

Club Grubbery - Raw transcript of interview:

2025-02-19 Graham and John speak with Prof Robyn Cosford...

Well, good evening, everyone. And it is Monday, Monday, Wednesday, the 19th of February. Every day seems like a Monday. I don't like Mondays. Tell me why. Let me tell you why. John. John. Yes. What's that? What's that in your background? What color is that flag? Blue. But I see red.

Oh, and stars of gray. Yeah.

Um, you will notice.

Wasn't there a song about that? Yeah, that's it. You will notice that I have a red flag behind me tonight, and for those who have been, uh, criticizing me for the color of the flag on the background of the interviews, I wanna say this very clearly. John Larder set that up. John Larder sent me that photo because we did that on Australia Day.

And I said to him, it's the wrong color, John. And he said, no, it isn't. It's just terrible what he's done. And then last night when it really mattered, he didn't have it up there and he left me carrying the can. So tonight I want you to notice that I have underneath my ear, a red flag in the background. And have I unleashed the hounds?

I think I might have. Robin Cosford, Professor Robin Cosford, always lovely to have you on.

Wonderful to be here with, with you guys. You know, it's, uh, it's just been such a story tracking, hasn't there? All these, these years, what a, what a story we've got. My goodness.

Now, let me tell you, the way things work with John and I, Robin, even though I now have a red flag behind me and John has a blue flag, I will be the one who cops the flag, even though it's his.

I will be the one who cops the flag because little Johnny Lata, butter wouldn't melt in his mouth. He just waffles through life and well, I know I shouldn't say that because he does get letters from APA.

Yes.

In fact, he collects some Robin. He has, we have the latter collection of, um, of, uh, complaints to APA and the IH triple C or whatever they are.

Uh,

and, uh, there's another one to add to the list.

We should auction them for a charity.

Because apparently, apparently Johnny Lardy, you were, uh, encouraging social, what was it, social disobedience?

So yeah, social disobedience. Yeah. How dare you?

How dare you?

There's got to be a song about that, hasn't there?

Hello opera, my old friend.

Hello, Oprah, my old friend. I've come to talk with you again. That's it.

Oh,

they're lovely. We love the people at Oprah. Yeah, they're beautiful people.

They are beautiful people, Robin. You've had a bit to do with them over the years, haven't you?

I did. I did. I had three run ins with Oprah before COVID began.

So I was known to them for a long time. Only three.

Johnny has three a week.

Oh yeah, but that's now, you see, I pulled out of the system on January the 20, in January of 2022. So they've got no legal reason or know anything to say anything to me anymore. So I'm no longer under their, whatever you want to call it, jurisdiction, let's say.

They've got that

moral authority, but I'm seriously thinking of registering with APRA because I feel like I'm missing out.

I

think you killed it. Robin Cosford, you're doing great work with the David Declaration. We want to talk about that. specifically tonight because it's, it's, it's a great initiative and John and I've, so I think John's the first paramedic to sign up and I'm the first pilot, but I want to share something with you, uh, that is really concerning.

Brad at the Kelly Hotel, um, the Freedom Pub in Singleton has, he, you know, You want to find out what's going on, ask the man behind the bar, he is constantly texting us, telling how many people are dying in the town, how many funerals there are. And it's just breathtaking from a horror, from a horrible perspective.

But I got this from him today and I'll, I'll, I'll condense it a bit. Uh, a few months ago, a well known local businessman, uh, dropped dead. Unexpected. And a few days later, his younger brother suffered the same fate. Also dropped dead. Well, they found the younger brother's wife dead on the kitchen floor this morning.

She was here for lunch on Saturday. Everything seemed fine. So three members of the one family have dropped dead in the last couple of months. And this is, I've got a phone full of messages from him. Uh, just said goodbye to my father in law, the mother of that, that, uh, um, it just goes on and on and on.

There's all these lists of people that have died. And because they hold a lot of the wakes in the Hunter Valley at the, at the Kelly hotel, and he just said he's flat out, uh, funeral director seeing. Uh, very tough day working at funerals. I look at, I want to, it's just horrible and, and, uh, and I have to say, Robin, I was on, uh, I recorded SBS insights, uh, invited to be on that panel and I've got to say I was stunned by the, uh, The head of the, uh, Royal College of General Practitioners, who was there, a lady doctor, I forget her name, Robin.

I, I said, they asked me why I quit my job and, and was I, um, did I have any regrets about the circumstances? And when I said no, and I said I couldn't give informed consent because there was no information, da da, da. They crossed to her and they said, what do you think? And she said, people need to realize that these vaccines are safe and effective.

They've saved millions of lives and we're so grateful and we should be keeping up our doses.

There's a it's it's very hard to comment in a sense isn't it as as you would have been horrified. There's several issues in in all of this. Firstly, she clearly, and I can say this categorically, she clearly has not herself been reading, published, peer reviewed scientific literature. She has not been.

What most general practitioners do, and most people might not know this, but most general practitioners limit their scientific reading to the, the GP's equivalence of a daily newspaper. So we have two. There's the Ausdoc. And there's the Medical Observer and they come out each week and they have little short brief articles.

It's all a pharmaceutical funded little journal deal. It's not, they're not even journals, they're newspapers. So, so it's, it's, it's in easy speed. Journalies, no, no proper reading of the scientific literature. So this, and then there are other sources of information, of course, is the reps who come around and feed you the, the pharmaceutical.

Version of things. Version of their trials. So this is all that most GPs ever ever listen to and read and and I I could guarantee you it must be the same with her. She cannot be reading the proper peer reviewed scientific literature. The the psychopathy paper alone, the one that you know Professor Peter Parry authored and I was one of the co authors on.

That that paper alone we had it was something like a 70 page paper. It's a massive deal. Hundreds of scientific references and it's been it's had. The highest number of, of citations that that particular journal has had in its entire history, solid science, talking about the, the pathogenicity, the disease causing potential of the spike protein, which is of course what the vaccines make us The vaccines make us make the most, most pathogenic thing that currently is known math that has been called a bio weapon by the very gentleman who first devised the, uh, criteria for bio weapons.

