oh, yes, um, quarantine was introduced in, in March 2020, We've got the, uh, the absolute debacle of the Ruby Princess situation in Sydney. Where they, where they allowed 2, 700 passengers to walk off, uh, Uh, a floating viral incubator. into the population. And I'm sure this wasn't the only place in the world that this happened.

I started to think, well, there's something wrong here. Why aren't, why aren't, um, sovereign nations closing down their borders and quarantining all international travelers? And maybe they were, but, uh, um, anyway, for whatever reason, um, the world got infected very quickly. And the curious thing is, I mean, at the time my wife and I got separated, I was working in Canberra and they got a house in Adelaide and she was down in Adelaide.

And to come across to see her in June of 2020, I had to get a cross border permit. I had to go into forced quarantine at our, at our house in, uh, in Adelaide. Uh, and the police came and checked up that I was actually at that address. and inside the house at the time. And I got back to um, Adelaide after that, and some South African friends of mine, nieces and your wife, had been to South Africa, come back, and I said, well, did you have to go into quarantine?

They said, no, no, no, we just came back to Canberra and went straight back to work. So there's all these contradictions going on. And I thought, you know, I mean, this seems beyond incompetence and negligence, as almost if there's some sort of sinister plan at work. Forgive me if it sounds a bit like a conspiracy theory, but a lot of it just didn't add up.

And then, as expected, the lockdowns came along, the, um, the stripping of, uh, of our rights, um, and then, and the mask mandates. And magically, within a few months, there's a so called vaccine available. And, uh, this was in about, within six to nine months of the, uh, the first outbreak. And I thought, well, this is strange.

I mean, um, one of the, uh, the commonest coronaviruses is the common cold. I mean, several viruses cause it, but they've been trying for ages to get a vaccine. A vaccine for that, and it's never succeeded. And suddenly, magically, within a few months, there's this, um, newfangled, uh, vaccine coming out. We were told, um, it's safe and effective.

I remember the, uh, Pfizer one, we were told that, uh, it had 95 percent efficacy. It prevented, um, infection and prevented transmission. safe and effective, safe and effective. And the other one, of course, was AstraZeneca and a few others around. And, uh, I was thinking, well, this is odd. Um, how could they have possibly developed a vaccine in that period of time, even at warp speed?

Um, they've either had it sitting around for a long time, or it's been released without any, with minimal of any clinical trials. And Curiously, um, I thought, I'd retired from the public hospital system by this stage by working in private. And all my colleagues, the nursing staff at the private hospital I was working in were lining up to get their, um, their, uh, their jobs.

Um, there was no choice, you, well, like a lot of them, you've got Pfizer or AstraZeneca. And then I was talking to some of them and, um, some of the nurses were complaining about, um, one young fellow, uh, You know, he couldn't use his arm for, uh, for a week, he couldn't abduct to raise his shoulder for a week.

Another one, a fellow nurse, who got the AstraZeneca vaccine, had terrible abdominal pain for, for about a week. Um, other people had no, no obvious adverse side effects at all. Uh, but I thought, well, this is strange. I mean, uh, These are not like vaccines that I've ever known. I mean, this is, um, uh, some sort of, uh, uh, gene therapy based vaccine.

I've never heard of these before. Mind you, look, uh, I'm not a, I'm not a rabid anti vaxxer. I'm not a particularly belligerent sort of bloke, but I just thought this has been foisted upon us with not much information. Now, uh, I decided, no, I'm not going to race out and get one of these things. And the following year.

Um, in early March, 2021, a uh, regulatory body issued a directive or an edict. It sounds more like a gag order to me. I've got it here. Can I read it again?

Yeah, go ahead.

Um, we got a letter. I can't remember the letter. It sounded even more draconian than what, um, uh, than what this was. Um, this is their position statement.

You can see it says superseded now, but it certainly wasn't then. And the relevant paragraph to all healthcare professionals, particularly doctors, is, quote, Any promotion of anti vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunization campaign, including via social media, is not supported by national boards and may be in breach of the codes of conduct and subject to investigation as possible regulatory action.

Now, the latter is a euphemism for disciplinary action, which can result in either suspension or registration or deregistration. So they're effectively saying, don't speak out about this. But by the way, we expect you to give patient informed consent, which is a complete contradiction. I mean, how can you reconcile that with informed consent?

Informed consent is based on, in capital letters, is based on point one of the Nuremberg Code, which I've got here. I can read that out if you like.

Go ahead. While you get it, John, please remind us, who was the health minister in New South Wales when the ruby princess. Unleashed its, uh, content. Brad Haard.

Brad. Brad. Oh, Brad Haard. Oh, he called all of us idiots. Um, yeah. And who was his Chief Medical officer at the time? Dr.

Yeah, Brad wouldn't give evidence in the Supreme Court that, uh, he was too, uh, too busy.

Too busy making it up as he went along. Yes. We need to remind ourselves just how brilliant that man was as our NSW Health Minister. So go ahead, Stephen.

