Club Grubbery - Raw transcript of interview:

2025-11-04 Graham and John speak with Aaron Siri...

Well, hi everybody. It's uh, Tuesday, the 4th of November here on the East coast of Australia, and it's club grubby time again. Great to have you back on. Johnny Larter.

Thanks, hoodie. Yeah, great to be here. And, uh, looking forward to this magnificent interview.

Yes, indeed we are, because our special guest today really need no introduction.

If you've got any concerns about vaccination, any concern about medical tyranny, any concerns about the way the world has been locked down, mandated and bullied and coerced into a medical procedure, then you would know our guest. Uh, he is a constitutional attorney of some renowned, worked in, uh, vaccine and civil rights law for many years.

He's been working with Robert F. Kennedy Jr for at least 10 years that I know of. And of course I'm talking about Aaron. Siri, welcome to the program. Great to be here. Uh, Aaron, I, I, I, I, I kind of, um, need to open by saying if I look blurry eyed, it's because I started looking at your stuff to get a deeper understanding on Friday, and it's now Tuesday, and you have been in my face and in my ears for that whole period.

I gotta tell you, uh, sleep has not come easy because once you start delving into the things that you deal with and your eyes are open, you can't close 'em again. Am I right?

I absolutely, you, you, you, you can't unlearn the really, uh, um, difficult facts around these products once you've learned them, uh, and once you've learned them.

The good news is you start thinking about them and just stop believing.

Absolutely. Well, as I said, prerecord, um, John Lauder and, and I, through our program club grubby, we support strongly the Australian Vaccine Risk Network that are starting another VAX bus tour. Uh, they're getting all kinds of pushback here in Australia.

They have copped it from the mainstream media, and what we want to do is give them credible material to go out there and put their critics to, to one side to get this message out. Um, you, uh, I want you just to open, first of all by describing a vaccine. I've heard your description of a vaccine a couple of times over the weekend, and I think it's spot on.

What is a vaccine? Sure.

Um, uh, sure. I'll, I'll tell you my, uh, my definition of a vaccine. Some vaccines stop transmission of the underlying pathogen. Some don't. So transmission can't be the way you define what is or isn't the vaccine. 'cause most vaccines, in fact. Do not stop transmission of the target pathogen.

Um, then if you try to do it on a technology basis, you know, whether it's, you know, mRNA, recombinant, DNA technology vaccines, which are like HEI vaccines. Subunit vaccines, is it a toxoid vaccine like Texas Tech sort ofthe? Is it an attenuated vaccine? And you start getting really conquered, you're like, oh my goodness, which one of those is or isn't a vaccine?

Um, really, I've only found one consistent way to define a vaccine, and that is that a vaccine is a medical product that causes so much harm or is anticipated to cause so much harm that the federal government, at least in the United States, and it's true in many other, most developed countries, had to provide immunity, literally government immunity that will protect the company.

From lawsuits and financial liability from those who's been injured or killed by the product. To me, that's what a vaccine is. I mean, in America, in the United States, and in most countries, you could sue if a drug injures you. Hence they're not vaccines, but the products that there are concerns, they often shove into that vaccine category.

They label it a vaccine and that gives them those, all those protections. So to me, that's what a vaccine is.

I was, uh, I was a captain on a Boeing 7, 3 7 for about 38 years. 32 years a captain, and six or eight years as a copilot. And we've seen what happened to Boeing when they put out a defective product in the 7 3 7 max.

The whole company just kinda shut down. And when we talk about consumer products of every different nature, products and services. In every one of these, uh, in the use of any one of these services or products, you do have the right to suit a manufacturer, but not if you have a vaccine.

So, um, yeah, for every other consumer product that I'm aware of, I can say this categorically in the United States as a general rule for every single product, planes like Boeing cars, every building material, every chemical retardant, every drug, everything.

I mean, look around who, everybody watching this look around your room. Look at every single product that surrounds you. Okay? That could maybe cause you cancer, that could maybe harm you or your children. You could sue those companies, certainly in the United States to claim that, Hey, had you made that product safer, had you not used that chemical, I wouldn't have gotten injured.

And that's called a design defect claim. It's a claim that had you added that. One penny stopper to that gas tank, the cars wouldn't have exploded. Had you put that one penny plastic shield on the saw blade, I'd have lost my finger. Right. Had you just formulated this vaccine in a better manner? Had you used a safer adjuvant, had you used a safer preservative?

Had you, my kid wouldn't have been injured that lawsuit since 1986. The United States, you could never sue. You cannot sue a manufacturer pharmaceutical company, which means that no matter how much technology progresses, no matter how much safer a pharmaceutical company could make a vaccine in the United States, in most other countries, no matter how many deaths or injuries it can avoid, it doesn't need to lift a finger and do it.

'cause nobody's gonna hold a financial accountable if it doesn't.

I want to cut straight to the, the chase, uh, back to January 11th, 2018, where you, uh, you deposed, uh, Dr. Stanley Plotkin. Um, I sat through the nine hour deposition on YouTube, and once I started watching it, I couldn't stop. Um, you know, I, I got sick of looking at his face on the screen, I gotta tell you, but the, the stuff that was coming out of his mouth as a result of your interrogation, if I can use that word, uh, just had me spell bound and, um, I don't think too many people may have watched the whole nine hours, but, uh, I'm ready to go back and watch it again.

How much involvement had you had in these issues before you got to depose Stanley Plotkin in 2018? When did your journey start? Are you froze up there? I'm sorry? You said how much involvement

did I have?

Yeah. How much involvement did you have prior to 2018 in the vaccine issues? Yeah,

yeah. Interrogations nor normally, uh, by the way, involve coercion of some form.

He was freely sitting there and I just asked questions with, I had no, I had no way that you make him, uh, answer or not answer in any manner. Uh, you know, he was free to, to get up and leave if he wanted to. With that said, um, um, um, uh, at that point, I'll put it this way, I knew a tiny fraction about vaccinology and immunology and

infectious disease and, um, and, and, and so forth and, and everything else I've learned about vaccines then compared to what I know now.

Yeah. So, uh, that, that deposition, which was around the case of I believe an 8-year-old girl who was in a family fight between father and mother to see whether she'd be vaccinated, have the full, uh, childhood vaccination regime or not. Mm-hmm. Um, that nine hours with Stanley Plotkin must have been a, a pot of gold that was dropped into your lap.

Well, it was, um, obviously a once in a lifetime opportunity. Um, you know, Dr. Stanley Plotkin is, uh, the world's leading vaccinologist. He is the most renowned, the most published, um, the most accomplished, uh, vaccinologist that exists. The standard medical textbook of vaccines is called Kins Vaccines. The CDC, the Centers for Disease Control.

Here in the US their vaccine committee has a gavel and on it, it's called Kins Gavel. Um, he's developed many of the vaccines that we know of the, you know, uh, rebel vaccine, the Rotavirus vaccine. He is contributed to numerous others as well. And, um, you know, as Dr. Paul Offit said, um, he trained a generation of scientists of ologists to think the way that Dr.

Plotkin thinks, and that's why. How Dr. Plotkin thinks about vaccines and vaccinology is so critical. 'cause he is the person that who, who's trained the current universe of vaccinologist. And that's critical. 'cause most folks look and they, you know, at the medical profession, like, well they're all doctors, but there's obviously a hierarchy when it comes to vaccines.

You have the vaccinologist, they're the ones who, who do the clinical trials on vaccines that then get deciding whether you license them or not. They're the ones who do the post licensure safety studies often about vaccines that decide whether, you know, what does it look like afterwards? They're the ones who write the standard medical textbooks on vaccines.

Right? And so they're the ones who create the scaffolding. They're the ones who create all the data, the studies, the input that the federal government, the federal agencies use to decide whether to license them, to recommend them. Um, and that then gets disseminated down into the rest of the medical profession.

I know other, you know, sometimes people look at pediatricians. Immunologists or infectious disease doctors as knowing, you know, not being knowledgeable vaccines. In my experience from deposing many of them, they don't know almost anything about these products. I mean, almost nothing. Basically, they just regurgitate what the vaccinologist put out there

that was clearly evident in the, uh, in the, uh, congressional hearing that you, uh, participated in in 2017 with Ron Johnson.

And we'll touch on that towards the end of the program. Um, but, uh, let's go back to Stanley Plotkin now, I love the way you, you conducted the deposition. The first two or three hours was basically unpacking his revenue stream, uh, who he's associated with, follow the money. It was a beautiful, clearly laid out journey through that.

I was stunned at one stage in the first quarter of the, uh, of the deposition where he was unable to recall the fact that he may have got one payment of $6 million in royalties. Uh, he wasn't sure whether he'd received that much money or not. You said to him, is $6 million a considerable amount of money?

He said, absolutely is. It is. Well, why wouldn't you remember receiving that? Um, clearly you pointed out the conflict of interest. That's, that's taking place throughout this entire drama. It's clear to most people who are awake now, what impact that's having. But to those who are coming to terms with this, how deep does this run?