Dr. Francis Boyle, who's just recently passed away. So this is a bio weapon. She cannot be reading the proper scientific literature. So there's that first thing that what she is saying. is unfortunately, she, I'm not going to say she's lying. She may genuinely believe herself that this is true. She may genuinely believe that.

In which case she is utterly deceived because it is not the truth. The truth as you say, Woody, is, is evident. In a community around us. The truth is, is evident in our, uh, in our friends, in our family, in, sorry, my daughter from the UK is, is messaging me, uh, in our, in our family, in our, in the communities, in the friends, in, in all of these places, in all the young people who've dropped suddenly.

I see there was a Melbourne grammar student who suddenly dropped dead just recently. This is where the truth is. And those who refuse to, who either cannot see it or refuse to see it, they are either just plain deceived or they're willfully blind.

Well, as she said, we must trust the science and I interjected and said, there is no science, there is only censorship.

And, uh, and I, I don't know whether that will get to air or not. So I'm not commenting much more on the program other than, uh, I felt like I was on another planet, uh, to be honest with you. And, uh, it, it, it was just bizarre some of the comments that were being made in there by the, the, um, the audience and the panel.

Anyhow, um, SBS were great and we thanked them for the opportunity and the crew were fantastic. Couldn't, couldn't speak more highly of them. Um, also a young Qantas pilot, uh, died just the last few days. Uh, dropped dead suddenly, a very young Qantas pilot, a young captain with um, with air link. And um, that's a real tragedy, a real tragedy.

Uh, nobody's saying why, but nobody's noticing how young the people are who are dying and how many of them are dying. And uh, you know, and we, look, there's just, there's so much to share. We've got an update. We're going to be talking about, Um, in the next program from Cliona Probert about what's going on with, uh, with her case with those children being taken off her.

She had a one hour visit with them today and there's a great photo of her with them and they are in a care facility, John, they're not in a foster home, they're in a care facility with multiple carers. How is that good for two children when they need their mother? You know, it's just, it's just bizarre.

It's absolutely bizarre. I thank Professor Anne Brighthope for writing an incredible letter. Stating the injustice of what those kids are going through and how, how the system has through malpractice, let them down dramatically. Oh man, it's a great read. It's a great letter. And Ian Bright, I hope you're a legend.

Isn't he a legend, Robin? He's just I love it.

Yeah. I was just so incredibly blessed. We go back a long, long way. He 1996. So that's how, how far back we go. I kind of feel like I'm his little forager kind of down here and he's the, you know, the wonderful statesman.

He is a wonderful, he would make an incredible health minister and, uh, anyhow, we, uh, we're here because, um, an incredible Canadian scientist, Dr.

David Speaker, uh, who we've interviewed on this program. What a, an amazing man examined some vials that were sent to him from various countries. I think three vials from Australia. Is that right?

Well, we actually had, uh, a number of vials from Australia, but it was the Australian vials that were the key in opening the case up in Australia.

Right. So he found, I think, 143 times the legal limit of, uh, of DNA fragments, and he found vast quantities of SV40, which is a foundation building block for cancer. And it was inside the vials. And, uh, so Robin, tell us a bit more and, uh, share with us a little about, um, about the David Declaration.

So this all has been an unfolding story that, that began with the work of Kevin McKernan, uh, USA, who, who is a, an established geneticist.

He was on the human, human genome project, so you cannot, uh, call into question his ability as a scientist in the field of genetics. So, so he just happened to discover that a number of the, the vials had this DNA contamination in it and of course that, that triggered him and, and he released that information.

So, uh, in, in Trevor Julian Gillespie, as always, um, and a group of other Australians then tried to find out, well, is that relevant to Australia? We couldn't get any pathologists in Australia to do the testing for us. Given the situation in Australia. So, this is where David Speaker came in, so it was sent across to Canada, our vials were sent to Canada, and he tested them for us.

The relevance of this DNA contamination is multifold, but looking at the volume amount, what's incredibly relevant is that the TGA has an allowed limit, there is a regulatory allowed limit of 10 nanograms But what the TGA are ignoring and most people aren't getting is that that limit is for naked DNA as in just a bit of DNA floating around in something that's not protected.

When the DNA is just floating around in something our body very quickly recognizes it as a foreign protein and breaks up. It very quickly says this kind of shouldn't be here and it breaks it up. But the key thing about these injections is that everything is encased in these modified lipid nanoparticles.

These little round spheres of, of lipid that are deliberate, they're synthetic again, that are deliberately designed to be able to pass through our cell membranes and carry the payload deep into the cells, into the nucleus, even. And that's it. That lipid nanoparticle protects what's inside it from being broken down.

That's the whole purpose of it. So a limit of 10 nanograms per mil of naked DNA is totally irrelevant. When we're talking about lipid nanoparticles that are protecting and carrying any DNA that is in it through cell membranes into the deeper cell. What's the safe limit? There probably is no safe limit.

We don't know. That testing has never, ever, ever happened. Done. So we dunno. So, so when we say that, that the testing showed that the amount of DNA was up to 140 times, 145 times higher than the limit, the problem is that the limit is irrelevant anyway. So not only is it way too high, it is irrelevant. Had this been tested well, well, no it hadn't.

This is our second key point that this came about because. Pfizer changed the method of manufacture from the first round of vaccines that were used in the testing and that were given to the FDA to assess, because that, that manufacturing method was not going to work when they had to roll it out across billions.

So they changed the manufacturing method. And in the process of changing the manufacturing method, it meant that a whole heap of synthetic bacterial type, but synthetic DNA was involved in that process. It's actually used to make the bacteria make DNA. The mRNA that we need them to make. So this was put in with the bacteria, supposed to then be coming out in what we get as vaccines, but for whatever reason, and you know, that's all conjecture, is it poor manufacturing processes, is it carelessness, is it whatever.

For whatever reason, way too much of that synthetic DNA that was used in the manufacturing process has made it through into the vials. That's our next issue. Our next issue is because, again, going back to the manufacturing process, it's not like we are only seeing the same bit of DNA going into all the vials.

No. It's, it's in various, there, there are circular DNA bits, there are linear DNA bits, there are parts of that circular bit that's become a DNA, which bits is it? There are all these different bits, and we do not know. What all these and it's probably impossible to know what all these different bits are going to encode for as in what's, what's that message for how's the body going to read that and what's it going to produce when it reads it.

