

Club Grubbery - Raw transcript of interview:

2025-07-16 Graham & John speak with Professor Dr Paul Marik

Some of the world's best doctors and sharpest minds unhindered by unhindered, I should say, by uh, pharmaceutical payments and, uh, and, and being, uh, bribed by grants from various government organizations have been systematically canceled and virtually wiped out by, uh, a medical tyranny, which the likes of which we've not seen in the world, driven largely by the World Health Organization and its various arms.

We've seen doctors of the highest caliber canceled out recently. John and I interviewed, uh, professor Charlie Teo, one of the brightest brain surgeons in the world without, no, without doubt. And we asked him at the end of the interview whether he knew of a guy called Professor Paul Merrick. He said, yes, he did.

In fact, I, I would venture to say that there wouldn't be too many doctors around the world who haven't heard about or studied our guest appearing with us tonight, professor Paul Merrick from Virginia. Great to have you back on Paul.

Uh, it's wonderful to be here, Graham, and it's wonderful to be able to connect with people who understand what we, what we're up against, and we, we, we are united together and we will fight together.

Absolutely. And Johnny Lader, it's great to have you back on. As always, mate, you and I spent some wonderful times with, uh, Paul Merrick and also with, uh, professor Angus del GL in New Zealand and in Australia. And mate, it still, it, it still staggers me. How these guys who are so brilliant, who also have courage and integrity and are prepared to stand against the tide of, uh, popular belief in the narrative, um, are treated the way that they are.

And worst for the people of the world, their advice is ignored.

Hmm. Well good, good, good day to everyone, but, uh, look, it's so sinister hoodie. Uh, look, it's my understanding that they actually use, uh, Paul's papers and, and books, uh, in the anesthetic exam in Victoria.

Yeah.

So, I mean, say no more. Uh, he's held in the highest regard, uh, around the world.

There is absolutely no doubt, and as you, as you've alluded to, he's probably one of the, uh, go-to, uh, critical care physicians in the world. Uh, and he's, uh, he's caught up in the same mess that we're all caught up in that, uh, we don't seem to be, uh, getting a lot of traction on, but, uh, we just keep fighting.

Yes. And, and John, yesterday in, uh, on a BC radio in Perth, Dr. Norman Swan, who is the, um, uh, the medical journalist for the A BC Australia's, um, national broadcaster, was sent a, a a question from a listener about, uh, is it possible that, uh, mRNA shots may be causing the rapid rise in cancers at the moment?

And his response was, and I paraphrase. It's more likely COVID has caused a rapid increase in cancer and therefore you're probably better off getting vaccinated to prevent COVID. Paul Merrick, there's an opening segue for you. What do you think of that comment?

Yeah, so, you know what, if you look up turbo cancer, basically, um, Wikipedia, many of the mainstream media consider it a, um, conspiracy theory propagated by anti-vax people that the anti-vax contingent are, are, are generating this conspiracy theory linking, linking the vaccine to cancer.

And obviously, you know, that's nonsense. You know, we have to look at the data and we have to look at the science and, uh, I think they're just too. You know, these vaccines were not well studied. The long-term effects

weren't established. And I think now we have pretty convincing data that the vaccines are associated with the increased risk of cancer.

You know, much like at the beginning they said that the virus came from a natural source and that, um, the lab leak theory was a conspiracy. It just so happened that that conspiracy theory became conspiracy fact, and I think that's what's happening now. You know, there is significant amount of data linking the ME Messenger, RNA, vaccines to Cancer.

And so the data is so convincing it, it can't be dismissed. It's really important that healthcare authorities actually look at this data critically because the implications are enormous. Um, you know, the, uh, the long-term consequences or it's astonishing. We don't know how long after the vaccine people are at risk of getting cancer.

It may be years, it may be forever. And so the implications are really very important. So there was a study outta Yale, which looked at people who were vaccine, injured from the vaccine, and they found circulating spike protein 700 days after the vaccine. And that wasn't the longest patient. There was a patient who was excluded because she was an outlier.

She was 1400 days, and if you remember, we were told that it stays in the arm and it goes away within two or three days. This patient had circulating spike in the bloodstream, circulating spike for 1400 days. I mean, that is astonishing. And the medical community just won't wake up to this problem. You know, spike is probably one of the most toxic proteins ever developed, and it has enormous side effects, enormous toxicity.

These people are really sick with serious multisystem disease. Mm. So to get to turbo cancer, basically, you know what, what? The, the authorities want to dismiss it, but it is a reality in that oncologists, um, are reporting that patients are presenting with aggressive cancers. They're presenting at a younger age, they're presenting with more advanced cancer, and they're presenting patients who were previously in remission.

Usually after a booster, the cancers go completely outta control and become, uh, untreatable. And so there's, you know, there's the experience of, you know, experienced oncologists who are reporting this. I mean, Angus Les, you know, openly talks about how many of his patients have developed uncontrolled cancer after usually the booster.

And then there are case reports, there are numerous case reports. Which highlight the, the link between the vaccine, the mRNA vaccine, and cancer, particularly the booster. It seems to be the booster, um, which we'll talk about which, um, triggers the cancer. And so, um, we have four epidemiological studies which have actually demonstrated, what they've shown is they've tracked the, uh, age adjusted mortality from cancer.