Um, it's pretty bad. Let's just use Dr. Plotkin as an example. The fact that he gets paid and he's, you know, been paid millions of dollars and receive millions, you know, including royalties with regards to vaccines for

pharmaceutical companies, there's no crime in that. That's fine. It's, you know, capitalism, you wanna make money.

Sure, yeah. You wanna be a consultant for pharmaceutical companies, no problem. You wanna be a consultant for all the major pharmaceutical companies. Fine. You wanna be a consultant for even the smaller ones, you know, and make money from. Uh, in all kinds of ways from pharmaceutical companies. Sure. And even work for them.

Sit on their boards, you name it. That's all great and good. The problem is, is that he's not viewed as a industry insider. He's not viewed as a pharmaceutical executive, a pharmaceutical scientist, a pharma company X. He's viewed as an impartial scientist. That is the way, the medical profession, that is the way the health agencies, that is the way the world medical community treats Dr.

Plotkin. And, and that is the, that is the problem. The problem is, is that he's viewed as impartial, like he has no conflicts. When he is, got incredible amounts of conflicts, as you just said, it took us quite a while to get through them in his deposition. That part is really troubling. It permeates this entire field.

All of those who are involved often in conducting the clinical trials in other parts of vaccinology often have those similar conflicts that I just described with pharmaceutical companies. I don't see that in other disciplines. I'll give you an example. Um, in, no, in another area of law that we practice, my firm has over a hundred people.

Uh, we have about 50 folks who do vaccine related work, but we also have a lot of folks who do other kinds of legal work, often suing big corporations on a class actions for one or other type of injury or issue. Okay. In those cases, the other side, the defendant, the big company, would never dream of bringing in as a supposed impartial expert, somebody who had taken incredible amounts of money from the same industry or even the same company.

Yeah. We

never do it. It would be intuitively nonsensical, but for some, but in this area, because they have this religious fer belief into these products, they just don't see it like, oh wow, how, how would that conflict me? That's not conflicting. And they will haul in these quote unquote experts on vaccines who have incredible conflicts.

Um, and, and it really does carry through in many ways. The saddest part is, um, you know, I would say is this the vaccinologist themselves, in my opinion. It's not like they're, they're go, oh, okay, good. I can make a bunch of money so I'll change my views. I don't think, that's not the way it happens. The way it happens is what I call basically a form of natural selection.

If you, as a scientist, right, are, are, are engaging in the science of ology in a way that serves pharma company interests. You'll get their patronage, they will hire you to do the clinical trial. They'll hire you to do X, Y, and Z, right? The second you stop approaching vaccines in a way that increases their profit, which means as little safety as possible, right?

Get the product of market as quickly as possible and so forth. They'll stop patronizing you, you'll stop getting all that funding, you'll start getting all those, the, that money. And so it's become this, uh, um, what I call vaccinologist selection like natural selection, where it's the vaccinologist that have the approach to vaccines that, um, um, is most suited to increasing pharmaceutical profits that gets picked to, uh, you know, rise up the ranks.

And, and, and, you know, when you look at who is the world's leading vaccinologist, Dr. Saline Plotkin, I have not encountered a vaccinologist that has more conflicts in the way that I view them with pharmaceutical companies than he does. And as you go down the ranking of vaccinologist, the conflicts become less and less often as you look at them.

And, and that tells you, that reflects what I just discussed. Um, meaning the pharma companies are so brilliant, these vaccinologist, they really believe they've, you know, they're impartial because Yes. This is their views. It is, it's their views. Yeah. But they only rose and got the patronist because of their views.

And that I doubt any of them would admit

Johnny, Aaron, um, for the moms and dads at home, I, I, the, the simple reality to all this is, uh, the evidence is the key here, isn't it? The data. Uh, and, and we, we've, we've certainly led up to a point, you know, probably in pre sixties where. Measles mumps, and all these things were evident.

I mean, you look at the Brady Bunch, for instance, and they're talking about them coming into the home for a, for a measles party. Um, so everyone can get it. Um, now we're, we're, we're going off on these tangents where they're, they're running shows where they're locking down cities on one case of, of measles.

I mean, measles was in the decline. Um, I, I'm pretty sure before the vaccine, uh, rolled out, uh, and the mortality from it was, was decreasing. Um, why, why are they so scared about measles coming back? Uh, I mean, given we don't know what the effects of the vaccine is really, uh, what, what it's doing. It's not been measured

well.

Well, measles is, um, uh. Well, I should say that, uh, you know, measles vaccine is one of the few vaccines that actually does, can prevent transmission. So if you receive the measles vaccine, you are, um, unlikely to actually become infected and transmit measles to others. It's not true. Most vaccines, actually, it is true of that vaccine for, um, a certain duration time.

It's not, it's not as effective as having had measles. You know, uh, the failure rate is higher than having had, and the immunity is not lifelong in the same manner as having had measles. But that said, it can do that. Um, and so what you just said, for example, about, well, you know, but how deadly is measles?

How scary is it? Right. They act today, like millions were dying in developed countries like the United States, like Australia before there was a measles vaccine. Um, but that's just not true in the United States, for example. Between 1900 and the first measles vaccine in 1963, the mortality for measles, the death rate for measles declined by over 98%.

Over 98%. What caused that? Hey, you could probably point to better sanitation, uh, clean water, better nutrition, you name it, right? In fact, things that public health authorities could take credit for, right? Yeah. They did that. Yeah. Yeah. But they don't, I never see them take credit for that. They could. They did a lot of those improvements in urban cities in particular.

Um, but I do know one thing that didn't cause that decline was measles vaccine. 'cause it didn't exist in England, for example, the measles mortality declined by over 99% between nineteen hundred and nineteen sixty eight. The first year, the measles vaccine was introduced. Now, by the time a measles vaccine was introduced in the.

Around 400 deaths a year from measles. Every death is a tragedy, but that's nowhere near what they make you believe it is. And remember, that's at a time when everybody in the United States got measles, which translates into a death. About one in 450,000 Americans a year died of measles in the years before there was a measles vaccine.

Okay. One in 450,000. Yeah. Um, and pockets of these of, of, of the United States back then were still like a developing country. And lemme tell you, when you're in a place that doesn't have good sanitation or clean water, you know, as poor living conditions, kids will die. Kids will die of any pathogens, measles or otherwise at higher rates.

Right. Um, and it's the improvements as we just discussed on those factors that probably cause that nine over 98% decline in measles. As it did in most pathogens, like Scarlet Fever, go down the list. They tried to develop vaccines for many of these pathogens. They just failed. And by now they don't kill almost anybody.

So, you know, it's too late for them to try and create one. They tried, they just kept failing. Um, and most of those diseases have gone outta the way and have, have gone away in terms of mortality. In fact, virtually every pathogen that caused significant mortality in the year 1900 in the United States and in other developed countries, um, mortality declined precipitously without any vaccination, though they often credit vaccines for nonetheless.

Now, would measles mortality have continued to decline after 1963 without a measles vaccine? It would, it would be, you'd have to suspend reality, um, to assume it wouldn't. There's no reason. To assume it would not continue to be, have become either less pathogenic. Right? Meaning the virus itself was continuing to, you know, itself was becoming less deadly or the whatever caused people to be susceptible to mortality from it, right.

Was, was being corrected. You know, we can go through some of those factors. We, we don't need to, you can assume what they are.

Yeah.

So let's just assume that 400 deaths would've continued to decline. So, um, you know, how many lives did measles vaccine save? But let's just assume for a moment that we hold that steady and it saves 400 lives a year.

Okay, fine. Let's just make that assumption. Even though remember, population exploded from 1900 upward in the United States and England, and during that rising population, you had declining mortality. So even if population increased after 1963, there's no reason the mortality wouldn't have continued to decrease.

Okay. Yeah, but let's just hold it steady. Let's just suspend reality. Okay? Now you have to step back and go. Okay. So that's one piece of the puzzle. And since the measles vaccine can prevent transmission, then it can pre prevent people from getting measles. So pre, presumably it can prevent a death from measles.

But now you gotta ask, is that it? Is that the only thing we should focus on? Is that it? Or should we step back and be objective and look at the bigger picture? And when you do that, and you look at the published literature, 'cause you gotta do this by data, right? If you wanna make a public health decision a good one, you gotta look at the overall data and the overall impact of what you're doing.

And when you do that, what you're gonna find is the following. Those that have had measles versus those who haven't have far less deaths from cardiovascular disease and cancers, as well as some other issues. It's not me saying it, it's what the studies show. Yeah. For example, there was a hundred thousand person.

Prospective study in Japan that followed, uh, um, uh, the, you know, these a hundred thousand people in Japan for 22 years, right? This was a highly regarded, massive national study in Japan that looked at various things. One of the things I found is that after 20 years, those that had measles and mumps had a 20% statistically significant decline in cardiovascular deaths, cardiovascular, you know, just deaths are the number one killer in the United States.

I'm gonna assume in Australia, I don't know, i's 800,000 Americans a year. If we have, you know, if, if eliminating measles has had even a 1% forget 20% impact on that, you're, you're already upside down on your benefit in, in life years. 'cause obviously a child dying versus somebody who's an adult, you're still upside down in the benefit by introducing this program that they've done.