We don't know

what could possibly go wrong.

What could possibly go wrong? Anything we've seen.

And then on top of that, Robin, um, I think it's important to note here that Senator Gerard Rennick has caught out the TGA line. Uh, in fact, it could be bordering on corrupt behavior about what's been going on with, with overruling them, um, due to some, um, graph that they've been using at the WHO now.

They labelled what you're speaking about now, this, this, uh, contamination as misinformation, didn't they?

Certainly. So, so in the background here, um, Russell Broadbent, federal member for Monash, has been writing letters to the PM and the ministers and so on and so on. So the first letter, I think we did in October, that was signed by 47 of us, I was one of those.

The second letter where we punched in a lot more of the DNA information, TGA posted on their website, this is the first, we've never seen this before, big post on their website, this is all misinformation, and they tried to just like, And we actually, when we saw that, we actually rubbed our hands with lead, both of us who were working on it, because we looked at it and said, you beauty, we can break down that, that, that, that, that, that, that, that, which we did, and Rebecca Barnett then put that on her substack.

We probably need to turn it into a proper paper, but we were able to. Break down everything that the TGA said and claimed as misinformation and show that in fact they are totally wrong. A lot of it does go down to the fact that the very techniques the TGA are using to say there is no DNA contamination are techniques that Moderna themselves in their patents say are useless to pick it up.

So, so they're not even using correct techniques.

Do you think it's incompetence, uh, Robin, or is there, is there some willful misconduct here?

It is. It gets to the level, and it is repeated so many times, it is very hard to continue to be gracious. Please excuse screening Grant Shile in the background. It gets hard to excuse these repeated things as incompetence.

Because the degree of incompetence that you have to invoke is crazy. It's a bit like Professor Angus Dalglish said on the, the changes that were made when he looked at the, you know, your, your Wuhan, your original coronavirus Wuhan strain compared to the native. And he said there's six points of mutation, and his colleagues say well that could be natural.

It's only a simple one mutation, yes? Six, no, the maths aren't there for it. So we really have to, I think, start saying that when we look at this repeated pattern of, uh, denial of, of, um, I, I, I, I, I get lost for words when, when I look at this, but, but the repeated pattern, I think when you just look at it enough times and too many times, it, it has to go beyond just incompetence.

At some point, there has to be a deliberate choice. in persisting with either deception or lies or cover up or we don't want to face this or it I think it has to go beyond your confidence to be honest sadly.

Well we're not dealing with idiots in there are we? I mean it's not like these people aren't educated. I mean uh you know Dr Philip Altman has said that they're some of the best people he's he's worked with uh in 40 years. So what's changed?

Well, again, I mean, so I've been in the medical system, you know, a long time.

I graduated back in the 1980s.

We have to acknowledge that there has been a progressive takeover and a progressive, for want of a better word, infiltration of everything to do with the medical system by the pharmaceutical industry. Whether you want to talk about medical education in universities, whether you want to talk about the medical journals that doctors are reading, whether you want to talk about, well, any funding to do anything.

You know, it's all, you know, pharmaceutical paid for just. So I think that that complete pharmaceutical takeover has also just infiltrated and the concepts behind it so the concepts have shifted. You only need to look at some of the the changed definitions over the years. How the, the definition of immunity has changed.

How the definition of vaccination has changed. The definition of, of herd immunity, you know, uh, has changed all these themes that def the definition of a pandemic. So you look and you can see how who particularly that tends to set these definitions has been shifting. The goalposts just progressively just, you know, frog in the boiling pot will just shift and shift and shift.

Not long ago the FDA shifted, FDA, sorry, the CD. C. Shifted the goalposts for the, your definition for children of developmental delay in terms of at what ages is it okay for them to not be walking by and not be talking by. What we accept as normal now, 20 years ago would, would have had your, your good family doctor shaking their heads and saying there's, there's something amiss.

But now it's so common we regard it as normal. And I would say here that common and normal are not the same thing.

We're told that both Pfizer and Moderna are no longer referring to these inoculants as vaccines anymore. They're calling them gene therapies.

Well, so they should be because that's what they are.

That is correct. That's what they are.

So maybe we're all anti gene therapists.

I think so. We are anti gene therapists. Absolutely. I mean, talking to the question of gene therapy, it, uh, it has become aware through, uh, current court actions in the USA that the Gardasil vaccine does also contain genetic material.

So the Gardasil vaccine is going to be coming into this category as well, even though it's not an mRNA vaccine. It does have synthetic genetic contamination.

Has that changed recently, Robin, or has it always been like that, do you think? Do you think they've made changes to the vaccine?

As in the Gardasil, it all comes down to their method of manufacture, so that I would have to go back a long way, I think, to find out when they started using E.

coli plasmids for manufacturing their vaccines. Probably quite a while. In the history of vaccines, the Gardasil's a relatively recent one. Um, it certainly doesn't apply to the old DTP. That's been around for, you know, for a long time. So that's, that's way before the wholesale DTP started in the 1940s. The Acellular started in the 19, if you get my dates right, I think 1980s.

So that's what they've been going for a long time, but the, the newer vaccines, we may well find that, that even more of the newer vaccines have been done using similar technology, which means the bacterial, the DNA placement contamination could well be there as well. And I mean, Gardasil is known to have one of prior to the COVID injections.

It was a higher side effect ranking vaccine. So yeah.

In relation to the TGA, I mean, you may, may not know the answer to this, but if, if, uh, I mean, we hear, uh, noise around 95, 96 percent funded by pharmaceutical companies. It may be a bit less, I'm not sure, but, um, is there a correlation, do you think, uh, between, uh, That pharmaceutical boost in funding the TGA with these bad decisions and outcomes.

When, when did, when did they become 94, 95 percent funded by the TGA?

That is a really good question. I don't know how far back that extends. Again, it would have been a progressive process with all of these things. It's been a progressive process. Australia has the dubious. record of having the highest level of pharmaceutical funding of their regulatory agency.