So they've done this, the CDC data, the UK data, and the Japanese data. And what they've all shown is that in 21, there was a, an uptake, an increase in the rise of cancer, which then accelerated in 22 and 23, which is when we had the rollout of the vaccines. There was a study done in Japan, which was, I think, a very good study.

It was published in the journal, serious, uh, serious being quite serious. It, it was a, uh, standalone, uh, journal that was open source and was objective, uh, uh, and what, what they published was a very good paper showing that they looked at the age adjusted risk of getting cancer, and they showed that it went up after the primary sequence of vaccines, like in 21.

But after the boosters, there was a massive increase in the risk of developing cancer. This was the age adjusted risk of dying of cancer. Went up in Japan, went up in the us, went up in the uk. So wherever people have actually had a look at the association between. Messenger, RNA vaccine and the incidence of cancer, it's gone up.

And what's shocking is these are very aggressive tumors. They tumors in young people and they present at a late stage. So the tragedy with a serious paper is it got withdrawn. So if the medical community doesn't like what they reading, it goes against the narrative. They basically withdraw the paper. And so Sirius got bought out by Springer, and Springer obviously is controlled by gates in the pharmaceutical industry.

So they basically withdrew the paper, you know, on the grounds of some made up nonsense, statistical query. It was a, the paper was retracted. So this is a, a repeated theme. Whenever papers are published, which go against the narrative or challenge the narrative, they get retracted. Peter McCulloch's paper in which he looked at, he did a series of or autopsies of patients who had died following the vaccine vaccine.

Again, I think it was published in serious, it was withdrawn again. So, you know, we, we've gone past, science is based on dialogue and exchange of information, and you should put all the information out there, let the chips fall where they fall, let let them be, you know, honest discussion and, um, exchange of information.

And so maybe the paper was wrong, but you know what? That, that needs to be out there so people can analyze the data and review the data. So I think there's, you know, pretty significant information that following the vaccines, particularly the booster, that there's been a rapid increase in the risk of cancer.

And many of these are young people. And so then how does one explain this? And in fact, uh, this, as I said, the spike protein is probably the most toxic protein known to mankind. And so there are nu number of mechanisms by which the spike protein in the vaccine can, um, course cancer and carcinogenesis.

There is a paper called the Multi Hit Theory, uh, to explain it. What we've done is we, we have a paper which will be out next month on, um, turbo Cancer where I basically, um. Discuss what I've just told you about the epidemiology. And then we go into the biochemical pathways, which have been proven to be altered by spike protein.

Spike protein causes multiple, so one, one of the most important mechanisms causing cancer is called metabolic reprogramming. So the old theory, which is mo, what most oncologists believe in, and most oncologists in Australia believe in, and it's based on chemotherapy, is they believe in what's called the somatic mutation theory, that cancers caused by a mutation in the chromosomes.

And then this gives rise to a generation of cells that have the same genetic malformation or dysfunction. However, that theory has been disproven, that theory has been disproven and there's, there's significant data to show that the somatic mutation theory to explain cancer doesn't exist. Why it's important is that oncologists, mainstream oncologists in the us, the UK and Australia, based their treatment on the sematic mutation theory, giving drugs with, you know, oncological drugs, which target the chromosome.

So they're giving patients toxic drugs, which don't work. What's been shown is cancer is really a metabolic disease due to metabolic reprogramming of the cell. Uh, there's a biologist in Boston, Thomas Ere, who's, uh, done probably the most extensive research on this topic and published a book, but it, it's really based on the work of Otto Warberg, uh, who in, uh, 1924 basically showed that cancer cells are metabolically different.

These are all cancer cells. It doesn't matter what the cancer is. The cancer cells preferentially use glucose as a source of energy and that they avidly take up glucose. But the pathway which glucose is metabolized is completely different. It's not utilized by the mitochondria. So what happens is you have massive aerobic glycolysis and mitochondria become ineffective.

So this is called metabolic reprogramming and it seems to be a fundamental property of cancer cells. It just so happens that the spike protein, which is metabolic reprogramming of cells, so that's one of the first links. Secondly, there, there's, and there are many mechanisms by which the spike protein can cause cancer.

There there is a protein called P 53 and BRCA one, you may have heard of it. These are called a cancer suppressor pathways. Spike protein binds directly with these proteins to interfere with tumor suppressive pathways. We know that the spike protein causes, um, changes in immunity. One of the things that does is increases IgG four.

People have spoken about IgG four. IgG four is a type of immunoglobulin, but it's immunosuppressive. So there is a paper published in the medical peer review journals, which show patients with pancreatic cancer who get, who get, um, the COVID vaccine and booster have higher IgG four levels. And this is associated with a bad outcome.

So, you know, it's not like we inventing this stuff. This is, this is out there. This is published data looking at the effects of spike protein on metabolic reprogramming on P 53, on BRCA one on the immune system. We know that, um. Vaccine causes immune suppression. And you know, one of the most important ways to prevent cancer is immune surveillance.

You know, your T cells and your natural killer cells, you know, circulate throughout the body looking for cancer cells and killing them. Um, we know that with the spike protein you get a depression in immune surveillance. So there are many, many pathways through which it's highly plausible and for which there's really good data that one can infer that the spike protein can cause It's not a wild theory can cause cancer.