They're all pushing the, uh, follow the science, um, mantra. I was saying, well, what science?

Where's the science behind, uh, Lockdowns and, and mandatory mask wearing. By this time, the Great Burrington Declaration had come out, and you had three, uh, highly esteemed and, um, respected clinicians saying that it's not the right way to go. There should be, it should be focus protection on those at risk, the elderly and the infirm.

And of course, um, uh, that's been vindicated. That, that's the way that Sweden went, and they had one of the lowest, per capita rates of deaths from, from COVID 19, and, uh, the economy didn't collapse. And yet, um, uh, the most locked down, uh, city and state in the world, Victoria, had one of the highest incidences of COVID mortality and morbidity.

And why do you find that document again? Who Just remind us all, uh, John, if you will, uh, who was the premier in Victoria who screwed up the hotel quarantine and also killed about 800 elderly people in nursing homes? Can you remind me who that was? Dan Andrews. Dan

Andrews. Yep. The now, uh, uh, what would you say, the,

uh,

the

attache de visi.

Is he the perpetually unwelcome in Victoria? Can't get a beer anywhere. Can't get a meal anywhere. Can't get his launch mode. Yep.

Well, if he has his statue erected, it'll be, uh, it'll stink of urine in a very short period of time. I will personally contribute if I go down to Melbourne.

Yeah, I reckon somebody, somebody will probably put a, uh, pigeon feet around the bottom of it, you know, to keep them hanging around.

I mean, just obscene, obscene. Anyway, Nuremberg.

Oh,

okay.

I thought I had it here. Um, I can't find it. I'm sorry.

That's all good. That's all good. Anyway, with regard to the mass, I mean, that's obviously one of the first things that come in. I mean, you'd be no, you'd be very familiar with wearing masks. I mean, the majority of people would understand that realistically they're just to stop, uh, particles of, of, uh, of food and whatever, you know, getting into open areas in, in theater, really.

I mean, they're, they're not for, uh, preventing, um, colds or flus or anything else. Bye bye.

No, that's right. I mean, surgeons wear masks to keep blood and other human effluvia off their face and face shields to stop blood from splashing into your eyes. It doesn't stop anything else. I suppose it's, theoretically, it might stop some droplet transmission.

But, you know, it's not going to prevent viral particles from passing to and fro. And the other, I mean, the other nonsense is, I remember, um, uh, toward the end of 2021, um, it was becoming, pretty uncomfortable, um, being an unvaccinated person walking to this private hospital and more and more importantly, um, to cross the borders, you then had to have a vaccination certificate.

So I, I very reluctantly and was pressed gained into, um, taking a chance and I had no choice. Had the Moderna spike vaccine, just the basic two, just to get a vaccine certificate, so I could fly into state to see my wife at Christmas, if I hadn't been well. And, uh, the ridiculous thing is, you're there with a mask on in the airport, you've got this social distancing of six feet, which Fauci eventually, um, admitted it was just made up or appeared, so he just made it up, it's based on no science.

Then you get into an aircraft and you're sitting, uh, in this cocoon of, um, uh, of circulating viral particles, um, uh, in, in reality and, uh, as well as hypothetically. Uh, then you get to the airport and you've got to go through the

whole, um, nonsense again. Now, I was sitting next to this bloke in the aircraft, Um, and when we got out, I helped him down with his bag.

So we had to have, uh, we were forced to wear masks on the aircraft. We got into the airport, and he said, Oh, get away from me, you're more than, you know, you're less than six feet. I said, okay. Walked down the aisle, and he said, Oh no, you're four feet from me, F off, you know, you're going to give me I said, don't you see the contradiction here?

I was sitting six inches from you in an aircraft for two hours, and now suddenly I'm a risk to you. Then, then we got herded into, um, the airport, you know, uh, and I thought, my God, Australia's now a police state. There were cops everywhere herding people left, right, and centre, and we were forced to have yet another PCR test.

I had one the previous day, which, I don't know, was negative, I didn't care. We were forced to wait in the heat three hours to get another PCR test. I got home, and I had to, uh, download a COVID app. And, uh, turn up the next day for another PCR test. I sat in 35 degree heat for 8 hours. Got to the site. Uh, they closed up shop.

Come home tomorrow. Come back tomorrow. I sat in a car again for another 10 hours. And this was compulsory. If, if I didn't provide evidence of this and take off the, uh, the app for the next two weeks, the, uh, there was a threat that the police would turn up and, you know, make you do it. And then, uh. I sat there for 10 hours, finally got in and the, uh, the, uh, nurse technician said, Oh, sorry, we're finished.

I said, listen, pal, I've been sitting here in, uh, stinking heat for 10 hours. You are either going to stick this thing in my nose or I'll shove it up your ass. So, He did a very perfunctory scratch on my nose and that was it. Well it's nonsense and within another day the whole thing was just disbanded.