It's no surprise really that Australia is one of the countries that's having the worst trouble. So they, they own the TGA, basically. Uh, it's, yeah, I don't know how far back it goes, but we certainly did start having troubles with our vaccination industry. Not that long after the 1986 decision was made in the USA to allow the vaccine industry to not be liable.

So, you know, it's been going for a while. I think just progressively getting worse. And their playbook's the same with all of these vaccines. I've, I've watched this, as I said, I've been in the game long enough. I've, I've watched them play this same playbook. They did it with meningococcal where they, they started first with a media campaign where they suddenly start saying, Oh, meningococcus, meningococcus, meningococcus.

Oh, here's some deadly, okay, you better get, and then suddenly a few months later, Oh, look, we have this wonderful new meningococcal vaccine. Everyone go get your meningococcal vaccine. You don't hear anything

for a while until those who are watching literature realize, oh, okay, that type of meningococcus disappeared but look, there's all these new types of meningococcus.

Isn't that funny? So, it they make it look like it's fixed one problem but in fact, there's another thing that occurs in its place. So, you know, this is their playbook. They've done that playbook with the pertussis vaccine of scaring all the women into saying you have to get pertussis vaccine who've been caught.

vaccine in pregnancy so your baby doesn't die of whooping cough, but no one gets to know what the real figures are.

Well, and that's going on, uh, Robin, uh, not, not only, uh, in workplaces, but I mean, I'm hearing regularly, um, from people in the community that family members are insisting that they have the pertussis, uh, uh, vaccine before they'll be able to see their, um, their niece or their nephew or, or, or whatever the case might be grandchildren, even, I mean, it's.

Exactly. And yet the actual figures prior to when they started doing this, and we still have, we, we have between nought and two. So, so the putting a pertussis vaccine in, let me put it another way around, the infant schedule starts vaccinating children from two months old. So the only children who are, um, vaccine protected, this is assuming the vaccines protect you.

The only children who are unvaccine protected are children less than two months old, right? The, the, the death rate for children less than two months old is between nought and two a year, between nought and two a year. Prior to when we introduced this push to, oh dear, pertussis is killing young children.

Well, hang on, what are the actual figures on that? So, so we are vaccinating 300, 000 Australian women a year and goodness knows how many other adults around them. In the hope that we might save between nought and two babies a year, one Australian trial of 300, 000 women showed that the vaccinating women in pregnancy made zero difference to the deaths.

The death rate was exactly the same, 0. 7 per million, whether they were vaccinated or unvaccinated. Yes, there may be theoretically fewer hospitalizations. Yeah, maybe. But then you go looking at, well, if, if we're only saving, well in fact we're not saving any deaths, are these vaccines incredibly safe? They really have to be absolutely incredibly safe if they're not necessary.

Are they effective and are they safe? And that's where we start running into other questions. We get told. The, the, this vaccine's safe in pregnancy. Did they do any trials on pregnant women before they introduced the vaccine in pregnancy? Of course not. They've done retrospective stuff. But all they look at is the, the immediate perinatal stuff, as in, did you make it kind of like to turn?

Did you bleed? Blah, blah, blah. You know, have we small fidates? Is the baby okay? In the first, they don't look at what's the long term health of that child who was vaccinated in utero. They don't look at that. There were two animal trials done. And guess what? You can't find them anymore. I've tried. You can't.

They're not there.

There's a rat in the cheese factory.

Oh, there sure is.

Now, to underscore everything you're talking about, I have just received this text message, which is incredible. Uh, one of my best friends was diagnosed with two different types of breast cancer in late October. She had a clear mammogram eight months prior.



By the time she discovered the lump, she had cancer in the liver. Bones and other places in her body. Two weeks ago, her family rushed her to a and e and she was struggling to move. It was discovered the cancer was in 85% of her brain, less than four months, from diagnosis to death with more than one type of cancer.

She was in her early forties.

She was up,

she was up to date with all of her boosters.

All her boosters. So this underscores, and I put this in the David Declaration, I, it's in the, the media release. What we're seeing with the cancers, we're seeing several different things, and she illustrates, uh, uh, uh, three of the four points I made.

Cancers in much younger people than we expect them. Multiple types of cancer at one time, and or multiple sites. So, same thing, she had two different types of breast cancer at one time. Highly aggressive cancers that present late and do not respond to treatment. And the other type that we're seeing is cancers recurring in people who've been in established remission.

Once someone's been in, uh, out of cancer for five years, we class them as remission, we don't expect it to come back five years. So, this is a tragic case. But this is what the reality is that is happening. This is the reality of what is happening. We know we're under getting a better understanding of what the mechanisms are for how that can happen.

Uh, you know, the lipid nanoparticle itself is toxic. The spike protein interrupts some of your DNA repair mechanisms. So if there's any oxygen, we know that these vaccines induce high grade inflammation, oxidative damage, immune system shift, they do all of those things. They, they block your microscopic blood flow, so you get oxygenation problems in the tissues.

DNA repair, uh, damage. The DNA can't be repaired. Then we have this question of what's happening with the, the injected synthetic DNA with the S. Back to what you said earlier about the SV 40. So what is SV 40? It stands for Simeon Virus 40. It is used deliberately in the lab as what's called a promoter, as in it is like a chaperone to carry foreign DNA into a nucleus to promote DNA damage when you're wanting to test on what causes cancer, these kinds of things.

It is a. Deliberate lab tool. What is that doing in vials that are being injected into people supposedly to stop them getting COVID?

Now, I think if I quote the, the, um, the species, right. Phillip Altman spoke to me a couple of nights ago talking about the SV40. Apparently it's extracted from greenback monkeys.

Green monkey simian virus. Exactly. This was simian. So, so it's, it's, uh, the green monkey virus. It's a green monkey virus. This was the same, and this is where we, we track across to a totally different story, but this was, um, yeah, this is where, it does get rather interesting, but this was implicated in issues with the, the original polio, with polio vaccines.

Many years ago, the simian, the same simian virus was used for the manufacture of polio vaccines that linked with a whole heap of immune deficiency disorders, and that, as I said, is a big other story that I probably won't go into tonight. But SV40 is known as, as something that will create problems in the immune system, but in the context of the DNA, particularly, it is a promoter.