And the bottom line is there's this massive exponential increase in cancers that have been noted. And so there must be an explanation. And so it's not in 2020. It happened in 21, 22 have got a lot worse in 23. And so what happened in 22 and 23? Mm-hmm. Well, half the world will not half the world, 85% of the world got vaccinated with messenger, RNA vaccines.

And so, you know, I said before the spike protein in some people persists forever. So we don't know how long the risk of cancer will last for, you know, we don't know. And that's what's terrifying. And then obviously, you know, we worried about vaccinating pregnant women because we know it processes the placenta gets into the baby, so it may increase the baby's risk of, of, of cancer.

We know it happens in children for some absurd reason. For some absurd reason we decided to vaccinate children. Um, it was probably one of the most stupidest medical decisions ever made because we know that the likelihood of a healthy child having a bad out come from COVID is almost non-existent. So why were they being vaccinated?

We know the vaccine doesn't prevent transmission. So this idea of vaccinating the kid so the kid doesn't transmit it to grandma is completely bogus. So we have a whole population of children who have been vaccinated with, um, these vaccines and maybe at lifelong risk of developing cancer. It's a very scary concept.

So,

hey John Ram and John,

that's just a, an overview of, you know, what we facing.

John, we, we've said on several programs, uh, we've highlighted the fact that, um, the, uh, the Australian Immunization Handbook has been amended, uh, taking out the recommendation for mRNA vaccines for people under the age of 18, healthy people under the age of 18.

And yet the mainstream media have not announced that there are still doctors in Australia who don't know that of that amendment, and they're still vaccinating children. John, you are the chairman of the a CA, this, the Line Council of Australia, and your sole purpose at, at that organization is to bring awareness to the WHO and what they're trying to do.

Um, how does, how does, how does that make you feel now having heard what Paul just said?

Well, it, it makes you sick. Uh, and I think the real, uh, issue is with the children. That's, that's where it's, uh, it really has, uh, crossed the line. I, I mean, Peter McCullough is now saying that, uh, uh, pre COVID, uh, the instance of, uh, myocarditis was one in 250,000 in children.

Uh, and it's now one in 40, uh, post the vaccine. Uh, so if those numbers are right, uh, heaven help us. I mean, that, that, that is outrageous. And I, I we've heard Angus, uh, Al Gle talk about turning off the policeman in your body. I mean, it's exactly what Paul was just saying. Um, you know, put it in simple terms and, and here we are.

We're still here in 2025. We've got people like Dr. Norman Swan, who might be doctors, but to the best of my knowledge, they've never struck a blow as a doctor. Uh, they've never seen a patient, uh, likely. And if they have, uh, it was probably only during their internship at a hospital, um, researchers that are just guns for hire, uh, that, that come out.

Doctors that are guns for hire. I mean, these people are not people you can trust. Uh, the people you need to trust are the people at the coalface that are, that are seeing, uh, what's going on, that are doing the real research. And as Paul's indicated, I mean, this stuff's being buried and, and if it's not being buried, it's being bought out.

Uh, I mean, it's just so corrupt. Uh, Angus uh, spoke to us the other day about how he, he was going to a conference in France to talk about the dangers of what was going on at a, at a, uh, a medical conference. And the conference was canceled, uh, while he was putting together the slideshow because the French were concerned that, uh, their turning up to this conference was going to create, uh, some sort of public, uh, unrest.

I, I mean, so this is cancel culture. Uh, like we've never seen it. It's control. Like we've never seen it. Uh, and the World Health Organization and Bill Gates are at the very, uh, front of all of this. Uh, and there needs to be a. A Nuremberg style trial, and these people need to, uh, face the music, I'm afraid.

Um, and, and I suppose in the interim, uh, what we need to do is use the, the, the, the, the minds of, of people like Dr. Paul Mar, who have serviced the, uh, medical industry, uh, so diligently and with, uh, the utmost, uh, uh, commitment, uh, over their entire lives. To, to, to hopefully try and put some sort of package together that people can go to, to actually rid themselves or, uh, or negate somehow the effects of this spike protein, uh, into the future.

I mean, I, I dunno what else we do, Woody.

Yeah. So John, you know, I think the truth will come out. You can't hide the truth forever. You know, it may take 10 years, but we have the truth on our side. We know what the truth is. As you say, the cases of myocarditis and sudden death in young people, you can't hide those.

And so the truth will come out and the extent of the truth will come out. Um, unfortunately, many of the perpetrators of this crime will not held accountable, which is the tragedy, but the truth will come out. And I think what our goal in the meantime is to try and waken people's mind to open their eyes just to think about things.

You know, they don't have to be completely convinced about the toxicity of the, the, uh, vaccines, but at least think about it. Have an open mind. Do some research. Don't just believe what you hear on the TV or you hear in the media. 'cause we know the media's completely bought and controlled. We know the medical journals are controlled by big pharma, so people, you know, they're not stupid.

They've just gotta open their eyes. And we need to, we need to get them to think about what's happening. Um, I don't think there's anybody who doesn't know someone who's not vaccine injured or developed cancer, or some complication likely to be associated with the, um, messenger, RNA vaccine. And you know what?

It's not a vaccine we shouldn't get ourselves. This is genetic therapy. The likelihood. So how do you explain the fact that 1400 days after the vaccine, patients still have spike PO protein circulating? And so one of the most plausible explanations is that you have reverse transcription. And the RNA gets incorporated into your genome.