Sorry, no need to do this anymore. You know, I mean it was just an exercise in population control. It had, there was, it wasn't based on any sort of common sense or science

at all. I remember landing in Perth in a stinking hot Uh, summer's afternoon, stinking hot, about two o'clock and we pulled up at the new terminal and there were glass aero bridges and all the passengers got off and they were doing temperature tests and, and questionnaires at the top of the aero bridge.

So all these people were stuck in the aero bridge with the sun beating in on them and no air conditioning.

Yeah.

After an hour of this and nobody seemed to be moving, I got on the radio to the company and I said, what's going on? Why aren't these passengers allowed to get off? They said, oh, they're all failing the temperature test.

I said, that's because you're cooking them in the aero bridge. And, and so, you know, we just insisted that the passengers come back on the aeroplane with the air conditioning running. We kept them cool and we took them off one at a time. It was the most absurd thing I had ever seen.

Yeah.

You could have had

people, um, dying from heat stroke.

Just absurd, Johnny. And have you ever seen anything like, uh, I mean, I don't know how many cases we've come across, uh, during our time, uh, exposing all this, uh, Stephen, but demanding that somebody has a vaccine to receive an organ or to undergo a procedure. I mean, have you, did, have you ever experienced anything like this in health?

Never, ever. And it probably doesn't even occur in communist countries, right? How can you say to somebody, you can't, you can't have an operation, uh, an emergency operation unless you have a vaccination? I mean, it's, it's, uh, it's medical blackmail is what it is. You know, it's completely unconscionable. It goes against everything we were trained in.

And, and do you think, I mean, I heard on the grapevine, whether it's correct or not, I don't know. But I heard that there was a lot of very senior doctors. Uh, because that, that, that was obviously where they were worried about losing expertise. Because as you know, there, there are certain doctors who might, they might only be one or two.

Uh, in the country that under, undertake certain procedures. Um, I got told that there was a lot of non disclosure agreements signed between CEOs and And very senior, uh, prominent doctors, um, and they're allowed to continue, uh, working with that vaccination. Did, did, did you hear any of that, any of that going on or?

Uh, if it went on, I didn't hear about it. Uh, none of my colleagues mentioned it, but then again, if they sign a non disclosure agreement, I guess they can't talk about it.

Yeah, it's, uh, I think there's a lot to, to work out and I think this is why they're very scared of, of, uh, of a Royal commission. And I, and I do believe too that a lot of the doctors that, uh, or health professionals that made other arrangements to, to bypass this because they didn't want the vaccine that they're, they're, they're basically gag themselves now.

They can't really talk, talk out. Um, so it makes it very difficult.

No, that's right. And also, um, Abra made it very clear that you couldn't, uh, you couldn't discuss anything about the vaccines with the patients, you know, in a fit with discipline reaction. Yeah. And if you get any complaints, uh, I mean, it's, if you're suspended or deregistered, well, you can't work as a doctor.

And the other issue is that, um, Uh, it's very expensive. I mean, you, it's, it's a tribunal legal procedure and if you're going to lose, which you will, you got to pay that cost as well.

So, um, Well, I can certainly, uh, I can certainly attest to that. They, uh, They certainly went after me and I ended up in NCAT, uh, fighting the bastards.

Yeah.

As my, my Lee is doing, uh, over the last few days at NCAT. So I think she's got the help of, uh, Professor Clancy and Dr. Philip Altman, which is, uh, which is really comforting. So hopefully common sense prevails out of, uh, What goes on there for everyone's sake, but, uh, uh, I mean, who, who knows? I mean, the courts are still, in my opinion, not, uh, giving any sensible outcomes, uh, except for, uh, more redeemings, uh, outcome today.

I mean, that, that hopefully is a start of a new era with, with regard to, uh, the, politicization of, uh, of the judiciaries because, uh, I, you know, I, I can't believe that, uh, it's not politicized when you see what's going on.

Well, that's right. You know, lawfare, don't they? I mean, the, the main reason why I didn't renew my registration, I mean, it's towards the end of my career anyway, but I said, you know, I'm, I'm I can't sit back and not say anything about, uh, what I know about, um, the situation and these, these, these gene therapy based, what I call pseudo vaccines, experimental gene therapy.

I said, well, if I, if I'm no longer registered, then APRA can't, can't, um, uh, prosecute me or discipline me. So I said, well, bugger it. I'll, you know, I don't need this. I'll just, uh, um, let my registration lapse.

And we've obviously interviewed people like, uh, um, you. Professor Dalglish talking about turbo cancers, uh, neurosurgery and spinal surgery.

You would obviously see a lot of that in, in your career. Um, are you hearing from your colleagues that there's been an increase in, uh, presentations with abnormal, uh, cancers or, or, or really different things that you weren't seeing previously?