Um, and then you look at cancers, you know, um, women that have had measles have a 50% reduction ovarian cancer. Um, that's in, in one study, statistically significant. These are smaller than the Japanese study. I mean,

Japanese prospective, huge. I mean, I've never seen anything that contradicts that data. The cancer studies are done by major institutions around the world.

They're smaller, they're retrospective, um, but they're consistent and they consistently show reductions in cancers, including for exemption Hodgkin's and non-Hodgkin's lymphoma amongst, and which is often affects children killed 20,000 Americans last year. Yeah. So, you know, what, did you know what has been the overall effect of the measles vaccination program?

Have we saved more lives than have been killed by this program? The data, you know, when you start looking at it. Um, you know, it's not like it's, it's nowhere near what public health authorities lead you to believe. And I'm not even talking about the individuals who are injured, um, by these products too.

'cause they, yeah, the measles vaccine injures many. We, we represent a lot of them. So, um, you know, a lot of pathogens throughout history have come and gone, right? They've come, they've gone, uh, measles didn't, measles kept sticking around. And, you know, as I describe in my book, you gotta ask yourself the question, maybe measles didn't go away because it actually conferred a survival advantage amongst those that got it.

They were more likely to live longer overall by having measles be endemic in the society. You know, and you can call that nature, you can call that God, you can call that whatever you want. So that was a long way to, there's a long way to, to just start, start touching upon. The concept of yes, I agree with you.

You have to look at the data. You have to be objective about it. You have to look at what the published literature actually says about measles vaccine. And we have to have space to talk about these things objectively based on the data, not the hysteria. You'll often hear, you know, there's a case of measles, everyone's gonna die.

Um, you know, kind of stuff that you often get.

It's, it's pretty clear that, um, that when we, when we start talking to people who are in the industry of promoting vaccines, um, they want the most rigorous studies, the most rigorous studies to, um, to back any claims that the products they're supporting may not be good for our, for our wellbeing, the most rigorous.

But when they're bringing these products to market, I mean, uh, section 6.1 of the product disclosure statement in the packaging. Uh, talks about the, the length of time that is applied to, uh, to patients who've received the vaccine where they're monitored. And we're talking sometimes 48 hours, sometimes five days.

Um, and, and this, this whole narrative has been around, you know, the, one of the marketing, uh, people for Pfizer said in the European Parliament, we had to move at the speed of science, uh, you know, to blazers with these, uh, these, uh, blind studies, these, um, these placebo controlled trials, you know, to help with that.

We've gotta get this stuff out there, which you can do when you don't have, when you have immunity, right? You can do that stuff. But, um. When it comes to, Hey, we've got a study that says, look, you've got a, you've got a cohort of people who have already been for years in a vaccinated unvaccinated environment.

You've got people who were vaccinated, people who weren't. In other words, you have a retrospective study available. Doctors who were setting out to discredit anyone who might be deemed as an anti-vaxxer came across data that shocked them into believing that maybe the products they're putting out there aren't as good as they think.

It seems that everything you are trying to do is bring about an awareness that we need more studies to prove that these vaccines are safe. They're happy to, to say, look, there's no evidence to say that they're not. But there's also no evidence to say that they are. How far down the road are we in getting to that point where we can get these studies really up and running and people taking notice of them?

Um,

I. I certainly hope that the current administration is going to be working towards doing a number of those studies. Um, and, you know, just to give context to some of the points you were making that you, you froze for a minute there, so I missed the middle part, but I, I, I think I caught what you were, you were talking about, um, which is that, um, there is this claim out there that vaccines are the most rigorously trialed products out there.

It's one of the myths I discussed in my book, and, um, it really is a belief. It's a belief, this, uh, notion that they have most thoroughly tested products before they come on the market. Um, the way that you evaluate whether or not a product is safe in human beings before it goes on the market, when I'm talking about VA vaccines or drugs, is a clinical trial and they're critically important because they're the one opportunity you have.

Before a product is licensed to compare a group that gets the, the, the vaccine or drug and a group that gets something inert, often called a placebo, right? And you track 'em for long enough and you compare the total outcomes between those two groups. And you see, okay, which one at a higher rate of cancer, which one had a higher grade of heart attacks, cardiovascular disease, neurological issues, immunological issues, go down the whole list.

So these trials are so important because once the product is licensed, they tell you doing that comparison that's unethical. They tell you can't do that. You can't deprive a child of a vaccine or a drug that's already been licensed. And so, um, you know, when we actually started doing this work over a decade ago, um, I, you know, uh, on behalf of some of the work we do at the firm on behalf of a nonprofit I represent called the Informed Consent Action Network, I can.

Um, we started looking at, well, what, what are these clinical trials are relied upon, right? For drugs, there's often multi-year placebo controlled trials relied upon to license drug products. But for vaccines, what we found was that they're often licensed based on trials, first of all, that don't have a placebo.

Um, and I'm talking every single routine injected vaccine in the United States was licensed without a placebo control group. Not only that, just to be very clear about this, I'm saying this categorically, every single time another vaccine was used as the control that vaccine was not licensed based on with, in a, with, against a, in a trial that had a placebo control group.

Okay? And if that vaccine was licensed based on another vaccine, you go down the chain, you will not find a, a placebo controlled trial. Down that chain for any of the routine injected childhood vaccines in the United States. In chapter 10 of my book, I go through every single vaccine. I give you the FDA source for every single one, the which shows the trial for that one.

And again, if it was another vaccine, the trial for that one, and, and trial for that one. And you will see. So that's first of all, without a proper control group, you don't have a baseline of safety. What are you comparing against? Yeah. So if this group has a lot of harm and this group has a lot of harm, as long as it's the same amount of harm, it's safe.

But that's not the only problem with those trials. Even if they had a control group, a placebo control group, you gotta review safety for long enough, right? So if I inject a baby and I'm just tracking for five days afterwards, a safety monitoring, that's not long enough to know whether that baby's gonna develop, you know, neurodevelopmental issues, all kinds of issues later on, a few years down the line, let alone a year down the line, let alone a few months down the line.

Right? So it's gotta be long enough. And most vaccines are licensed based on days or weeks of safety review after injection in their clinical trials. And then even if you have a placebo control group and you review safety for long enough, you still need to have enough children in the trial. What epidemiologists will call being properly powered to detect an issue, right?

'cause if you don't have enough kids in it, it doesn't matter if you're placebo controlled, review safety for long enough, right? I'll give you an example. The, there's two licensed hepatitis B vaccines in the United States. The first one licensed called REBA vaccine HTVs, given on the first day of life it was licensed.

And this is gonna sound incredible, but you can go to the FDA website and see for yourself. It was licensed based on a for children, based on a clinical trial that had 147 children, 147 children, and monitored five days after injection. That's useless. I. It's, if you, if you'd have told me that without me seeing it with my own eyes, I would never believe it.

I wouldn't believe it. And in fact, it took me to Bre believe it, one I had sought. It was in the package insert black and white. I deposed Dr. Stanley Plotkin, who was the principal investigator for that childhood trial. And that for that very vaccine,

yeah,

we got the underlying clinical documents from the FDA and you know, that's it.

That's what it is. So think about that. What was the control? There wasn't one, even if there was a control, they reviewed safety for only monitor, receive only five days. Pointless. And even if had they reviewed safety for years, there was only 147 kids. Okay. So that is, that is a reflection of, um, how every clinical trial relied upon for every child.

The vaccine never determined they were safe before they were unleashed on millions of children. Okay? In contrast. Two drug trials are often multi-year placebo controlled trials. And I often get asked, well, why? Why the difference? It comes down to something very simple, and we discussed it earlier.

Vaccines are the only product where you cannot see the manufacturer for claiming you could have made this safer and had you, my kid wouldn't have died, been injured. And because of that, they don't have a financial incentive to assure safety before licensure. Yeah. In fact, they have the opposite incentive.

They don't have, the more they look into safety, the less likely are to get a license to make money with drugs. They are gonna be on the hook and they wanna make money. That's what they're there for. It's not evil, it's not nefarious. I mean, you could characterize it, but it's just basic free market economics.

Mm-hmm. Okay. Big corporations, publicly traded corporations, boardroom CEOs. If they do what's best for the bottom line, wall Street expects it. Their investors expect it. We ex everybody who has a mutual fund expects it. Everybody who has a for a pension or a 401k or has any stocks that they own. Yeah. You expect that the companies that, that are, that are have your investment money are gonna do what's gonna make the most money.

Okay. Now, normally is a good thing because the company's interest to make money is aligned with safety. If it's messes up on safety, it loses money. So it wants to be assure safety only with vaccines has that been broken and inverted because if they, um, um, uh, you know, do, do too much science studies or they, and they find a safety issue, they won't get licensed.

Since they're not liable. They do as little as possible. That's just the way corporations, um, engage in their, their conduct. They, what is the quickest way to, to profitability?