So these vaccines are changing the genetic structure of human beings. We changing people's genes. And then the, what's frightening is that that is, that is then transmitted to their children. So we, we creating a race in which we have altered the genetic structure of human beings. But you know what? That may be their goal.

Their goal. That may be their goal.

It, it's hard to imagine that it isn't their goal. Um, with, with all the other technologies rolling out. A lot of people call 'em conspiracy theories. But, um, what's the, what's the average life expectancy of a conspiracy theory these days, about six months before it becomes a fact?

Um, this, this stuff should be frightening. Uh, and we've gotta realize all of us. Uh, some of us, uh, are quite happy to stick our heads in the sand. Some of us are at various levels of awakesness, but if we're not gonna be a part of the solution, we're actually gonna become a part of the problem. And the fact that we're striving to improve life for our children and grandchildren, uh, and that process involves injecting them with a messenger, RNA, which is highly likely to cause severe health complications later in their lives, is just a misnomer.

It just doesn't make sense. So, Paul, you are, a lot of people know you, but you seem to spend your whole life in cancer research. Am I right or wrong?

So, you know what I, I started off with, uh, my interest was COVID. And you know, at the beginning, if you remember, the NIH, the CDC and the WH said, there's no treatment for COVID.

That you go blue and you stay at home and then you go to hospital, which was completely absurd, you know, and no doctor's gonna just sit back. So what we developed is protocols for the treatment of COVID, which makes sense. And that's how we formed the F-L-C-C-C. But the, the, uh, status quo and the, the, the establishment didn't like what we were doing because we were challenging.

'cause ultimately their goal was to get a vaccine in every arm. And what we were saying is, no, there are alternatives to the vaccine and then there are medical interventions you can do to reduce your risk of getting COVID and if you have COVID to treat COVID. So, I mean, for example, one of the most, you know, if we were really interested in public health.

What we should have done, even, even even in Australia, is give vitamin D, particularly in elderly people, particularly in long-term care facilities. We know these people are vitamin D deficient and we know if your vitamin D level is above 50 in, in our American units, your risk of dying of can of COVID is almost zero.

So you know what? Instead of running around giving these really expensive vaccines with all these side effects, if we had just given the population Vitamin D, vitamin D, which costs me 10 bucks a year, we could have done enormous benefits,

safe and effective.

It's safe and effective. It's, it's so safe and so effective.

And yet they won't talk about vitamin D because it challenges the pharmaceutical industry. I mean, I literally buy. A year supply of high quality vitamin D cost me \$14. Nobody's making money on that. And so that goes against the, the narrative, you know, it has to be expensive and some fancy designer molecule.

But that's how I got started. And then I realized, you know, that there are rep and then obviously we discovered hydroxychloroquine and ivermectin. Uh, you know, it was through Pira myself. We put Ivermectin on the map and then so it, we developed an interest in repurposed drugs 'cause we knew that there were cheap, effective, safe drugs that were effective for a whole host of conditions that the, um, medical community didn't want you to know about because you couldn't make money on them.

And so that's when I developed an interest in repurposed drugs. Nutraceuticals. And then obviously it led to cancer because we know there are many drugs that are, are very effective for cancer. Now, ivermectin, believe it or not, is a very effective cancer drug, uh, with, you know, really good results. But it's, it's a cheap drug.

You know, the average cost of chemotherapy, a hundred thousand dollars a pro. The, the, the, uh, prolongation of lifespan with modern chemotherapy is two to three months. So we are spending, we are spending over, you know, hundred thousands of dollars, enormous toxicity with minimal benefit, and yet there are repurposed drugs that are cheap and safe that we could use to treat cancer.

So that's what I've been focusing on. And so you can see there is a bit of an overlap between, you know, turbo cancers and the treatment of cancer.

Mm-hmm. Yesterday, uh, yesterday Michelle, Johnny got a letter from, uh, biosecurity saying that the ivermectin paste that she'd ordered online was confiscated and would not be, uh, would not be sent to her with a warning that she shouldn't be ordering this stuff online.

Um, she actually wanted it as a veterinary treatment for our, uh, our animals. Um, and, you know, biosecurity, you know what, what else is going on? And we are worrying about ivermectin. It's just biggest belief. Johnny, you must have a hundred questions for Paul.

Paul, it's interesting you, you raised the chemotherapy.

Um, I, I was saying to Angus in our interview last week that, uh, surely these, uh, regimes, these health departments have, uh, knowledge of the uptake, uh, an increase of these, uh, of these drugs related to cancer. Um, they must be an indicator of, of actually what's going on.

Yeah. So I mean, there's no question that oncologists are seeing a big uptake in cancers, particularly very aggressive cancers.

So they're presented a late stage and tragically in young people, so, you know, they're gonna present to an oncologist and oncologists are going to do what oncologists do, give chemotherapy. So, um, this, this data will become, I mean, that you, you can hide it for so long, but eventually it will, you know, it will come out.

Mm. And, and I mean, given the fact that you, you've alluded to the, the, the premise of the way they're treating cancer in Australia is, is, is not, uh, is, is no longer really correct. Um, and it's more based on a, on a metabolic, um, um, issue. Uh, they're obviously not using the right drugs. I mean, chemotherapy isn't going to be effective.