Uh, well I've sort of um, entered another phase of my life. I mean, uh, I don't see that many colleagues these days, but um, uh, there was one colleague in Canberra who, um, fairly young bloke, developed optic neuritis and went blind in his eye, fairly, you know, for a, uh, several weeks and, um, I don't know whether it was following, um, the Pfizer vaccine or not, but I suspect it was.

The, um, the other curious thing is, you know, everybody else is running off getting, getting vaccinated and at the time it wasn't mandatory. It was, um, it was optional. offering to give it, you know, roll up, roll up, pull up your sleeve and get your vaccine. Um, and I found that that, as I said before, there wasn't much information about it.

We're just being fed, um, political propaganda through the, um, chief health officer mouthpieces about it's safe and effective. And, uh, You know, get it done and you'll be fine. Um, but um, I spoke to an infectious diseases uh, physician colleague of mine who was in Canberra and he's a very good one. And um, I had some concerns about the AstraZeneca and the thromboembolic side effects and I, I said to him uh, uh, What, what's the risk of a, of a, um, a serious or, or, uh, lethal thromboembolic side effect?

He said it's, uh, it's about 000. And I said, well, um, uh, how do you know that? I mean, uh, what's the, um, what's the basis of, uh, of that figure? And he couldn't really tell me. Um, I mean, he, he sort of obfuscated a bit and, um, said this and that. And I, I just sort of, uh, said, oh, okay, that's interesting. But curiously, Uh, now that I'm back in South Australia, um, a GP friend of mine here had two patients who ended up with, uh, serious life threatening, um, thrombotic complications of the AstraZeneca vaccine.

Now, the population of South Australia, just a curious, just an interesting figure, population of South Australia in 2020 was 1.77 million. So if the chance of that, that serious thrombotic complication of the AZ vaccine was one in 800,000, then you'd expect statistically to get two, maybe three cases in the state.

Hmm.

Now there are, there are 2,560 gps in the state at that time, and two patients who got that complication saw the one gp. So I worked out that the chance of that happening, in other words, the two patients in South Australia, which should have got that complication, was about one in 6.6 million. And that's statistically improbable.

So it means that, uh, it was nothing like one in 800,000, but subsequently they've been found to be of the order, conservative order, of about one chance in 9,000. And it's probably the reason why the AZ vaccine was withdrawn.

Yeah. Okay.

Other vaccines have been withdrawn for far less than that.

I had a fella on social media have a go at the facts we were presenting and said that we're all off our faces and all that sort of stuff as you get.

Right. Um, and I thought he, he was very articulate and he wrote very, very lengthy comments. He was very articulate. So I had to look at his profile and I looked, he was a 42 year old man, very athletic. And uh, he was bagging, uh, people who were contradictory, uh, to the vaccine rollout, anti vaxxers in other words.

And then the post right under that, he said, I want to thank everybody for, uh, for your well wishes. with me dealing with my deep vein thrombosis. Um, doctors still haven't worked out how on earth I got it. And I sent him a message saying, I know you don't like what we're saying, but you know, for your own welfare, might it be an idea to check out whether it was caused by a vaccine?

Because that's one of the side effects.

No

reply. Are you, are you amazed at the, at the, um, at the cognitive dissonance that's going on. Um, like you, you pass people in the streets and they, they seem almost vague or people just don't seem to be with it. Do you think everyone's just living in fantasy land or what, what do you think?

That's a very good question. There's certainly cognitive dissonance going on. I think people are just, just, They're just scared, and they just don't want to know about it, it's, you know, a form of denial if you like, and most people aren't medical, they don't know.

And,

um, uh, unless you've got somebody very close to you, a family member or a close friend who's, particularly if they're young and they've got some terrible complication and died or ended up, um, severely disabled.

Um, and you might not think about it. And you just go along with the mantra, you know, um, uh, safe and effective, uh, you don't want to get COVID, go and have your booster, go and have your booster, go and have your booster. And, uh, I mean, Professor Angus, Angus Dalgleish, um, has very eloquently indicated, uh, what actually happens with this in terms of, um, the increased cancer risk or, or recurrence of, uh, Uh, previous cancers in remission, but it's not just that there are, there are other, uh, significant risks, uh, not to mention the, uh, the actuarial tables showing this still, um, significant, um, increase in, in, in sudden deaths and otherwise fit healthy adults.

And that's only been since, um, uh, well, I guess the first year you could blame it on COVID, but you know, you can't keep on blaming on COVID, you know, uh, three, three years afterwards.

How long do you think it'll be? Or do you think it could be the thing that breaks the dam when, when the actuaries at these insurance companies?

Turn around and basically put a, uh, a caveat on anyone obtaining private health insurance that's vaccinated. Uh,

uh, well, that's a good question. Um, uh, it's probably more likely that they'll increase the premiums on life insurance policies because if people are dying young, that's got to be very expensive for insurance companies.