I mean, you described that, uh. Aaron is useless. That study and, and, and yes, it would be useless, but I mean, if it wasn't a vaccine, would it be, would it be determined as corruption?

Well, first of all, no pharma company I think would ever do that kind of study, um, if it wasn't a vaccine because, um, if they put it on the market and it, for example, this Hep B product, if the pharma company was liable, I have no, I have no doubt they would never have put it on the market with that kind of data.

Because what if it hurt kids? Which it does, they'd be liable. You. What do you think a jury's gonna award if you injure a baby or a two month old, or four month old or six month old, right. And you mess them up for life Or even just, you know, you know, we have lots, we have folks contact us who, you know, young nurses who get a Hep B shot and, and develop alopecia, for example, afterwards, you know?

Yeah. Their quality of life is severely. Herd. I mean, for a young woman to lose all her hair, it can be extraordinarily distressing, just as you know. And I, I use that as one, just one example. I don't think they would put that product out because they wanna know if it's safe before it goes to market.

Forget the regulators. They want to know if it's safe. 'cause they don't wanna lose money after it goes on the market. So I don't think they would do that in other contexts.

Yeah. So it's really just vaccines, isn't it? I mean, when you look at this, uh, law in 1986 that protects, uh, these pharmaceutical companies specifically around vaccines.

I mean, if this had a, been, say an aviation company like Robertson Helicopters, I mean, there was a situation where they, they had, uh, landings, uh, heavy landings and, and the tanks were rupturing. Uh, and so they were made by, uh, uh, out of safety outcomes to improve those to, to put in tanks that didn't rupture when, when they had heavy landings.

And, and that's a great thing. Uh, are obviously, uh, better off for those, uh, improvements in aviation, but it doesn't seem to be the same process, uh, with, with vaccines specifically.

Yeah. Listen, the only reason products are safer are because of the economic self-interest of the company. You think it's 'cause of the government?

Of course not. Look at, look at com. Countries that had incredible regulation like the former USSR, right. Almost no free market, but unbelievable government regulation, but unsafe products. Yeah. Governments are not what makes products safer. Yeah. It's the economic self-interest of companies have to make money that makes 'em safer.

Period. In your helicopter example, yeah, they're probably gonna get sued or they're gonna have to pay out damages and so they're gonna make that helicopter safer. They're gonna do it immediately. But you know what governments do when they, you know, in, in a situation where, uh, you know, they, they wanna force you do something that's not good.

Let's just say for example. Those helicopters were, um, it would be such a, you know what, it'd be such a ridiculous analogy, you know, but let's just assume for a moment they, the government is going to make you ride that helicopter and you're seeing their, you, you know, you know, a neighbor whose friend kid got hurt in a helicopter crash.

You might say, Hey, you know what, I don't want to get on that helicopter. And so, you know, enough parent, enough people say, I don't wanna put my kids in the helicopter to go to school, you know, and the government goes, you know what? We'll just mandate 'em. Alright, we'll just mandate 'em. That's what we'll do.

And, and then when parents rise up and they say, well, I, we still don't wanna do it. They'll, we better spend billions of dollars to convince parents that the helicopters are fine. So they'll put billions of dollars into that. And when they still maybe don't wanna do it, then they'll engage in coercion, they'll engage in censorship.

I mean, that's what governments do when they don't get their way right. Yeah. They, they descend down this path of tyranny. And that's basically what you've seen with vaccines. Which is that if vaccines were safe and effective right, truly safe and effective, you wouldn't need to mandate them. Why? You don't need to mandate people to drink water or eat food, or go to sleep or Exactly.

Do things that are, are good for 'em. They'll do it. If vaccines, vaccines were safe, truly safe and effective, you wouldn't need to go down.

What's that? Yeah, I, yeah, I was just gonna say, you don't have to coerce people, uh, to do something if it's in their best interest and they know it's in their best interest.

Right. But, um, you know, what governments need to do though is, is when they cannot persuade you on the merits, they revert to precisely what developed countries were born out of and against, which is the destruction of individual civil rights. Right. I mean, that's what every government, for the most part that existed before the current, you know.

Freedoms that we know in our liberal democracies. Right. And I, I don't mean that as a political thing. I mean that the idea of freedoms, um, is the idea of individual and civil rights. Yeah. Um, and, and unfortunately it's many politicians today have forgotten how critically important it's to protect civil and individual rights.

That the greater harm is always government encroachment, government crushing those rights. That's the greater harm. Freedom of speech comes with, with dangers. If I let everybody say what they want, and if I let everybody assemble how they want or practice what religion they want, you know, go down the freedoms that we have.

But the greater danger really is always seeding rights to the government. Yeah. And so, you know, when the government's gonna infringe on it, it should be as narrow as possible. Here, the infringement is incredible. The government has put themselves in the shoes in most developed countries of the vaccine manufacturers themselves.

They've taken on the liability, they've taken on the promotion, they've taken on the marketing of these products. They have hopelessly conflicted themselves from being objective by doing so, they don't act as regulators. Those folks in Australia that was, I was watching with, with your senator, who's, they're not acting like regulators.

That's not how regulators talk. That's not how regulators act. Yeah. Regulators always have the interest of the consumer first. The citizen first, not the interest of the product, defending a product and, and so regulators across the world unfortunately, have lost their way on this. And where have they gone when parents complain that a car injured them or they complain about a drug or they complain about any other product injured them.

Regulators listen. When parents complain of vaccines injured their kids, oh no, we can't have that. Yes. Oh, no, no, no. That because what is it? 'cause who are they as parents attacking? Does the government go out and promote sheet rock? Does it promote asbestos? Does it promote you? Name it? No. Does it promote even statins, drugs?

No. So the government doesn't have to be defensive. When you call, you call out and you say that product, but the government heavily promotes vaccines. So when you say that product injured you, you are attacking those government institutions and their credibility. And so they react. And what do they do?

They start with the slow chain of coercion. Hey, hey, hey, you know, that's misinformation. And then, oh, we gotta censor you. Oh, you know what? It's gonna mandate it first. A little coercion, then more coercion, then, you know, go down the road. And people lose these things as normal. But it's not normal. It's not normal to mandate a medical product.

It is it, it is antithetical to freedom. It's antithetical to individual and civil rights. It's destructive, it's been normalized, but it's dangerous. It should not be normalized. Nobody should be forced.

In Australia, and this started, uh, with our former Prime Minister Scott Morrison, um, essentially mandating that, uh, you had to be vaccinated to attend, uh, child childcare in Australia.

Uh, and so if you've got an unvaccinated child, you can't actually attend a childcare. And now this is crept into, uh, it's not in in secondary schools, uh, or high schools, but, but it is in, uh, universities. So universities are now demanding that you have, uh, MMR and you, you have, uh, COVID vaccines and everything else.

Otherwise they won't sign off on you. I mean, Huy and I are aware of a, a young girl that got in contact with us yesterday from the Charles Stur University, uh, at Port Macquarie in Wagga, that, uh, is being told that she cannot, uh, be signed off on her physiotherapy degree because she hasn't provided evidence of these vaccines.

And the Newso Wales Health Department is working in conjunction with these, uh, universities and it's an absolute disgrace. When you say signed off, you mean she completed all the

studies? She is, yes. All completely done. But they won't just give her the degree unless she gets, that's not, they won't let her

do the placement.

They won't let her go into the hospital system to do the placement because she's not vaccinated. Um, she's come up with an alternative, uh, a private unit, private, uh, practice to do, to do the clinical placement. And they've said, no, you will not tell us, uh, where, where you're going to do your, uh, clinical placement because that's a, uh, a conflict of interest.

And that's what I'm talking about. I mean, that, that's incredibly problematic, right? Yeah. I mean, um, and here's the thing. They don't want to hear from her or anybody else why they don't want that product. They don't wanna try to pers really persuade on the merits, right? They won't really won't engage in the substance of it.

They just wanna attack and gaslight and say no. Um, I mean, I will tell you, um, the more the government has to coerce something, a medical product, the more you should be very concerned about getting it.

Absolutely. Karen, I want to touch on, on the studies once again, because once again, um, it seems like the whole world is ignoring the elephant in the room.

And we have been saying to our audience for four years, if you thought someone was tampering with your immune system or DNA, would you like to know about it? Mm-hmm. And can you believe it? I've had some people say no. Uh, I can't believe anyone would not want to know the answer to that question. So I want to go back to the retrospective studies because there has been a lot of vaccines rolled out around the world.

And one gentleman in particular, one doctor in Africa, uh, I believe he's from Scandinavia, Dr. Peter ve, uh, has been vaccinating African kids for decades. And it seems that he was noticing a trend in the kids that he vaccinated. I believe he vaccinated kids based on their date of birth. So he woke up one morning and decided, you know what?

I'm gonna do a study. I wonder how the kids who are vaccinated are fairing against the kids who I didn't vaccinate. You're aware of that study 'cause you alluded to it with, uh, with Dr. Plotkin. Is that right?

If you're asking about Dr, you know Peter Abe, um, I think you're asking about his study. Is that right?