Yeah. So, so, you know, chemotherapy's big business in the US it's a \$400 billion industry. So, um, the, the goal is to use chemotherapy to treat patients, not to cure patients, has nothing to do with improving health. And so the, um, pharmaceutical companies and the research have a monopoly on these drugs. And so the idea that you there may be cheaper and repurposed drugs is, is really problematic for them.

And they won't accept this concept that cancer may not be a, you know, somatic mutation, but rather metabolic problem, which you treat differently.

Mm-hmm. Well, I, I see Dr. Makers, uh, is obviously of the same view as you. I mean, he, he seems to be recommending ivermectin, uh, femazole and, and other, uh, treatments, uh, in, in lieu of, uh, chemotherapy.

Um, so there are obviously oncologists out there that are of that view.

Yeah. Um, absolutely. And there are a few in Australia, fortunately, who follow a more, you know, you, you have to have a more holistic approach. Keep an open mind. You know, we, there are some cancers that actually do well with regular chemotherapy, so, you know, we don't wanna completely throw it out.

So there's certain lymphomas, testicular cancers, cho carcinoma do respond to chemotherapy. But, but the most common tumors, you know, colorectal tumors, um, breast cancer, prostate cancer, they respond quite poorly to chemotherapy. So, you know, I think the bottom line is, is that we should be doing what's best for the patient, not what's best for the pharmaceutical companies in the bottom line.

And patients need to be more inquisitive about their treatment. They need to be, they, I think the days where patients blindly believe what they're told by their physician are over, they have to question everything. They need to do research. And that will shock me discover that most of what they're being told by the medical community is fraud, absolute fraud.

We know that SSRIs, something like 30% of the American population are taking SSRIs. That's a massive fraud. We know that SSRIs simply don't work and have horrendous side effects. We know that statins just don't work. And it's, uh, atorvastatin is the commonest drug that's prescribed in the us So the pharmaceutical industries together with the medical establishment have weaved this false narrative based on fraud.

And so people need to wake up. Obviously, what I'm saying is people don't like it. I'm considered a misinformation. So you may, may or may not know that Dr. Corey and myself are the only two physicians in this country that have had our medical boards removed, revoked. Because we are misinformation, we are the wor, we are the leading misinformation is in this country.

Good grief. Good grief. At a time when your talents are most needed. Mm. You know, uh, Paul, a a wonderful situation happened here just on a year ago. Uh, the daughter of a good friend of mine was diagnosed, diagnosed with acute myeloid leukemia. And, uh, as treatments were being planned, uh, I I got involved with, uh, professor Ian Bright Hope, who, you know, in Australia who, um, who, uh, wanted to, wanted to give some advice and, and perhaps help with some supplemental things to do, uh, during the, the, the process.

But he said, look. Let's just, let's just wait on the treatments until I see all the data. And all her records were sent to him for analysis and he contacted me. He said, oh my God, hoodie this girl's in a really bad way. Get her into chemo straight away. And what we can do is work with that and see if we can't develop something and rebuild her system.

But she's gotta get into chemo straight away. She's, she doesn't, she'll die. Now, that was a very pragmatic response from a doctor who's really pushing, um, alternative types of medicine, which are very, very safe and effective, like intravenous vitamin C, vitamin D three, and others as it would have it. The parents and the girl herself were very adamant that they were going to have the protocols that they wanted, and they were fortunate enough to be in an oncology department where the oncologist agreed to, uh, vitamin C and some other treatments.

Uh, A ML, I believe has a, um, a 20% survival rate. That girl, uh, 12 months down the track is completely cured, completely free of it. And, uh, it's, it's just amazing to see the difference because they stuck to their guns. She didn't have the bone marrow transplant. She had a donor lined up. Uh, she decided not to have that happen.

She did the one course of chemo and that was it. And the rest of it was done with, um, with vitamin Cs and other treatments. And it's just amazing, Paul, if we can only apply this, we don't have a, a health system anywhere in the world, do we? We have a disease management system.

Yeah, you're absolutely right.

So, you know, what we say is there is a place for chemo and some patients won't take chemo, but at the same time, there's absolutely no reason they can't take these adjunctive therapies. In fact, there's published medical data that show that they work synergistically with conventional therapy. So if you do elect to take chemotherapy, and I agree with a ML as one of those chemos that you do want chemotherapy, but there's no reason that you can't take, you know, these adjunctive therapies, you know, green tea, ivermectin, uh, vitamin C.

It can only, it can only help. And, you know, they're completely safe. You know, the, the, you know, the modern medicine is first do no harm. These things are pretty safe. So I think she was, she was smart in what she decided to do because in a way you're taking the best of both worlds. You're taking what traditional chemotherapy or traditional oncology can offer, as well as looking at more alternative therapies.

And together they work really well.

Johnny Paul, the, uh, the Trump administration has shown real leadership in, in terms of, uh, uh, starting to untangle this really rotten, uh, disease that, that is, uh, this fraudulent activity that's going on within the medical fraternity and the pharmaceutical, uh, companies, et cetera.

Uh, Pam Bondi, who, who, uh, is the attorney general, uh, gave, um, a, a pardon to, um, or exonerated a Dr. Dr. Michael Kirk Moore, who, who was putting, uh, shots down the, down the sink, uh, is doing everyone a, a wonderful service and a, and a real hero. Now, he's been, uh, essentially held up as a hero in America now for, for, for doing the right thing.