I don't know whether it's happened yet, but I can't see it lasting too much longer. Uh, I mean, uh, I suppose there's lies, damn lies and statistics, but I mean, you can't, uh, you, you can't ignore what, um, actuarial societies are sort of, uh, you know, uh, publishing and, um, talking out about, and they, and they're not, they're not medicos, they're just looking at, um, uh, probability criteria.

Getting back to,

sorry, go on, mate.

I was just going to say, I mean, even today, um, New South Wales Health, I mean, it just rolls on. It goes back to this, this lack of informed consent, uh, New South Wales Health put out a social media post and it just amazes me that they can do whatever they like. Uh, they don't have to balance it.

Um, it says, if you're planning a pregnancy or already pregnant, make sure your vaccinations are up to date. Don't put yourself and your baby at risk of serious diseases. Find out when your pregnancy vaccinations are due. Now, there's no mention there about, well, you know, you may be able to prevent, uh, a serious illness, but, uh, you may also be subject to a very significant side effect or even an adverse Uh, event leading to death as a result of the vaccination.

Well, that's right. I mean, it reeks strongly of political emotional blackmail. Um, and this is it, you know, um, uh, what's happened to informed consent? I mean, people, um, uh, I mean, point one of the, um, Nuremberg Code is basically the basis of our informed consent. You can't force people to have a procedure. Um, a medication drug or anything, uh, unless they're fully cognizant of what they're getting involved in and, um, they accept the risks.

And if you're not given the risk profile and how can, how can you make an informed decision?

Yeah. It's like if somebody, if somebody came up to you and said, here, drink this. And you said, well, what is it? I can't tell you what's in it, but drink it. Um, you'd be skeptical, wouldn't you?

Well, exactly. I mean, a friend of mine who's, I mean, he's a specialist colleague I went to university with, and then he got Pfizer vaccine straight up, um, the beginning of 2020 sometime, or well, during 2020, had a couple of boosters.

And he said, have you had yours? And I said, no. And he said, oh, you silly boy. And I said, excuse me, have you looked into this? You know, we're in the clinical trials. He said, oh, it would have been done. I said, well, I couldn't find any. Um, you know, I said to you, it's. These are not the vaccines we know. This is experimental gene therapy.

If I walked up to you with a pill and said, here, take this, it'll make you better. Um, and I said, maybe it's arsenic, maybe it's glucose. Would you take it? He said, of course I wouldn't. I said, well, what's the difference?

See, every piece of information I tried to find, because I've said a million times, I got within two days of getting Pfizer myself, I was ready to get it until my wife said, you know, you better check, hadn't you?

That's what you do in your job, why aren't you doing it with this? So when I, when I went down all the proper regulatory ways of finding out what was in this so I could give informed consent, all I saw were black lines. Everything was redacted. That's right. And, and, and everybody, all the experts I asked from the, uh, head of Qantas Medical through to, uh, CASA, Civil Aviation Safety Authority Medical and three trusted GPs, none of them could tell me what the side effects are likely to be.

None of them could tell me if it was safe and effective. And the, the three GPs, each one of them virtually said the same thing. I wouldn't rush into this if I were you. But don't tell anyone I told you. Well, that's it. I mean, that's as much as I could say. That's it. Now, how do you, you know, I believe that people should be, should vote.

People who have the right to vote should vote because there are people in the world who aren't allowed to vote, who would love the right to be able to have a say in who governs them and informed consent, voluntary informed consent. It's almost like they're having the right to breathe the atmosphere. I mean, it's that much of a serious thing.

And even Scott Morrison came out and said. Uh, you know, we have voluntary informed consent. We don't force anyone to do anything. So when you seek it, informed consent requires information. And when that's not available, um, you've got to ask a question. If the hair's standing up on the back of your neck, would you do it?

And just because the government says, Oh, no, it's safe and effective. And, uh, and you know, you won't get COVID. How many times have we told you wouldn't get COVID? Well, every, every luminary on the planet from actors and celebrities through to presidents and prime ministers were saying, get this and you won't get COVID.

Yeah. Well, Gates said the same thing until, uh, he was asked to address the Lowy Institute in Sydney at the beginning of last year. And he's just said, Oh, well, problem with these. uh, Mersenary RNA vaccines is they don't block infection, they don't last long, basically he bagged them and um, six months beforehand he was saying you've got to get vaccinated, you know, he was, he was a pro vaccine mandator because after he made a lot of money out of selling his shares and BioNTech, um, he came out and said oh well they're not that good after all and uh, effectively saying they don't really work.

Yeah, well.

Well, and, and the other thing was too, Hooty, I sent you that article from Professor Crabb, uh, where he's quoted saying that, uh, the COVID particles are hanging around and causing, um, ongoing problems with, with people's neurology. Uh, I mean, this is the same professor crab that heads up the Burnett Institute that, uh, in one, uh, report, financial report that, uh, that I read, uh, for the Burnett Institute, we're getting millions and millions of dollars from the Department of Foreign Affairs and Trade.