And, and his, his work on DTP vaccine? Yeah. Okay. Yeah. So, um, um, d Dr. Peter Abe, as you, as I heard you say at the beginning, you know, is, uh, considered world renowned, you know, uh, you know, in in vaccinology and in uh, and, and, and including starting a vaccine program in Africa, specifically in Guinea Besa. Um, and where he has a clinic there and, um, you know, massive clinic that.

Did things other than vaccines, and he's won awards for helping children in Africa and so forth. In any event, over time he started to notice, or he, you know, he had a, there was a sense that the children that were receiving DTP vaccine were dying even potentially at a greater rate than the kids that weren't.

So they went and they engaged in a series of studies, uh, where they compared children that got DTP, the children that didn't get DTP, not prospectively retrospectively, right. Um, they just looked at existing data so much so that by the year 2014, the WH leading up to 2014, the World Health Organizations, a vaccine committee, you know, was forced to, uh, actually look at this question.

And they looked at all the existing studies with regards to DTP, um, and mortality. What they found is that a majority of those studies actually did find that DTP increased m. While it may have reduced deaths from diptheria, tetanus, pertussis, right. The D, the T, the P overall more kids were dying, right?

And, you know, it's not, and so, but here's what the World Health Organization report concluded. It said that it cannot reach a conclusion. It, and it doesn't conclude that DGP causes more deaths, uh, than it saves because it said all, all of those studies had three issues. First, it said some of the kids also got OPV, and so maybe that affected the all outcome and the results two, it said those studies were in a, um, in a, what they called a quote unquote post elimination, meaning they were environment, they were conducted long after the DTP vaccine had been introduced in those countries.

Okay? And the third thing that the WHO took issue with is they said they weren't randomized. They were, the children weren't randomized vis-a-vis getting DTP versus not getting DTP. So what Dr. Abe and and his fellow scientists did is they went and they did another study and what they went and they went all the way back to the introduction of the DTP program in Guinea Basal, and they said, okay, we're just, this is not after it was introduced, so we're gonna go with me.

That addresses the, one of the issues, right. So they went just as DTP was being introduced, two, they only compared children that got DTP, just DTP with children that got zero vaccines. Okay. And three, the children that got DTP or didn't is based on birthdays, which is a scientifically accepted way to do randomization.

Yeah. So there it is. They did the study. That addressed all the issues the WHO raised after their 2014 review. They published that study in 2017. And you know what that study found? It's found that the kids that got DTP, just DTP versus the kids that got nothing, the zero vaccines got the DTP kids died at 10 times the rate of the kids that got no vaccines 10 times the rate.

And it was highly, it was statistically significant. And it wasn't like this was one random aberration study. No, this was a capstone study. Yeah. This was following in along a line of studies that reached similar conclusions. This represented the best study that will likely ever be done. Why there was never a placebo controlled trial to license A DTP vaccine ever.

And it's considered unethical to do it. So this is probably the best study that will ever be done to answer the question, are we saving more lives or are we killing more kids with this product? And remember this, the DTP vaccine is the most commonly used vaccine in the world, is in fact the benchmark vaccine the W Hos uses to assess how well a vaccine program is, uh, uh, in a particular country.

That is what it uses. Now you might say, oh my God, that's incredible. Is anybody tried to do anything about it? Well, lemme tell you one other thing. Yes. In 2018, we wrote a letter on behalf of our, our nonprofit that we represent, um, or the nonprofit that sent the letter to the, uh, unicef, which is an arm of the WHO.

And because it is the biggest distributor of DTP in the whole. We said, Hey guys. Attached is Dr. Abe's study from 2017. This study and the studies that proceed, it reflect that your DTP program is killing far more children than you're saving. Please. This is what was asked either provide data to show it's wrong or end this program right away because you're killing more kids and you're saving, yeah.

They wrote back, and you know what? They wrote back and said, don't worry, we've, we've looked into this, and they linked to the 2014 WHO report. So we wrote back and we said, Hey, one, we sent you a study from 2017, which you completely ignored in your response. Two. That study was specifically designed to address.

The, the supposed deficiency of the existing body of literature, you know, vis-a-vis what was in the 2014 report. So again, we ask you provide better the data that shows the 2017 studies wrong or withdraw this program. They never responded to that. We, we, we did foia, which is a, a, a legal mechanism in the US to get internal communications.

The CDCs communications with the wa with UNICEF about this and the UNICEF folks were clearly freaked out in my opinion. When you read those emails, they're like, we're all implicated in this. How do we respond? And C, DC suggests a response and the CDC, you know, and they're like, ah, this doesn't seem strong enough.

We even then, we didn't know what else to do. So we actually petitioned our firm behalf of our client, petitioned the International criminal court, not that I hold the IC in any regard, by the way. They have serious issues as a, as a, as a body. Um, but nonetheless, it was a way to bring some attention to this.

We petitioned the International Criminal Court to, um, indict the UNICEF officials that are continuing to distribute this product, knowing at this point, right, based on the best available data available as far as we could find, that they are killing more kids with this product than they're saving. We said they should be indicted, haul them down to the Hague.

You, you, uh, the International Criminal Court didn't respond to us and say You're wrong. They don't respond and say, uh, you know, the studies are wrong. They said, we can't take this up. We then even wrote to the special repertoires at the United Nations who are responsible for protecting, you know, indigenous people and so forth, and we said, Hey, look at all this stuff.

Look at the data. And, and we, by the way, we keep, you know, UNICEF knows about all this. They never responded either. Apparently nobody really seems to care because you know when the data fits, the belief that vaccines are saving our lives, they rely on the data. When the data doesn't fit the belief, they cast it aside.

And as you all, as you said earlier, really, really well, it's exactly right, which you said, which is to prove the vaccine is safe and effective, but rely on nonsense. Five days of safety monitoring 147 kids to prove the vaccine's not safe. There's no amount of data that will suffice. And the D-T-P-I-I-I is an example of that.

You brought them the best possible study you can do ethically, the best one that can be done that follows in a long line and it doesn't even move the needle.

Can I ask you a very simple question for a very simple answer? I know we haven't got you for much longer and I want to. Uh, I wanna suck the marrow outta the bone, uh, with you as long as I can.

Um, sure. Australia is, uh, going to be signatory for the International Health Regulation with the WHO. Is that a good idea or not?

Uh, I think the World Health Organization should be disbanded. I, I don't think that the WHO is an organization. Um, when you look at what it has done, um, that is, uh, driven by data, I don't believe it's an organization that's driven by the evidence.

Uh, I believe it's a, uh, an organization that refuses to, uh, accept the data and the evidence that's right before its eyes. As in the case of DTP or how about the data about measles that, you know, and, and the elimination of measles as we discussed earlier? Yeah. It's not willing to accept that. And, and so the problem is, is that it's bad enough on the national level when you have these issues, but to have one international body engaged in this.

Oh, nothing could be more dangerous. Um, on the crush of civil and individual rights, they don't see themselves as providing recommendations. Really. They see themselves as the arbiter of what it is countries should do. Should you lock down, should you not? Should you take away people's rights, should you not?

No. No, no, no. Country should see to any organization those decisions, individual civil rights should never be trampled upon. And the WHO as a body has no issue with trampling on people's civil individual rights. It is a very dangerous body, in my opinion. Mm-hmm.

Yeah, the, um, a, a Aaron, the, our equivalent of the FDA, the TGA is in excess of 95% funded, uh, by the pharmaceutical companies.

They say it's immoral to do these retrospective studies, uh, or blind placebo trials, uh, on, on these early childhood vaccines. Mm-hmm. They were, they were talking about this, uh, Tony Nicoli who, uh, uh, gave us the introduction to you, uh, a lawyer here who, who's, uh, doing fantastic work with senators like Senator, uh, antic, and, uh, Senator Roberts, uh, trying to draw this out from these bureaucrats with these freedom of information, et cetera.

Um, does it, does it seem odd to you that they, they, the regulators there will not allow this, say that it's, uh, it's not ethical to do this, but what, why can't we go to a, a, a, a, a body of people, say like the Amish, that that. Mm. Might be able to be looked at, uh, in detail, um, and, and do comparisons.

Uh, there is no ethical issue with that.

So first, just put in context. They say once a vaccine is licensed, it's unethical to do a placebo controlled trial for that product because it now is licensed. Of course. Um, if you look at the drug eth bioethics literature, not vaccines, it will tell you that it's probably unethical to have a product on the market where you haven't done a proper clinical trial beforehand.

Yeah. So the existence of the product is unethical. Okay. But let's just put that aside and let's just accept that it would be unethical to do a placebo controlled trial. Now, even though you've never done 1D TP, for example, right? Had they done a placebo controlled trial, it may have never gone to market.

It would never be in the situation we find ourselves in now, where it's apparently based on the data killing more kids, then it's saving. Right. Yeah. Um, I'll give you one more example and then I'll move on to what you're saying. Comparing is using historical data. The dengue vaccine, the dengue vaccine is not a routine injected childhood vaccine America, but its clinical trial reviewed safety for five years, five years in a, and had a placebo control group.