It carries, it acts like a chaperone to carry foreign DNA into a nucleus, promotes cancer.

We're going to find out more about all of this because the next interview you see on Club Grubbery, which will be a Friday night. He's with Judy Mikovits from, uh, from the USA, who's, uh, who's a Fauci whistleblower of some repute, and, uh, this lady is incredible, and she's going to explain a whole bunch of stuff that our illustrious Dr.

Fauci has been involved in over the years, and that's going to be fascinating, because he's got his fingerprints all over, all over this stuff, hasn't he, Robin?

Unfortunately it has. The more you go digging it's uh it's it's quite and this is this is where you go from saying I don't think this can just be incompetence across into saying there there has to.

So there's a beautiful term malfeasance, which, which I think covers a lot of this that that we are talking about deliberate mal intent. You know deliberate mal intent and that's very different to to incompetence. Then you have to ask why, why, why do these characters want to be doing this? And so it has to come back to, to issues of power, control, money, you know, you have to follow the old story, follow the money trail.

And you can see that there are billions when we start talking about. The

good doctor looked incredibly squeamish when he was being questioned in the Congress by a Senator Republican Senator McCormick, who was a doctor that served during the COVID pandemic. Uh, he looked very, very sheepish indeed. So, um, we look forward to a little bit more of the sheepish behavior of the good Dr.

Fauci. Now, Robin, tell us about the intent of the David Declaration. The website is amazing. My Anne has done a wonderful job on the website. She's incredible. Um, and tell us about what we're, what we're looking to achieve through the David Declaration.

Yeah, thanks. So there's a couple of layers to this. So the first thing my, my hope is that people who perhaps haven't really thought through all the issues involved here will read this and go, wow, you know, there's, there's a lot here.

So it's to help raise background awareness. So I want this to be a tool that people can use. To, to give to other people who haven't really thought too much about this whole kind of like vaccine story to raise awareness, especially when they see that we have got, um, we're already over 100 of our doctors and scientists signed and that's within, you know, with less than two full days.

Oh no, we're two days down, yep. So, that, that we are talking, by the end of it I hope we're going to be looking into the many hundreds as we hook it back in with, with the North Initiative and with Canterbury and so on. So, that's the first thing. But the second thing, of course we're coming to an election.

So my hope here, and this is working together with ACA on this, the hope here is that this can become an election tool, as in something that people can actually use to go to their local constituents and say, do you know about this? Have you ever heard about this? What do you know about it? What are you going to do about it?

So that we can actually start to stir up the on the, get the people stirred up to stir up the on the ground politicians. So that, that's the next thing that we're hoping with it. It has already been presented in parliament and that'll be on their media release. They'll give you the link to Russell Broadbent's presentation of parliament.

It was presented last week. He did that on Thursday. The next level is linking it in, you know, internationally. So this declaration was first prepared in October of last year and signed originally by 97 of the top signatories back then, but we couldn't get a website organized, various other things. It was the same time as the Port Hedland motion.

So at that time that took precedence. So, but it was actually prepared at that same time. And so professor, associate professor, Jonathan Gilthorpe from Norway saw So it's all we were doing. In fact, he was signatory on the original declaration. So he went back into so this was the basis of the North initiative up in Europe.

So this is the Nordic countries, the Baltic countries and UK, where they have created a similar thing. They've taken it now into I think they're up to 15 countries that it's been presented into their parliaments. And so there's, they're really pushing up there to, to get change. Canada, they have started a similar initiative.

We're working with David's speaker on that. And maybe now I might even do their website as well. We're looking to that. We're still trying to wind the bugs out of our own first. But so starting in Canada, and we do already have nine U. S. states that are saying that they're not going to do things. So the hope is that this will be part.

It will both trigger waves itself, but be part of this bigger move. Where people can see that there are numbers, large numbers of international doctors and scientists and other professionals who are saying this, this must stop. We have to call a stop and get accountability, get transparency, get change to this whole situation.

So,

I feel like I should now share screen and we actually go through the declaration itself. Yeah.

Yeah. That'd be great.

Okay, here we go. Okay. Gee, Johnny, I'm getting good at this.

Yeah. There we

go. Viewed into full screen. That's better. Okay. So, talk us through it, Robin.

Yeah. So, so it's called the David Declaration for two, two key reasons.

So, an obvious first analogy of being David and Goliath, that we are we are You know, relatively small. We are up against the Goliath basically of the pharmaceutical, petrochemical, all of this industry that is, that is governing this. So, and I see this as being a stone, this is a rock that we're throwing at them.

And that's why I wanted this to be fairly specific regarding the DNA. It's not the only issue to do with these injections as we've just spoken. There's the spike protein, there's the lipid nanoparticles, there's the, there are questions of heavy metal contamination and nanotubes, there's all these other questions, right?

But this we can nail. This, this is clear. We've got solid evidence on this. So. As well qualified and respected professionals, we the undersigned call for the restoration of trust, bodily integrity, and government transparency as the foundations for a healthy and thriving Australia. In specific relation to the COVID 19 injections, we refute the Australian Therapeutics Good Administration's accusation of misinformation regarding evidence, regarding evidence of residual plasmid DNA and SV40 promoter enhancer as addressed in Appendix A.

So that's talking to David Spiker's work. Mm

hmm.

Excuse me.

So 10 demands. So the first section is 10, 10 We demand the immediate establishment of a COVID 19 Royal Commission. As you know, we called for a Royal Commission, I think it was two years ago now, um, and we sent a whole heap of documentation on that. Original documents were signed by something like 46, 000 Australians.

Now it was ignored, so we're coming again. Demand the immediate suspension of further mRNA injections pending an urgent, open and transparent investigation and testing by independent authorities. All of which is to be published. Demand full access to the TGA. So OGTR stands for the Office of Gene Technology Regulator.

So because this is gene therapy, it should have gone through them. And if it did go through them, where's the data for that? How did it get through? Demand full access to the TGA and OGTR data for the provisional approval of the injections for Australians. demand free and open scientific discourse into how these injections passed Australia's regulatory requirements, given that TGA have admitted that we didn't actually do the proper testing on them.