Their, their complete modus operandi is COVID, setting up pathology labs and all this sort of stuff. And this is the bloke that's sprouting on the ABC about the virtues of COVID vaccines. Still winds his way into mainstream media as some authority on COVID and long COVID. I mean, it's just a complete farce.

These people should have to, uh, do a, uh, a waiver at the start of whenever they talk and say, well, I I'm represented by big pharmaceutical companies. I'm represented by the government. They're paying my wage.

Well, it's the very definition of misinformation and disinformation or disinformation, really. And I, I just looked on Google recently about, um, uh, effects of, uh, side effects of COVID vaccines.

And, uh, I opened a few links and, uh, uh, what comes up. What are the common side effects of COVID 19 vaccine? As with all vaccines, side effects may occur after getting the COVID 19 vaccine. These include chills, fatigue, fever, headache, muscle pain, nausea. Pain at the injection site, redness at the injection site, swelling at the injection site.

Uh, if you have another one, well, you might get the same thing again, but you know, you'll probably be all right. Dig a bit deeper, and, and, you've got to go looking for this. And you'll find, um, uh, what are the chances of getting serious side effects from COVID, and I list a few, but they don't show, and they show very low, um, percentage likelihoods.

But, um, uh, this stuff, I mean, and this is now, this, I did this yesterday. So this isn't like it was, you know, three years ago during, um, during COVID and when the vaccines had been rolled out. My wife is very good at, um, drilling down to stuff and finding stuff that I can't find. Pulled up a, um, uh, 393 page document issued by Pfizer.

I think she got it from Maria Z. She listens to, she is a strong supporter and acolyte of Maria Z. And Pfizer put out a document, um, from the period, uh, December 21 to June 22, in which their document listed five million adverse events from Pfizer MRA vaccine from 1.5 million patients. That means there's, there's 1.

5 million patients, many of them had several adverse events. Um, and of those, most of them, um, uh, 700,000 were, uh, were, um, 40 percent there. Neural complications, um, admittedly, uh, about half of those were a headache, which is just a symptom, which is pretty, you know, um, isn't necessarily anything dire, but it just goes to show that, um, you know, that numerically there's a lot, and although the, uh, the check, you know, the percentage probability is still relatively low, they're not, uh, zero.

I mean, the death rate. They had 4,000 deaths, so that's about 0.26%, and other vaccines have been withdrawn for less than that, but they're still being promoted.

Stephen, how important is the cover up and lies that the TGA's told? I mean, you know, you come from a background of, you know, of, of informed consent speaking to your patients.

I mean, if you've got a difficult patient, I'd imagine you'd have a multidisciplinary team meeting. You'd consult other neurosurgeons about difficult cases. You'd have a team meeting, I imagine, about a briefing to go forward. And that'd all be presented to the patient. Um, and, and previous cases would, would obviously, uh, you know, weigh into the future treatment.

What do you say about the TGA when Gerard Rennick is exposing these grubs? I mean, they're saying that they know better than the pathologists and the coroners that are examining the body of dead patients that have been assigned a death certificate saying that the Pfizer vaccine was responsible for their death.

Seven days after they had it, they die of a heart attack in front of their family. Great. But some mystery WHO graph that's used by the TGA is apparently better than the doctor who examined the body.

Well, you've got to ask yourself the question why, and it's obviously not cognitive dissonance. They've got to be aware of this.

Um, uh, I may be wrong, but, uh, I read somewhere that, um, the Australian TGA, It's 96 percent funded by Big Pharma, even more than the US FDA, which is about 80 percent funded. So draw your own conclusion. That's true.

That's been verified. The Australian TGA is the most heavily funded, uh, therapeutic goods organization anywhere in the world.

Yeah. That's good. Uh, the fact checkers can, um, they can, uh, uh, they can fact check of all they want. But I mean, that's, if you've heard it independently, then, uh,

It's somewhere between 94 and 96. Either way, we're not going to, uh, it's not going to make it. A fact checker did actually pull that up. They said that information was incorrect.

It was 95%.

Well, 1 percent makes a big difference. You know, I mean, it's, it's, it's.

But I mean, early on, uh, Steven, I mean that, I mean, this infuriates me because this was, I think, uh, around about June, 2021, thereabouts. The, the health department in New South Wales was putting out clinical safety notices about.

Pfizer, uh, and warning paramedics, warning, uh, physicians about the likelihood of young males, uh, presenting with, uh, with chest pain, uh, related to, from myocarditis. Yeah. I mean, they knew, they knew, and here we've got the TGA, they've got a death in front of them that's signed off by the coroner saying this gentleman died of a heart attack, secondary to the Pfizer vaccine and myocarditis.

But they determined that at some think tank that they've got with some BS graph from the WHO that they know better.

Yeah, well, I mean, this, this is all leading into the, um, loss of trust with, um, governments, bureaucracies all over the world. Because, uh, people, the biggest advantage of the internet is you don't have to listen to mainstream media.