Okay. Almost unprecedented. It's un doesn't exist for any of the routine child vaccines in the US and I don't believe, and I don't think, and I don't think for any in Australia, but they did it for the dengue vaccine. And what did they find? Lemme tell you what they found. First of all, if you were under, I believe six years of age, you were more likely to be seriously harmed from the vaccine than from whatever it did to protect you.

So it, they didn't license it under that age. If they didn't have a placebo controlled trial, long-term placebo controlled trial, it probably would've been licensed for that age. And they would've said it's safe and effective. And after years down the road, a Peter Robey came around and said, oh, it's killing more kids than it's saving.

Nah, that's just retrospective epidemiological data. You can't rely on that. We already did a licensure. It's already been licensed. It's safe and effective, we're telling you it is. Right. And you know what else they found for kids older than six? What they found is that those that had never had dengue, again, you get the vaccine, you're more likely to die or be seriously injured from the vaccine than from Dengue.

So it's not, you have, it's not recommended for that group either. It's not licensed. What was it licensed for? Only for kids over a certain age who've already had dengue. Would they have figured that out without a clinical placebo control, five-year placebo controlled trial? Would they have?

Mm-hmm.

Great question.

Had they done that trial for other child to vaccines, what would we have found? Would we have found similar issues like the Dengue vaccine? Would we have found that DTP kills more kids than it saves? So what is it that we can do today, assuming they're gonna stick to their quote unquote ethics. Okay.

Right. Which is unethical in and of itself. But if they're gonna stick to it, then we have to use existing data sets, databases that already have unvaccinated kids in it, which exist. So in Australia you have centralized healthcare, right? Yep. So in that database, no doubt you will have a large cohort of kids with zero vaccines.

You could take that data, you could compare the kids that have zero vaccines across all health categories with kids that had one or more vaccines, and look at the outcome. What is the difference in the rates of cardiovascular issues between them? Developmental issues, neurological issues, immunological issues.

You could do that, right? And the few studies that have been done like that, that have been published are all pretty consistent. They're all very, pretty much almost all say, found the same thing. Kids that are vaccinated compared to those that are not, have multiple times the rate of all kinds of chronic health issues.

Okay. And, and, and to step back just a little bit from that, in the early eighties, around under 10%, according to most studies, uh, many studies of kids had a chronic health issue under 10%. Now in the US over 40% and some studies show over 50% of kids have chronic health issues and often multiple ones in the United States.

And what of those chronic health issues have exploded in the United States and as well as many other developed countries? They're almost all. Issues that result from some form of immune system dysregulation.

Yeah.

Asthma, atopic issues. Yeah. Uh, even neuro develop, even for example, A DHD people don't think about it this way, but the studies reflect that it's a form of immune system dysregulation go down, all of 'em, put obesity aside, but, you know, but, but virtually every other one.

Yep.

Essentially all some form of immune system does regulation and what is causing the immune system of our children to go haywire over the last 40 years. Maybe you should start by looking at the product that you inject over and over again to modify a child's immune system. It's always ironic to me.

They talk about how vaccines are, oh, they're like water, but at the same time, they're powerful medicine that will protect you for life. They'll change your immune system for life Everywhere in your whole body. Yeah. Literally from your toe to your ear. They'll give you immunity. Well, which one is it? Right.

So, uh, you know, in, in the us um, and child fall in the CDC schedule would've gotten three injections by one year of age. Back in the early eighties, a child following the CD schedule today in the US including in utero, would receive 29 injections by one year of age. And by the way, almost every one of those products was, uh, um, um, uh, the clinical trial was conducted and was licensed knowing it would never be liable for the injuries that it would cause, uh, on the basis that it could have made this product safer.

So yes, you could do retrospective studies using existing data sets, those that exist highly troubling the fact that our health authorities have not published it. Uh, is is extremely concerning. I would suspect that it's not that they haven't done them, it's just that they haven't published them.

That's, that's the issue.

It's everything's being hidden under the carpet. I have, uh, 22 grandchildren. Uh, I lost one at three weeks old to sids. And, uh, we've had, uh, a couple with autism and, uh, we've had a lot of vaccine reactions and vaccine injuries in my own family. Uh, this is a real issue for me. Um, and when I look at what's in these vaccines, and I want to go back quickly to Plotkin, uh, around about the six hour mark, you start getting into the really sinister stuff.

You start talking about, um, you know, using people from mental institutions. In, in experiments. You talk about, uh, babies being taken at birth from mothers in prison, uh, to be used as experiments. You're talking about, uh, the ethics around people who don't, who may not contribute to society. In a, in a fulsome way, being used for experiments.

And you talked about the, uh, aborted fetuses that are used in, um, in dealing, in, in setting up these trial, not these trials, but in the experimentation to support these vaccinations. We're talking about monkey cells from kidneys of monkeys being used in polio. You talked about, uh, blood from calfs and cattle, uh, bovine serum, uh, which leads to dairy allergies More than likely.

We're talking about gelatin from pigs, gelatin, uh, from cows aborted fetal tissues, uh, specifically cultured in the lungs. And what really frightens me, uh, is the SV 40, which has been discovered as well, SV 40 being the Simeon, uh, monkey, A virus from the Simeon Monkey, number 40, which Oncologists guarantee is a building block for, for cancer, especially turbo cancer.

We've got pig viruses that are, that are cultured, MSG, which we, we avoid when we go to a Chinese restaurant. All these things are in the vaccine as well as, uh, heavy metals, mercury, and the like, aluminum. All these things are there, but plot can seem to be totally, um. Nonplussed by the fact that all these things were happening, all the things that Nazi doctors went to Nuremberg for, and were tried for and were executed for all these things that Nuremberg guaranteed the world would never go through again, are happening with a pink ribbon around them all around the world for medical research.

Gain a function for goodness sake. What's all that about? Um, people watching this need to watch the programs that you're involved in. They need to understand that. Uh, we haven't even touched on the, on the, in increase of, uh, contaminated DNA product in, in the COVID vaccines. Dr. David, not doctor, but David speaker researcher, has been on this program.

We've had Ron Johnson on this program three times. All this information is there. Can we get the mainstream media to talk about this? No.

Well, I, you know, I, I think eventually I think that, I mean. You know, from my discussions with other in Australia, it looks like there hasn't been an awakening yet, unfortunately, in Australia.

But I believe there's beginnings of an awakening here. I think that, um, uh, you know, the experience during COVID, I, I, I think woke, uh, opened the eyes of many, many people across the United States where there's, you know, I mean, we have law, you know, certainly in one part of the political spectrum here, states were passing laws preventing mandating certain, you know, medical products, protecting the rights of people, vis-a-vis, you know, various medical interventions for masks, COVID-19 vaccines and so forth.

I mean, that, you know, and, and so meaning it didn't just happen on a, you know, some percentage population, I mean, enough where essentially the elected representatives of those states were seeking to directly protect the rights of their citizens against overreach and encroachments when it comes to these.

To, to these products. Florida, for example, you've probably seen this in the news, has announced that it is eliminating all vaccine mandates to attend school there, which would be the first state in America that has no mandates to attend school, um, uh, with vaccines. So I do think that it has, um, um, I think yes, there is hope and I think that what did it, in my opinion is that, is this, you don't need to become an expert about vaccines to, um, you know, to, to, you don't need to make the population experts on these products.

You just need to get them to understand that they're products, that's what you need, that they're products, they're not something to be believed in. They're not like this, you know, have special properties. Uh, you know, they're not to be treated like idols that we're gonna give them, you know, properties that they, that inanimate objects don't have.

They're just products. And when enough people see them that way, then what can you do with a product? You could say, oh, is it safe? Is it effective? Is there a better one? Is there a better way to do it? Should I do it? Should I not do it? They think they don't just believe. And I think there has been a lot of folks who have started thinking about these products, certainly one side of the political spectrum here in the United States.

They thinking about it. You know, I would say that at least, you know, uh, you know, there was a time in when I was bringing lawsuits eight, nine years ago in this country where it was very difficult to get a judge to really look under the hood, not because there's no slight on any judge. Every judge is overwhelmed for the most part.

They have thousands of cases. They have to rely upon their cultural recognition, you know, their base knowledge that they just pick up to get through their docket. Okay. And their base knowledge was safe and effective. Unquestionable, right? Now, if I go into court in, in many parts of this country, in the United States, and I say, this product, this vaccine doesn't stop transmission, they'll be like, oh, let me see.

You know, they'll look at it, they'll consider it, they'll look at the evidence. You know, I'll get that audience in a way that I don't think there was the same bandwidth for. Yeah. And that's because of what I just said. It's, they're treating it like a product, not an item of worship, not something that was given at Moses Sinai or you name it.

And that's a, that's a huge difference. So there're willing to hear things, like you said, aborted feed, you know, fors. Yeah. Every single injection of an MMR vaccine or a chickenpox vaccine in the vial of every single injection, there are literally billions with a B. Billions of pieces of DNA. From the cultured cell line, aborted fetus, billions, that doesn't even account for the quantity of cellular debris from the aborted cultured cell line of an aborted fetus.