So how could that have been allowed? demand the release of the TGA FOI information with no redactions. For those who don't know, there have been numbers and, uh, Marianne DiMasio is one, uh, Rebecca Barnett is another, who have requested TGA FOI information related to these, and some of these have come back literally page after page of black, pure black redactions.

Nothing you can read. Although they did manage to let one thing slip and that was the kanamycin gene. So that did slip through, we saw that, which is an antibiotic that is part of the plasmid story. Demand full access to the TGA safety testing profile and methods. So you say it's properly tested TGA, what exactly did you do and how did you do it?

That'd be a good one.

Yeah. Demand open and free access to the TGA DAEN. So DAEN is disease, drug adverse. event notification scheme. So it's a bit like the Australian version of the VAERS, the US VAERS. So demand open and free access to the TGA DAEN and other databases for analysis by external experts and the public.

Because we know for a fact that again, they, they have, they basically have a double DAEN. They have one hidden one that they do not make public. and they are filtering what comes through. Demand the TGA review and comment on the level of adverse events in the Pfizer trial data, including all published medical papers and analysis against our own DAEN.

Demand the immediate release of government contracts made with pharmaceutical companies for the COVID 19 injections that were purchased with taxpayer funds. We have this where, you know, government money, taxpayer money. Has been used for this and yet we're told we can't access the data. This is all to be remaining hidden and no, so demand that all medical practitioners be informed of the above and that too is crucial.

So many of our medical practitioners truly have no idea of all of this. They are only reading, they are only getting what the powers that be tell them, which is, as you heard rabbitied by the head of the RACGP, it's safe, it's effective, it saves millions of lives. And that's all I know and that's all I hear and I don't want to know or hear anything else.

So then we move to the next 13 demands. which is much broader. And this, this goes more to the background restoration story and restoration of bodily autonomy, restoration of information of choice, restoration of things that are being taken as best possible. We further demand the restoration of health and wellbeing of all Australians and urge the Australian government to apologize for the adverse effects of the government directives for the management of the COVID 19 pandemic on the economic state.

social condition, educational standards, mental state, and overall health parameters of the Australian population. And this is certainly one where I'm hoping a lot of ordinary people are getting behind that, because there's virtually no one that I've spoken to, who has not in some way been affected by the government directives across this time.

Certainly, we've got those who, who lost their jobs due to that, and that's the next one I'll come to. But People whose businesses have been destroyed, people whose kids couldn't get to school and they're now behind in their schoolwork, kids who flipped into chronic anxiety states. You know, it just goes on and on, what they've done.

So next one, reinstate everyone who lost their jobs due to the vaccination mandates. And we know a few of those, don't we John?

One or two.

Dear idea. I don't ever want to go back even if, if I could, um, I'd shoot the system. Well, they'd shoot me. I'm not sure who'd shoot who first, uh, compensate individuals and communities adversely affected by COVID 19 policies, including vaccine mandates, vaccine injuries, and there's lockdowns and other directives.

Amen.

This is a broad and hopeful thing, but nonetheless, look. It's a bit of a wish list, I guess. But nonetheless, I think we, I think it needed to be stated, you know, reestablish a fair, equitable and just vaccine injury compensation scheme. Now, as you would know, and I'm sure Graeme, you would have had stories on here, but we know very well that, that those who, who've, who've been genuinely injured and have tried to gain compensation, the ridiculous hoops that have to be jumped through.

Uh, and the lack, it has not been fair or equitable or just.

And those that have been successful in getting a payout as MP Russell Broadbent has highlighted have had to pay tax on the lump sum.

It's crazy. I mean, will they do that with anyone who gets on some insurance payout for some kind of injury. It's like, really,

it never ends. It never

ends. That's right. So you so you end up I was one of those myself you end up with next to nothing for all of everything. And by the time you pay you pay the legal fees you pay the this you pay the that's like, what's the point of the no job, no pay no pay legislation and restore bodily integrity rights.

Meryl Frey

and Anita Huffmeister will be jumping with joy for that one.

Yeah. So, so we're, we're going to force them to move back on this thing, which again, that's a, that's, that's coercion. That is lack of freedom of choice. So, so yeah, most

lovable bureaucrat, Jane Halton. Thank you for that.

Yeah, yeah, it's really good.

And the interesting thing is, you know, if their argument and I wrote this in a letter that I wrote back in response to the, to the minister who kind of tried to justify it all. Because we started, Russell Broadbent and I started attacking that one last year. Um, I made the point that if they were doing that to shore up the level of vaccination and reduce the level of conscientious objection, it actually made no difference.

It did not improve the levels of vaccination. Just meant that more parents were out of pocket, but, you know, it's, but it didn't improve what they were trying, what, if that's, if that's what it was about, and we do have to ask, is that right?

Robert, what about, where does the, um, um, I mean, a lot of the health bureaucrats like Dr.

Kerry Chant, Uh, we're coercing people to get the vaccine by, by virtue of the fact they were saying it prevents transmission, um, to go and visit your mum in the nursing home, to go to work, et cetera. Where does that get covered off? I mean, cause that, that's, that's one of the lies that's been told.

Well, exactly.

Well, we're not, I'm not addressing that, uh, separately because it's part of the whole thing thing. With, with regards to the vaccines itself, I've sought to, it's, as I said, it's a specific rock. It's like a spearhead point. I'm going purely for the DNA question because we really know that we can absolutely know that there are all these other things.

We've proven it's not effective. There's so much data about that, that the more you vaccinate, actually, the more COVID you get. Massive Cleveland clinic study of thousands proves exactly that point. Numerous studies now showing that the more you vaccinate, the more you get a shift in the immune system across to what's called an increase in IgG4, which is a type of antibody that actually tells your immune system, go to sleep, don't try finding this.

This is just really effective.

And will the David Declaration apply to animals?

That's a good point. It certainly could, but I don't know that animals, we can claim a lot of these for animals, but we do have to, what I'm trying to do is bust open the whole question of the mRNA vaccination story using the DNA as the tool, because people may or may, they are heading very much for using mRNA technology in the animals and the chooks are going to be popping it with all the H5N1 injections that they're going to start putting the chips.

Which, which will transmit to us, by the way. It's really just another way of getting a transmissible vaccine into the food system that will get into humans. That is what that's about. So, it, we, but we, it's like the thing is so broad that if we go on too many fronts at once, we cannot get it. Because it is too broad.