Um, we, we've had, uh, Donald Trump's lawyer on this program, uh, John Laro. Um, and, and look, I, I, I'm wondering whether there is some. Um, avenue for, uh, the president to actually intervene with the Attorney General in your case. And, uh, and, uh, Dr. Pierre Corey, I mean, you, you, you, you two guys are, are, are just, you're exemplary.

You, you, you are actually revered around the world as, as standup physicians and stand up men. Uh, and, and it's, uh, incumbent on the administration to actually review what's gone on with the, uh, medical board over there and, and, and overturn this nonsense.

Yeah. We are, uh, suing A BIM, American Board of Internal Medicine.

Um, not sure where that will go. Um, but, you know, this is not about me or Pierre. This is about the bigger issue of the truth and speaking the truth and doing the studies that need to be done. You know, we need, we need to study spike protein. We need to be able to measure spike protein. We need to do studies to determine how we can, how people can get rid of spike protein.

So there's a lot that still needs to be done.

Yeah. Are you, are you, uh, making headway with that, uh, about, uh, detoxing from spike protein?

So, you know, Graham, that's a really good question. The, the biggest problem, and you can understand it, we can't, there's no commercial test to measure spike protein and that's deliberate in, in Germany.

You can measure, they have tests available to measure spike in the blood. They, in the us in the uk, presumably Australia, they don't want those tests available because they don't want people to know that they have circulating spike in the bloodstream. That would be the first step because what you would wanna do is measure spike in the blood and then you would be able to select out patients who have high levels.

And then try different interventions to see what will get the spike down the first 'cause. Otherwise you, you kind of treating blindly the first step must be to, to develop a commercially available test to measure spike protein in the blood in all humans who have been vaccinated. That's what we really need to do.

We need to know how many people have circulating spike and then those would be the people we would develop strategies to reduce their spike. We don't know what works. You know, we think Nattokinase, Brolin NAC, but we really don't know and we don't have specific therapy.

Hmm. And that, and that has to be, uh, a priority when you think about blood donation too, doesn't it Paul?

Really? I mean we, this is another big issue.

Yeah, yeah, of course it is. You know, um, there have been patients who have, you know, developed circulating spike or psychopathy from blood transfusions. And the, the, the, there's no question that being the likelihood of receiving lad, which has spike in it may be quite high.

And what are your thoughts, Paul, on, uh, shedding spike protein shedding?

Yeah, so it's an interesting concept. When I first heard of it, I thought, you know what, this is another conspiracy theory, but it's, it's a, it happens, it's a reality. There is a published scientific paper that has have looked at women who have been exposed to recently vaccinated women, and about 80% of them develop menstrual problems related to exposure to spike And, um.

We know of patients who've not been vaccinated, who've not had COVID, who've been exposed to a recently vaccinated person who develops high spike antibodies. So there's no question that shedding is a real thing. It's not, it's not a conspiracy. Uh, and so it adds to the complexity of this very complicated socio social disease.

So in actual fact, uh, you know, the, the, uh, the circulation of spike protein is now not just confined to those who are vaccinated. It's a global problem for everybody. There should be no division about this now.

Yes,

yes. You know, divided. We divided. We fall, united, we stand, divided, we fall. So we're all in the same boat.

Uh, I've, I know several naturopaths who do live blood analysis and, uh, there's, they're noticing changes in people's bloods. On a regular basis, uh, lots of, uh, lots of, um, fibrous material in the blood and, uh, micro gels and all that kind of thing that weren't there before from people who haven't been vaccinated and they're saying it doesn't matter whether you're vaccinated or not, we're seeing the same blood.

Yes. That's why it's so important that we, we be able to measure spike in the blood and quantify it. I think it's irresponsible of the world health community not to measure spike. It's a test that can be done, but they don't want to do the test because obviously people will be outraged if they know 2, 3, 4 years down the line they still have circulating spike.

And I suppose the, um, you know, in terms of litigation, uh, you know, there will be enormous issues so that they're trying to, you know, all along they've been trying to hide the truth. They did it from the beginning. The whole business with masking and six foot rule and social isolation, all of these were lies.

And they, they've never really accepted responsibility for misleading the world population.

Johnny,

uh, Paul, uh, you know, people, uh, obviously don't join the dots. Uh, but there, there hasn't really been a lot of focus, I don't think, personally, on, on what it's been doing to, uh, uh, pregnancy and, and the instance of, uh, miscarriages, uh, still, still births.

Um, I mean, when you look at it across the board, I mean, you look at the, the kids with Myocar myocarditis, the turbo cancers. Uh, you know, the increase in, uh, uh, autoimmune diseases, et cetera. I mean, and, and then you, you, you plug in, uh, the maternal side of things. I mean, there, there, there, there is only one thing.

I mean, you can't, can't really say that all these rises and things are, are, are suddenly due to, uh, anything else. I mean, because 85% of the population, as you say, have been stuck with this stuff.

Yeah. So you are right. I mean, you know, obviously Kennedy, um, recommended no longer to vaccinate women, pregnant women with a vaccine.

He's being sued by a whole bunch of different medical organizations, which is outrageous because as you know, and we know the miscarriage rate for women who have been vaccinated, the first trimester is like 80%. Uh, it's more effective than the abortion tablet. Abortion medicine. And so, uh, there could be no denying that this is toxic.