'cause you gotta grow a virus on something. They grow the bear virus on that, on those, you know, cultured abor of fetal cell lines. And that's a lot of what ends up in the vial. You know, you, I mean, I said that eight years ago. I mean, just, people just think you're nuts. Um, because they think you're nuts until you look at the data and when you actually look at the sources, if you actually look at them, you're like, oh, okay.

Yeah, that it is, it just is what it is. That's what it is. That's the fact, that's the reality.

Well, you, you, you, uh, mentioned to Dr. Plotkin that, uh, you know, bovine serum, you know what happens to that? And he says, well, it should be extracted in the manufacturing process, but there's no guarantees. Is there?

There are no guarantees. Well,

it's not, it, it is in the, it is in the final formulation. I mean, that's just, look at the CDC excipient quote unquote ingredient list for each vaccine. Look, just put, if you wanna know what's in each vaccine, just go to the, uh, package insert and just look at the ingredients.

Bovine serum ends up in the final formulation of a number of, you know, of some vaccines. It just does. Um, it's not controversial. He didn't know it apparently in that moment. And he, I think he regretted saying it quickly. 'cause he, you know, I think intuitively recognizes, Ooh, if it's in the vial, the body could have an immune reaction to it and hence you can develop, you know, um, immunity a against common day.

Things like, you know, um, components of cow, or, or how about, you know, what is the impact of injecting a baby with billions of pieces? Fragments of DNA from another aborted fetus. What from an aborted fetus, what

cell line? What, what, what is the impact of that? Well, you know, um, obviously there, you can read what the, uh, the FDA after, long after they allowed it, tries to say about it.

And then you can really read the underlying science and understand it, you know, and social mu genesis and so forth. And really think through, well, you know, what impacts that could have, um, people should be able to make a choice is, is the most important point. At the end of the day, they shouldn't be coerced into, um, um, into taking something they don't want, including if they have religious convictions that are contrary to participating in abortion.

They shouldn't have to inject that into their child. Think about what an abomination that is. Yeah.

Well, Plotkin said that he was an atheist and he, he didn't see that as grounds for exemption. Um, you, you, uh, plot can look very uncomfortable after about two hours into the, uh, into the, uh, deposition and you held him there for nine hours.

I'd like to do that with you. So I'm, I'm, I'm gonna ask you to tell me when you need to go, because I want to keep you on as long as I can. How much more time do we have with you? Yeah, let's, we can go a bit more please. Uh, great. Um, I want to go now to the, uh, the, um, I wanna go now to the hearings that you appeared at in, uh, Washington, DC with, uh, Senator Ron Johnson.

It was the Committee on Homeland Security and Government Affairs, uh, how the corruption of science has impacted public perception and policies regarding vaccine and health. Hu uh, vaccine and health, um, or vaccines. Sorry. Um, and you have been suing. Uh, consistently departments under the Department of Health and, um, health and, uh, human Services, namely the NIH, the FDA and the CDC, uh, you have had to sue them to get the information you require in order to be able to do the work that you do.

You mentioned in that study, uh, not in the study, in the hearing, that you have found it incredibly difficult, even though the courts have awarded you the right to that information, you have found it incredibly difficult to get it. Tell us about that.

Sure. Um, so, you know, in the United States you have something called the Freedom of Information Act, um, a short foia, and, uh, that law allows us to check on those who we pay.

Government works for the people, right? They don't work for themselves. They work for the citizenry, the public, for the public benefit. And so to be able to check on their work, after all we're paying for it. We can submit requests to them to get copies of documents, communications and so forth from the federal government here.

And so we have submitted FOIA requests for all kinds of things. For example, we talked about the hepatitis B vaccine. Could it really be, it was licensed based on five days safety monitoring after injection with 147 kids. I know the package Nstitute says that, but man, it still seemed incredible. So we FOIA for the underlying clinical trial reports in the hands of the FDA or for example, we FOIA to get the documents that the FDA said.

They reviewed it in 108 days to license Pfizer's COVID-19 vaccine to tell the world that this product is safe and effective. They say they reviewed those D documents in 108 days. Great. Please hand them over. We'd like to look at them too. We, the public, well you said they're safe and effective. After all, our federal government gave billions of dollars to pharmaceutical companies to develop COVID-19 vaccines paid them to buy the COVID-19 vaccines, paid billions more to promote the products and even mandated them.

So if there were any documents we, the public should be entitled to, it's certainly those. Right? But yet, you know, it, it took an entire, you know, uh, um, extensive knockout, drag out federal lawsuit to get those documents. And it's still, it took years to get them outta the hands of the FDA. It took them 108 days to review them, uh, to give Pfizer a licensure.

Uh, but it, you know, took them years to slowly and, and, uh, hand them over to us so we can make them available to the public. When I say us, I, I, you know, um, I mean that our client that we represented in that case,

yeah.

John

Aaron, um, I, I just wanna put something to you, Dr. Kerry Chant, who's the Chief Health Officer in New South Wales, uh, for the New South Wales government, uh, was subpoenaed to, uh, give evidence in a court case relating to me actually in the Supreme Court of New South Wales.

And she, she, she wrote an affidavit on the 21st of October, um, the 25th of October, 2021. And in it she says, vaccination of health workers, workers is a major factor in reducing the risk of infection and transmission to patients and other staff, thereby reducing the risk of outbreaks in healthcare settings and during provision of healthcare.

The COVID-19 vaccines are effective in protecting against infection and transmission and are highly effective in preventing severe illness should infection occur. Notwithstanding, the effectiveness is not 100%. Now, on the background of that. Uh, virtually, uh, every government worker who refused to take the COVID Ovid 19 vaccines were sacked.

Uh, what, what would you say to to that is Did, were they, that that was on the 25th of October, 2021. What year? 2021. 2021.

Has she apologized? No. Has she retracted it? No. She corrected it. No. Well, then she should be ashamed of herself. Yeah. And she, she has no condition calling herself a public health, anything.

Um, nor nor should anybody ever trust any guidance she ever gives, ever again, if she doesn't correct those, uh, those claims. 'cause they're, they're, they're wrong. Um, and the data reflects that they're wrong.

Yeah, it's unbelievable, isn't it? There's still police officers, uh, in this country who are, who were sacked for misconduct for refusing the vaccine.

Still paramedics, still doctors, still nurses, still outta work, uh, still can't return. And the, the, the legal, uh, system, uh, you know, there's been some standouts like Tony Nicoli, uh, uh, in this country that have fought. But, uh, uh, the, the judge in that case said, described me as a paramedic, as a wolf in sheep's clothing.

It is the refrain of all of those throughout history when they cannot actually address things on the substance and on the merits that they engage in ad hominin in dehumanization.

Yeah.

Right. When you are confronted with knowledge that is inconvenient with data, evidence studies. That conflicts with what you have believed prior.

You can either go one direction and say, Hey, I was wrong. I gotta think about revise what I was thinking. Or I can go in the other way and say, you're just a wolf in chief clothing. You're bad. You're a bad person. That's what he's saying. He you're a bad person. Okay. That, I mean, that's, that is what children do, unfortunately.

And it's unfortunately what adults have been doing all too often with these products because they think they know about these products and they think they're morally and intellectually actually superior. Right. And so they just know. Did they look at the underlying data studies? Typically? They didn't.

Yeah. Well they did in the Kassam case. Uh, all the data was there, there was experts, uh, from, from America. Uh, but

yeah, that just makes it worse. My experience is typically they don't when they make those ad hominin attacks. But, you know, that is, uh, that doesn't sound to me like the statement in words of an objective, an independent trier fact.

That sounds to me like somebody who is, uh, far from being independent and, and trying to be objective, um, when rendering a decision about a really important issue. Um, I mean, look, look, it is, um, it is what I meant when I said earlier until people start thinking and stop believing in these products, that's, you don't turn the corner.

I mean, it's really why I, it's why, what drove me to write the book that I did on this topic, it's not to get people to think that vaccines are good or bad or to be for against them, but it's to get them to start thinking about them like products, right? And approaching them as such. Not call people names or ad hominem, you know, we can have disagreements about it, but let's have it substantively not based on who's a good or a bad person.

It was, uh, fascinating for me to watch the exchanges that took place under oath in the, uh, in the Senate committee hearings. Um, I, I, I noted trying to watch the whole thing without a bias, which is very difficult. I noted the abject, um, disinterest by Senator Blumenthal, um, who just seemed to be off with the fairies to use an Australian term, um, and was not anywhere near over what was going on.

He wasn't near over the, uh, subject material that was being presented. Um, and also the ev the evidence presented by Dr. Jake Scott. Uh, MD from Stanford University. Um, now he is, you know, he's comes, he comes from a very prestigious organization, uh, and he is their shining star in, in, uh, in infectious diseases.

His lack of knowledge, his, uh, pride in using rem desi and intubating patients. His, uh, lack of knowledge about the ability to use Ivermectin and hydroxychloroquine, and when he was questioned later on in the proceedings by Senator Ron Johnson about what he knew about mRNA jabs. He said, I know quite a bit, but he could not answer any of a dozen questions, simple questions that Senator Johnson put to him.