So, so that's why I see the DNA issue as being, uh, one clear issue that we can measure. I mean,

you, you would think though that if you're saying no mRNA or halt the mRNA, that that would apply surely to animals as well. I mean, because you could be unsafe for humans, but

Well, that's the point I'm making. If we can halt the whole thing of the mRNA technology, that, that shows it'll be halting the mRNA technology.

It has the, all of the technology has to be halted.

Exactly.

Yep. But, but at the moment, it is being, being used as a base for every VA about to be used as the base for every vaccine, whatever type you wanna talk about, animal, human, every vaccine, because they've found themselves, the technology that for them is super cheap, super quick, and they wanna roll as much out as they can on that before everyone cottons onto what the danger of it.

Right. They're, they're very much doing a make hay while the sun shines deal while we can get away with it. We're going to do it. So we've got to shut it down because they're rolling this out. mRNA technology is being

rolled out hard and fast. As you pointed out, but yes, in the animals in every human vaccine that they can start to get it into mRNA technology.

Yep. So, um, so the vaccine injury scheme, no jab, no play. Okay. Facilitate open and transparent discussion regarding the loss of informed consent. In particular regard to vaccination, both adult and child. Now, this is a huge issue because, you know, when I went through medicine, informed consent was one of the absolute mainstays of the medical profession.

So I, you know, we had to be careful to really make sure that we wrote everything that could go wrong with a procedure because the patient could, could claim against us. And that's another point that people could be thinking of. That really, we do have a situation here and I know doctors are getting a bit nervous about this and I probably, you know I'm a doctor, so I'm probably not helping anyone, but doctors are supposed to give informed consent.

It is part of our, our original, um, well, it, it used to be done under the Hippocratic oath, but we are supposed to only give informed consent. And yet that has been totally wiped away in this whole thing of the COVID situation and the vaccinations. It's been totally wiped away both by the system, but also by many individual doctors.

And, and it has been also an issue for children's vaccinations. So, facilitate open and apparent discussion regarding the loss of informed consent. Then the next thing, and this, so this next one is, is a personal strong point for me that I've been chasing this my entire career and that's part of why the system had gone after me on a number of occasions.

Make public all evidence to support the government's claim that childhood vaccinations are safe and effective. Where is the evidence? Where is the evidence? Because what you actually find when you go looking, as I said, as this has been an area that I've been working in for a long time, when you actually go looking, you see that, that all the childhood vaccines, and there's a great book called Turtles all the way down, it's like they, they compare a vaccine to another vaccine.

It's not ever compared to a saline, total saline placebo as compared to another vaccine, and it's done short term. You never compare the health of the, the long term health of the vaccinated to the unvaccinated, and so on. These things are, it's beginning to come out. So you might have heard of, or I'm sure you too, well in fact, you know, John because you're part of ACA so you would have, you would have known that and by the way congratulations for getting on the board of ACA.

Thank you. So we've got these two new organizations stand up and vaccine choice and vaccine choice, um, uh, in the processes now of making and releasing a series of documentaries about vaccinations. The first, I think a couple are out now. I was in the first one talking about vaccination versus immunization.

I'm currently doing one on electrical androgen in pregnancy. So this is coming out of making, we are the ones at the moment who are making public the, let's say, lack of evidence, but really the government should be called on to give evidence for its claim that the childhood vaccines are safe and effective.

Uh, Robin, I'd ask you to skip number 18 because that would really upset John. So skip number 18.

You read that one, John. You read number 18. Go on.

Well, I, I think APRA should be expanded. They should be given more money, more control. It's a wonderful body. More technicals to their octopus.

Oh dear, oh dear, oh dear. And of course, I'm sure all your people know how in March 21, we were all given, and I'm sure you were given it too, John, for this wonderful directive. Doctors were given this wonderful directive telling us that we had to comply with everything the government wanted done. And beyond complying, we actually had to be seen to be supporting it.

And anyone who was thought to be doing otherwise was going to be investigated and possibly deregistered, which is part of why I no longer have my license. They didn't get to deregister me, I beat them to it, but um, I knew that having spent a year writing vaccine exemptions and mask exemptions and ivermectin scripts, that, um, that was what was coming.

Indeed. We better keep going, we're running out of time.

We're nearly there. Reform, governance and accountability arrangements across health and medical industries, including bureaucracy, checks and balances to avoid a repeat of COVID mismanagement. This is basically just saying, well, we just need, it's like we need to put a doge in through the Australian health and medical industry.

So in the bureaucracy, so that's really what that's saying. It's just got to go. reform the who. Now that was a difficult one to write. I didn't quite know do I write exit the who? Do I write disband the who? I mean whatever you put you're not going to please everybody. I so I stuck with reform and there are some who decided they don't want to sign because I didn't say you know kill you know destroy the who.

Um but the point is not everything the who has done before was bad. They used to have good some good health programs that the who were the one who initiated the vitamin A. into neonates in Africa, which before they put in the DTP vaccine was saving lives, 27 percent less mortality before they added the DTP.

Once they added the DTP, that effect was lost. And in fact, it looked like there was a bad interaction. But, but so there are some good things that WHO has done before. But that's before. Now, it's a major problem. So, and we are bound by international law to automatically comply with the WHO directives that are, that are not going to be.

I won't just say that why not here as I'm talking to this group, but. they're not appropriate for Australia or the Australian people. So we need Australia to look at that question of pulling out. We don't have long to do that before things are that we're bound by. We don't have long. I think it's December this year, James, you can correct me, but I think we've got till December this year, or Katie could correct me for that matter.

So, so this is this where I'm saying about this whole thing is, as you were saying, you know, the rollout of MRNAs, So cease the introduction of all new vaccinations and experimental gene therapies until there is open and transparent evaluation of the regulatory procedures applying to that vaccine to ensure that food safety has been demonstrated.

So this is to include the new RSV vaccine that has recently gained approval and has begun to be promoted and distributed, even though we are already seeing some deaths from it. And to include the replicon injection recently approved in the United States. So, so this is, uh, this, this is a very scary development, the Replicon injection.