You can do your own research and you can get multiple opinions. Um, and multiple facts, you can do your own fact checking before we couldn't do that. You know, all you could hear was, you know, from newspapers and

television and maybe read a book somewhere, you know, we'll, we'll dig deep, deep into some medical journal if you had access to it, but, uh, the man on the street, um, doesn't have access to that even now, and even if he does, he doesn't know what it means.

Hmm. Yeah. Or years later, that some investigation into something that happened decades ago has revealed that the government were complicit. Uh, that, uh, just two days ago, an article on infected bloods, the infected blood scandal, you might remember? Yes. Where hemophiliacs were given HIV and hep C infected blood.

Yeah. That's been given a massive hit in Australia and in the mainstream. I think I can, I forget which uh, uh, Which organization it was, but that's going to be big next year. That is going to be a very, very big, uh, event, which links to the medical tyranny and corruption that this country has been dealing with.

It goes way back before thalidomide.

Yeah.

So the coverups will not be covered up much longer. And, and, uh, hats off to people like Tony David and Charles McKenzie and guys like that have been fighting this infected blood scandal. It was the biggest The biggest, uh, payout in, in history in the UK. Um, you know, they, they won a class action over there.

And it, it may appear that the health minister at that time may go to jail for covering this up. So, you know, these, we need to know these things as they're happening, not years after the cover up's been revealed because all the players have died. That's right. You know, so how can we trust? How can we trust anything?

You know, if you're a woman and you've had the, the pelvic mesh, inserted, uh, for surgical reasons and you're now, your life's been totally destroyed and nothing happens. Nothing happens. So I'm sorry. I just don't trust the medical science fraternity in this country. I don't trust the WHO. And I don't trust Big Pharma.

And I, you know, I used to. And I can't anymore. I used to think, Oh, you know, there's a disease or there's something happening with the climate. They'll come up and invent something to fix it. Well, everything they're inventing to fix the climate and everything they're inventing to fix us and our immune systems is just What could possibly go wrong?

Yeah, well, I agree. I mean, I don't trust, um, I've lost a lot of trust in not so much my colleagues in the medical profession. I think they're basically good people, but they're being gauged and constrained by, um, uh, big organizations, multinational organizations with vested interests. And, uh, I mean, you can sue Pfizer.

I mean, they're so wealthy, it means nothing. They just whip it under the carpet, you know? Um, but, uh, Yes, I think the biggest problem the medical profession has got now, as a corollary really, is a loss of trust. And partly to blame, but a lot of it's, you know, been forced upon us by

big companies with vested

interests. Do you think the regulators, you know, this ARPA is an octopus out of control. Do you think that would be, you know, a good first step disbanding ARPA and putting it back to the good old medical boards?

Uh, well, a medical board is still there, just, APRA is just the administrative arm.

But, um, what I did notice, um, after, um, I went from the, uh, state medical board to, to APRA, is just the progressive increase in fees, and that usually means that the bureaucracy is expanding exponentially, and they're getting, and that, that applies with the colleges and lots of things, really.

Well, I think the problem is with these boards, from my experience, is that they're generally people that have never struck a blow in their life, uh, you know, you've got accountants on there, uh, there's got to be half a dozen

lawyers, there's people there that have hidden in corners their entire careers, uh, and then they end up on these boards.

I mean, They should be peer reviewed. Uh, you know, they, they, it should be, you know, the, the, the, the best of the best looking at what's going on.

Well, that's right. These are unelected bureaucrats. I mean, there is oversight, of course, by, um, by medical colleagues, but I don't know how much they're, um, sidelined or.

We'll, we'll, we'll give them a voice. Well, they'd

be scared, Stephen. I mean, look, look what's going on with relation to these vaccines. I mean, how could anyone have a voice in that whole framework? I mean, they're, they're just, uh, anyone that's, uh, that's. That's trying to make a, a, a lifestyle or an income, uh, would, would have to bow out of them.

Well, I tried, you know, and I feel really sorry for my younger colleagues. I mean, I, I just decided I don't want anything to do with APRA or this anymore. I'm, I'm, uh, uh, Reluctantly. Well, I didn't reluctantly do it. Um, I mean, I, I reluctantly gave away my profession, but, um, I was nearing retirement anyway.

But I, I feel for the, uh, the younger blokes, you know, who've got mortgages and young families. Yeah. And, uh, they're being constrained from doing their job and then giving informed consent over, if it is, I mean, it's, it's not just this issue, this, this issue, it's thin edge of the witch. I mean, what's gonna, what's gonna happen after this?

What other next issue is gonna come along? Uh, where you gagged by the.

I'm sure it won't. It's not the first. Well, it's the first, but I'm sure it won't be the last.

I remember Hoodie saying early on that, uh, these people shouldn't feel ashamed that they've really taken a bullet for their families. Uh, and I think that was an excellent way of really capturing what's happened.