I mean, we, we know in, in pregnant women, you really wanna avoid all medications because nothing is really safe. And so to give a a, a medication, a therapy that's not tested, the long term indication, we dunno, is irresponsible.

I don't know what you can say to it, hoodie. It's just, uh, it doesn't matter where you turn. Uh, there's just carnage everywhere isn't there? And, uh, you know, I I, I don't see any messaging in Australia to stop, uh, the um. The vaccination of, uh, pregnant women. In fact, I, I see quite the opposite. New South Wales Health, uh, seems to have a social, uh, hit program nearly every day, encouraging people to get vaccinated that are pregnant.

Uh, it, it begs belief.

We, uh, to me it, it just so it, it has now become so obvious. We've said from the beginning, we've never wanted to be right about this. We'd love to be proven wrong, but nobody even wants to try and prove us wrong. You know, the fact that they're stalling off. Uh, any acknowledgement that, uh, messenger, RNA could be causing these problems is meaning that if, if it is causing those problems and the treatments required and the tests required to, to establish the level of spike in the blood and all that sort of thing, none of that's being done.

So that's coming at the cost of human life. And, and this being driven by a man who in the 1990s did a TED Talk where he said that we need to reduce the world population by 17%. And the best way to do that is through vaccination. And I'm talking about Bill Gates. Uh, this country has a very stringent and somewhat stupid by our security, um, department, uh, and biosecurity policy and protocols, which aren't working because that biosecurity protocol did not keep Bill Gates out of Australia.

He was allowed to enter. Um, and the way I see it, you know, that that should have been applied. We will let Bill Gates come in and have instant access to the Prime Minister. But you get someone like Candace Owens, or, uh, someone like, um, Arthur Pawlowski, uh, the, the pastor from Canada, John that we interviewed a few weeks ago that wrote the book, uh, lions Do Not Bow.

Um. He has been outspoken and kept his church open against the, uh, mandates in Canada. He applied to come to Australia with a visa to do a couple of speaking engagements. And he was knocked back. He was knocked back because he might be dangerous. And yet, um, you get, you get the likes of grubs like Bill Gates who have instant access to the Prime Minister.

Our biosecurity is not working.

I'm, I'm surprised Paul. Got it.

Yeah. Yeah. Absolutely. Alright, Paul, so I know, I know you've gotta go, but, um, what does someone like me or John do? Uh, at the moment? We don't, we don't seem like we have a cancer. Let's pray. We don't. But what can we do now to build a wall to hold it back?

Uh, as best we can, considering that through shedding and anything else, we may, may be in the sites as much as anyone else. What can we do as a people to prepare ourselves and prepare our DNA and our bodies for what's coming?

Yeah, so I think firstly, we need to acknowledge the toxicity of the spike protein, and we need to do whatever we can to avoid spike protein.

The next thing is we need to start, you know, it's, it's a very disease oriented culture. We need to really focus on health. How can we promote the health of the community of people? How can we improve their health? And so this comes down to lifestyle changes. You know, the, the average Western person has a terrible diet, very high end processed foods and carbohydrates.

So we need to do more, you know, we need to counsel people on eating healthy food. Not eating, you know, protein and vegetables and a bit of fruit. We need to cut out carbohydrates. We need to cut out processed foods. We need to stop eating all the time. So we, we need to focus on health promotion. Exercise is important, sleep is important.

Vitamin D is important. So, you know, I think people have to be proactive in what they can do, um, to, to improve their health. You know, if you've had, um, a spike protein and you are, and you previously had a cancer or at risk of cancer, you know, we do have protocols that we think may, you know, it's not proven because it's very difficult to study, may reduce your risk of getting cancer.

Um, you know, these include, you know, green tea, ivermectin, uh. Turmeric. There are a whole host of nutraceuticals that are very effective in preventing cancer. So if people are interested, actually they can go to our website. The Independent Medical Alliance used to be called the F-L-C-C-C. We have a whole bunch of protocols there that are available free of charge and people should read it.

Um, I think, I think patients need to take control. They can no longer believe what their system doctor tells them. They need to educate themselves and they need to do things to improve their overall health.

Yeah, we, we have to have a system that focuses on health rather than disease. The current system promotes disease. It potentiates disease. It, it gives medications that, uh, provides symptomatic relief that don't cure the disease. It's a disease model, and we need to change that to a health model.

Well, just quickly, we, we know this stuff crosses the blood-brain barrier.

I mean, what, what effect do you think, uh, I, I, I, is it having on people's mental health, uh, is this spike protein, uh, causing issues there that people are just oblivious to? Oh, yeah.

Brain fog is a well-known complication from the vaccine. There seems to be a big increase in the risk of Alzheimer's disease and dementia.

So you are right. It does cross the blood brain barrier. It causes neuroinflammation, neuroinflammation, underlies dementia and Alzheimer's disease. So, you know, as it damages the heart. No organ. No organ is spared. It damages the heart. It damages the brain. It, it's a, it's a really toxic protein.

Well, we're in for it, aren't we? There's no doubt about it. And the sooner we recognize that we've made a huge blunder, or there's been a conspiracy of enormous proportions perpetrated on the world, the sooner we can start to rectify the problem and get people like yourself, uh, back where they need to be, practicing medicine, doing the research and getting people cured.