So this is where they're, they're talking about self amplifying mRNA injections. So as in, they keep going, they just keep going. So, so this has to be stopped. Ensure regulatory and government staff. And so this is another thing, of course, that we know, and we call this, you know, the revolving door. And again, I'm sure you guys have seen it, how, you know, someone will retire from here and, oh, suddenly here they are now.

Oh, now with who? Or now they're over here or now they're over there. They haven't retired at all. They haven't lost their positions. They've just gone to another part of the Medusa head tentacle thing, you know. Cease the, uh, sorry, ensure regulatory and government staff do not receive in kind benefits or future jobs from those they have regulated.

And then our last thing, and this really goes to the whole censorship thing, safeguard free and open public discourse, scientific integrity, foundational human rights and freedoms, accountable governance, and the



broader societal health demands. And then we go to the appendices. So that's, I mean, it's, it's, it's pretty, um, what's the word I'm looking for?

It's expansive. I'm hoping it could cover a lot of ground. It may, I'm hoping it's not so broad that it falls on absolutely nothing, but I believe we, you know, we, we do have to take a stand. And as I said, hopefully it'll wake some up, roll down and show people where we're up to on our numbers. Let's see, where are we now?

12, 1580. That's great.

Well, one thing I would say, uh, Robin is, uh, I mean, you did mention there about the, the, uh, the who and the reform or exit. Well, I'll just quickly say, look, as. As the chairman of the ACA or the aligned council of Australia, I mean, we have adopted at a board level to exit the who, uh, because we believe that the organization is corrupt.

Uh, but I would implore everyone not to, uh, uh, shy away from signing this declaration because of, of, of one item on there. Because. Look, at the end of the day, um, you know, uh, reform may well be, you know, the only option. Um, but look, I, I think the who will declare itself one way or the other, uh, regardless.

And it would be, it would be really unfortunate if somebody, um, could not see past signing this very significant document declaration. on the basis of one item on there, which is, which is, I think a 50 50 thing, you know, there'll be, there'll be people there that we'll be happy with. Reform and there'll be people that will be very vehement and say, no, we want to exit it.

Uh, but look, uh, reform is a good start. And, uh, I think they'll declare themselves anyway as being, uh, not worthy of, uh, of support. And, and it'll, it'll, it'll roll into exiting regardless.

And I think when you look at further at the whole of the statement of what I put there, I said it's so that we are not bound by the international law.

So the only way we can make it is that we're not bound by that international law is to exit. We need to exit so that we are not bound by the international law. So maybe I could have put reform or exit. I, it was just really, cause I knew, I knew on that one, I was going to fall foul of somebody. Um, you know, some of my colleagues, a couple of, well, at least one of my top colleagues overseas, regrettably has said she won't sign because it says reform and not exit.

I was hoping we could be bigger than that, but

that's the bathwater. Yeah.

Yeah. That's right. Throwing the baby out of the bathwater. So I, I mean, it is impossible when you're putting together something like this to have all the wording in such a way that, that everybody, everybody is happy with you. It's just not possible.

So. So thank you for that, John. I apologize to those who would prefer to have said exit. As I said, I tossed it up and maybe I could have somehow found a way to say reform or exit, but We ended up with reform.

We certainly know from experience you can't please all of the people all of the time.

Declaration. org. This is how you get to the document. You can sign as a professional or as you can see, you can sign as a concerned citizen, but please sign because it is, it is a powerful document. And we are at a stage in this where, uh, where truth is so loud, it will not be silenced for much longer. This is one of those tools that will help it expand into the place it needs to go to bring this thing tumbling down.

So, based on all of that, I think, uh, we need to bring this to a close. Uh, Robin, it was great to have you on again, and we'll have you on again with some further developments, no doubt. I think a prayer is in order, would you agree?

Absolutely. I mean, the Lord is behind this, I have no doubt.

Absolutely. So dear Lord, Heavenly Father, you anointed, uh, David to be king when he was 16, but he didn't take the throne until he was 40, uh, sorry, until he was 40.

It took 24 years for David. To achieve the goals that you set for him, father God, we know that things that, uh, that are big and things that are powerful require us to have the experience of time and effort to bring them to fruition and Lord, we know that the David declaration is overdue. So we pray for the participants.

Those who designed and have built this, Professor Robyn Cosford and her team. We pray for those people who are signing it and we pray for the people of this great country who deserve its declaration to be made public and also enforced. So Father, we ask you in Jesus name to carry this document as far as you can.

Amen. Amen.

And so I'll send to you the media release that kind of accompanies this, because there are a few more links for people if they want to look at things like Russell's speech if they want to look at things like, um, the spycopathy paper that undergirds this, that the paper about the DNA in the blood of the South Australian.

So it's got quite a few extra limbs in it. So I'll send you that release for those who want to go more. And if anyone has other media contacts that they want to send it on to, please do. We just do want to get this out as, as far as we, as we can.

We do indeed. And, uh, Let's, um, let's get it happening and Robin, if you can get the, uh, that, the, the link to that to me as soon as possible, I'll put it in the edit.

Yeah. Wonderful. I'll change computers and send it to you.

Johnny Lardy, you've often been heard to say,

well, thanks Robin for, um, a wonderful, uh, document. And I hope everyone signs it, please, um, team have done a wonderful job and I want to thank Russell Broadbent. Tanya Danock and Dr. Julie Sladden for all the behind the scenes work that they've done.

I mean, for Russell to, uh, stand up in parliament, uh, and deliver this was absolutely magnificent. And I'll leave a hoodie with this just so he gets a few complaints. My goodness. You just couldn't make this stuff up.

He always wins in the end. That makes me sick. Robin Cosford, thank you so much for as always for your time and your graciousness. We really appreciate it. We know you're busy and we thank you for the efforts that you're putting into this. And to all of you out there, just remember what you did yesterday got you to today.

It's a beautiful country because you live in it. And that goes for you, whether you agree with us or not. What you did yesterday got you to today. So keep loving each other, hold the line, stay out of the trees and we'll see you with Judy Mickiewicz. That's a huge interview from the USA on Friday night.

God bless you all and keep up the great work. Bye for now.

Bless you. Thank you.