Yeah, and the really gutsy guys of the Young Blokes who said, despite that, you know, I'll speak out anyway, and they'd been disciplined and suspended in some cases, struck off. We're looking at one on the screen

right now. Yeah,

yeah.

Um, yeah, look, you know, we, um, it's really great chewing the fat over what we've seen in differences.

In the way we live in this country and the way we approach problems and the way we approach community and clearly, uh, the country has been professionally divided. It's been divided by experts and, uh, it's been done that way because when Australians Uh, together on issues, um, there's no greater race on earth and, uh, and we, you know, we, we've weathered a lot of storms.

We've been through a lot of stuff in this life, but, um, I think there's a lot more to come and, uh, we're not done with this yet and we've got to get busy living. We really do. And we've got to get busy, um, sorting ourselves out. So I think we could talk for hours about all this stuff, but, uh, we'd love to get you back on Steven.

At a time in the future. And it's good to get a gray haired perspective. Uh, you and I are the only ones with gray hair on this screen, but it's good to have that perspective. Uh, we come from better times and, um, I think we need to pray for the times ahead.

Yeah. I'd love to come

back on if I can be of use.

Absolutely. So let's bow our heads. Dear Lord, Father in heaven, we just thank you that, um, that we are able to bring our collective wisdom to the table around these issues, Father God. It's, um, we have all amassed some experience in the last four years that, uh, that make our views relevant. And we're not trying to be right.

We're not trying to prove other people wrong. We just want these things properly and thoroughly investigated so that lives aren't put at risk needlessly. So Lord, if this is some kind of genocide and it looks more like it is every day, Then we need to know because, uh, this cannot go on. It's just evil to the core.

So we thank you father for shedding light on truth and we ask you to strengthen us for what's to come in Jesus holy name. Amen. Johnny, you've often been heard to say.

Well, firstly, I'd just like to thank Stephen for his service to the country, Hoody. I mean, uh, in many countries, uh, from, from his, uh, background, um, he's obviously, uh, given wonderful service to the medical profession and saved a great deal of, uh, lives and, uh, given a great deal of comfort to, uh, so many in distress.

Uh, but he's obviously been a wonderful mentor to so many, uh, in the medical industry so that they can go on doing the wonderful work, uh, that they do in the theaters around Australia and around the world. And, and, uh, like so many, he, he had that last little bit of his career taken away from him like hoodie, uh, where it would have been nice to be.

In an environment where you could have gone out, uh, gracefully and on your terms, but, uh, these grubs took that away from you and so many others like who you, uh, it's, it's a tragedy, but, uh, we, uh, very, very grateful, Stephen, for, uh, everything that you, you've done and your wife sacrifices, uh, going out at two o'clock in the morning on numerous occasions, no doubt to, uh, attend to, uh, people in car accidents and whatever.

So thank you. And, uh, You just couldn't make this stuff up. Ah, Fred, thanks

very much for your very kind words.

It was very, it was funny actually, because before we recorded this, we were talking about careers, and I, uh, since I saw a neurosurgeon work, I didn't see the work carried out, but on Michelle, Michelle was gravely ill.

And, uh, this neurosurgeon skillfully managed to save her life. And, um, and I thought to myself, gee, you know what? If I had my time maverick in low aviation, I think I would love to be a neurosurgeon. I really would. And I said that to Stephen and he said, that's funny. I always wanted to be a pilot. And then he said, I wanted to fly helicopters, and I didn't quite make the grade with that.

And then Johnny's sitting there, he's the only one between the three of us who can fly a helicopter. So maybe if we blended the three of us together somehow, we might come up with something that might be useful.

All right, Stephen, thanks so much. I reiterate, thanks for your service as well. And everybody stay out of the trees. Which just means keep yourselves nice. And, um, if you love somebody and you haven't told them, make a point of doing that, because we need to know. We all need to know that we're cared about and we're loved.

You know what? We need to be connected. What you did yesterday got you to today and next week, um, we will have, I think some interviews from some political candidates, especially from a new party that's being forked, uh, which, uh, looks like it might have the goods. And also. We're going to do an expose on one program to deal with the Rural Fire Service in New South Wales, which is exhibiting incredibly strange behavior.

And John's done a lot of research on that. And also on that program, we're going to be exposing, um, a whole lot of, a whole bunch of facts coming out of Qantas by whistleblowers in there who are passing on information to

me, which is mind boggling. I'm told on good authority from inside that the management of Qantas is gearing up for a whole loss.

That means they're gearing up for crash. Um, and, uh, that needs to be talked about. And we will be talking about that next week. And, uh, we will be presenting facts that will back our claims up and we'll just see where it goes from there. So we look forward to seeing you all next week. Uh, for another great Club Grubbery and then we're winding it up until, um, until the end of January when we come back in the first week of February to do this all again.

So God bless you all. Thanks for watching us and don't forget to go to www.clubgrubbery.com.au. God bless you all and bye for now.

Thanks very much, Graeme and John. You guys too.