Until we acknowledge the problem, we're not looking at a solution at all.

Yeah. So I think this is one of the biggest crimes of humanity. And so, you know, when I say this is, this is similar to what the Germans did in the Second World War, that's not an understatement actually. 'cause I think. Um, the global implications of the, of COVID and the COVID vaccines are enormous and will, and will kill much more, more people than unfortunately died in the concentration camps.

Good grief. Um, Paul, in four days time, it, it seems almost certain that the international health regulation of the WHO will be ratified by a majority of countries. How dangerous is that for us?

Yeah, unfortunately, you know, trust who you can't. I think, you know, 20 years ago you weren't able to trust the, who, the, the who made catastrophic mistakes during the COVID, um, pandemic and the vaccination saga. And so you, we really can't trust the who.

Mm.

And so, um, it's unfortunate that all of these nations are on a vote to, you know, to go along with these amendments.

Final comment or question, John?

Well, I suppose the, the WHO, uh, tragic mistakes or strategic maneuvers. Who knows?

Yeah. But you know, I think that this is what the WHO's track record has been. They don't serve the world population. They serve their masters, which are industry and the pharmaceutical companies, and that that's the problem.

Paul, before we let you go, is there, is there one final thing you'd like to tell the people watching this program that they need to know?

I think people need to open their eyes. They need to question everything they hear. They should not believe what they hear in the press. The press is controlled, the media is controlled, and they should do some independent thinking and, um, research just to figure out what's going on.

And I think they need to take control of their health. They're really important measures people can undertake to improve their own health, which are based on not non-pharmaceutical approaches.

You know, you talked about brain fog and, um, John, you talked about the spike crossing, the, the blood brain barrier, and, and you've only gotta look at social media to see the incredibly vehement division in Australian culture and indeed around the world.

Um, you've got people who've got righteous opinions on Israel and Palestine, on Ukraine and um, and Russia, and also on vaccines and the vaccine rollout policies that have gone on around the world. And everybody's arguing a position from wanting to be right. And what breaks our hearts is that while we are arguing, millions of people are dying.

And I've never seen division like this. I've been around for 72 years. I've never seen division like this in this country. You agree with it, you agree with somebody, you're a hero. You have a different point of view. You're controlled opposition, or you're a free mason or something else. We had become so addicted to division and you know, I, I read a, a piece by a German philosopher.

It was written about 1910 where this lady said. The people who lie to us don't necessarily want us to believe the lie. They want to, they want to create a, a destabilization where we don't believe anything anymore. And that's what's going on. Regardless of what you think about Hamas, hundreds of thousands of innocent people are dying while the world plans to build a ri Riviera resort on what used to be the Gaza Strip.

And that's

all right. And we can say, we can back one political side or another, no matter what you think about what's going on in, uh, between Russia and Ukraine, who you think's right or wrong. There are reasons that happened and

there are people, innocent people in their hundreds of thousands dying, and you're arguing about the politics for goodness sake.

The, the world is in a real mess around all this division. And that's exactly, I agree with you,

John. We've lost our humanity. We should be able, we all, we all human beings, we have the same wishes and desires and goals. We should be able to come together and solve problems together rather than arguing and fighting and, uh, pointing fingers.

We should come together and solve these problems as human beings.

Yeah, it's, it's immensely tragic. Immensely tragic. Well, I suppose on that note, um, you won't mind if I close it off with a prayer, Paul?

Sure.

Okay. Dear Lord, father in heaven, we thank you for Paul Merrick and we thank you for Pierre Corey, we thank you for Peter McCullough and we thank you for Angus de gl and Smal Harra and Robert Kennedy Jr.

And all the other people who are striving to bring us to health. Lord, we don't understand who's right or wrong, really. We have our own opinions, but we need you to shed the light of truth and, and to help us in, in using that truth to bring down the wall of deception. Father God, we know you're ultimately in control and there will be a climax, but help us to position ourselves and poise our brothers and sisters for just such that climax.

We ask this in Jesus name. Amen. Johnny Lata, you've often been heard to say, you just couldn't make this stuff up. You couldn't make this stuff up. Poor Merrick, you're an absolute gentleman. It was huge amount of fun spending time with you. Uh, Michelle sends a love and um, because she did a lot of good cooking for us, didn't she, as I remember.

Oh, yes. Uh, very fondly. Remember. Um, my, uh, encounters with the, the hoodie family

and Johnny Lata helped you, I think, sample some fine red wine New Zealand and Australian. And, uh, he's very good at doing that. We did some,

we did some shopping at some of the finest groceries and bought fresh produce was, it was a good time.

Um, so thank you.

It was a good time. And, uh, we, we love you Paul, and, uh, not because of who, of what you do, but because of who you are, you're a man of genuine authenticity and, um, you can't ask for more than that. And we desperately need that in our health fraternity, don't we, John? Definitely.

So it, it's friends forever.

So thank you

friends forever and Australia. If you love your country, wake up, have a good look at what's going on. Uh, be the best person you can be for your country. And that's enough with the division. That's enough. With the division. God bless you all, and we'll see you next time for another great interview on Club Grubb.

Paul Merrick, thanks for joining us and everyone watching this. Bye now.

Thanks John. Thanks Graham.