It was embarrassing to watch, but I felt he was a good guy. So this sort of permeates through our society in ways that can be really inci. Really good people can get caught up in narratives. We could be caught up in a narrative that's proven in a hundred years to be completely wrong. But what, what I notice is that people who are really hooked into the government narrative on this are so far down that track that it's almost impossible to get them to see reality.

When he was asked, do you think it's fair that doctors were deregistered and fired because they prescribed Ivermectin? He said, I have no opinion on that. I mean, did that astound you? No,

not in the least. Uh, he, you know, I think he, uh, he reflects the typical doctor, um, in the United States who has no knowledge really of the underlying products, in my opinion.

I mean, there's a reason in my opinion that. Dr. Plotkin wasn't in that chair, or Dr. Offit wasn't in that chair. Dr. Paul Offit or Dr. Catherine Edwards was in that chair, or Dr. Walter Orenstein wasn't in that chair or any of the other vaccinologist. This was a hearing after all, really about vaccines, wasn't it?

Right, exactly. Why did they have a vaccinologist in that chair? Why did they have an ID doctor, an infectious disease doctor? Because I don't think a VACCINOLOGIST would've sat in that chair. See, the ID doctor. As I said at the very beginning of this, uh, when we started the infectious disease doctors, the immunologists, the pediatricians, and virtually everybody else in the medical profession, they don't really know almost anything about these products.

I've rarely met any of 'em that know anything. You know, I'll tell you the ones that do know, the ones that know about these products often have issues with them.

Yeah. Right. Other

than the va. Right. That's the ones who know. Now, they may not be vaccinologist, but they often know, they certainly know more than, I mean.

So, you know, Dr. J Scott still believed all the slogans. He believed the mantras, he believed the beliefs, and he regurgitated them. And he thought by doing so dutifully, they were oun supported by a mountain of evidence, but they're not. And as you saw during that hearing, every time he brought up one of, you know, he brought up some of these slogans, I responded to them, but I responded to the data, to the evidence, into the studies, either that he relied upon or that exists to, to contradict what he said.

Um, and you know, and you could see by the end of the hearing, he did what that judge did. He engaged in hominin, right? Because, you know, um, uh, when you've believed something because, but you, and you think it's based on data and evidence, right? You think, but right. When you're confronted with evidence and it contradicts it, what are you gonna draw from?

You can't draw from your intellect 'cause you don't, you never really looked at the primary sources yourself. Yeah. You gotta draw from your emotions or you gotta admit you're wrong. Which that, yeah. Obviously that wasn't gonna happen. That wasn't happening as you saw during those three hour exchange. So, you know, is Dr.

Jake Scott a nice guy? Sure. I don't know. I don't know the guy personally. Um, but, um, I think the reason he was there is precisely because he doesn't know much about the underlying products, uh, which as reflected during that

hearing. Uh, finally, I know you've gotta go, um, the, uh, the comments he made in closing about civility.

Um, you know, we've gotta stop, uh, criticizing doctors and threatening doctors and health professionals and, and pharmaceutical executives and all that kinda stuff in the midst of the gaslighting we've all been through in the last four years. I, I was punching the air with joy when you took the task on that.

It really is the height of absurdity. I mean, the, uh, the notion that it's the doctors who are somehow under threat by, uh, those who, um, have some reason to not take these products, um, is just, is just truly the height of absurdity. Um, it's the parents of children who are injured, the parents or children that have a real reason, substantive reason to not give this product to their children are the ones who don't give it.

Typically, those who, you know, most parents give these products, but when something happens, when something clear, you know, child gets a shot, has agram mal seizure within minutes. Ends up in the emergency room and then suffering from a seizure disorder when the child has, you know, totally healthy, goes in and ends up with some type of neuropathy, right afterwards, it's clear as day.

Now male communities wanna accept it, but they know what happened. You're not going to make that parent unsee what that parent saw. You can't have them, you know, unlive their lived experience. And there's no amount of beatings that's gonna change that. And it's those types of experiences that you know, cause people, those to often make the decision that they do about these products.

That coupled with researching them, I think often it's both. There's the experience and then they look under the hood and they learn about the clinical trials, they learn about the immunity maybe. But they learned about one of this really concerning aspects about these products and we've gone through some of them here today.

Yeah. Because you know, most people don't wake up one day and say, you know what I want to do today? I want to take a position that's gonna maybe get my kids kicked outta school, be socially ostracizing, get me called an

anti-vaxxer, get me called anti-science. You know, maybe make my social circles turn against me, maybe even lose my job.

You go down the list of horribles, right? People don't wake up one day and decide they're gonna do that. It takes a serious experience, often coupled with learning some information you cannot unlearn. And yet, um, you know, these are the people that the medical community attacks. These are the people that get thrown out of pediatric offices.

'cause they don't want to get another vaccine. They don't get listened to. You walk into a pediatric office and you say any other product injured your child. Oh, they'll listen to you and they'll treat you and they'll give you empathy and they'll give you sympathy and they will, you know, do everything they can.

You say vaccine did it. You're getting the opposite treat. So they're the ones who are getting kicked outta these offices. They're the ones who are called, what kind of names? They're told. They're selfish, they're wolfs in sheep's clothing. Go down the list of horribles. They're then thrown out of where else.

Often school, the gaslighting goes down and down. And who's driving all of these incredible infringements on their rights. The medical community. But yet the medical, this guy is gonna go and say, it's the doctors that need protection. No, it's these families that need protection from the medical community.

It needs protection from their onslaught of, of, of not treating them properly when they seek medical care, of trying to get them thrown outta school, of trying to get them excluded from extracurricular activities of talking about them. Often in the most horrible of terms of making people treat them as less than human 'cause that's how they talk about them.

And they're figures of authority. So, yeah. No, no, it is these families that need protection from the medical community, if not the other way around, the medical community is just fine. The doctors who dare speak tr you know about the truth. The doctor who dare even repeat what's in a package insert for a vaccine.

Yeah, they need protection. That part of the medical community needs protection. But again, it's not from, uh, the parents, it's, it's from the, the medical community at large. So, um, it is truly rich.

How far does that, uh, protection need to extend at the moment, do you think, Aaron? I mean, here we are. We're, we're, we're, we've got whistleblowers, we've got, uh, giants of humanity like, uh, RFK, junior, yourself, uh, so many others that, that are really blowing the lid on this stuff.

They've got a lot to protect, uh, these, these, uh, pharmaceutical companies and these people with interest. Uh, I read something on the internet the other day. Now I, I, I can't speak for the veracity of it, but, uh, it said assassinated Japanese PM didn't follow the WEF orders, didn't mandate vaccines, sent 1.6 million doses back and gave citizens Ivermectin.

Make sense now? Uh, I don't think you need, how dark has it got?

Yeah. I, I don't think, honestly, I don't even, I, that I don't even, you don't need to engage in anything speculative around these products, in my opinion. Mm-hmm. Because you can't prove that the assassination was related to that. You don't know.

Okay. Exactly. So, you know, the, the, uh, to address this issue, we don't need to go anywhere beyond things that have, uh, are black and white, no assumption needed, no speculation needed. Uh, there is nothing they can do at the end of the day to hide from the fact. They could try that they'd never properly clinical trial These products that wasn't the, that did not harm one person, like the example you just saw.

I mean, that's talking about generations of children. That is an, an, an incredible, incredible lapse of, um, that, um, just needs to be called out and, and called out until everybody knows it. And I think again, people are, are,

they're waking up, they are becoming aware. And what you will see, I believe there will be a, um, as that increases the amount of government, um, attempting to crush, people's rights will increase.

But there will be a breaking point because that suppression can only last so long, right? You can only hold people down for so, so long. And in fact it will, again, that's happened during COVID lay bare, what they have done and how they have messed up. So the same thing that ended up breaking the tide and COVID, vaccinex, I know not, not as well in Australia, which is incredible to me, considering you had tanks in your street and military, which is unfathomable to me.

Honestly. I I, I remember seeing those images and I couldn't believe it. I, I was like, is, you know, I thought I was looking at Somalia, not Australia. Yeah. I mean, it is, I, I, I don't know how to, I don't know how to overstate it. It is, it is incredible. Even if, you know, just the, even using the specter of that force, forget whether any, you know, anybody was a forget what happened now, you know, just using that is, uh, the antithesis and, and, and for what Everybody got infected anyway in Australia.

Mm-hmm.

This notion that you, you guys were gonna somehow prevent people getting infected, I mean, it was so ridiculous. Even the CDC admitted at the beginning. Even in America, you know, it was slowing the spread. It was never about eliminating the spread. They admitted everybody would eventually get infected.

How you gonna stop it? You can't. So, you know, it was all for Naugh. It was all, you know, all that destruction, all of that, and impingement, all, all of those violations of rights and civil liberties and the mistreatment of people. It was just for nothing. At the end of the day in Australia,

the city of what

did it, what did the country gain?

Nothing.

The city of Melbourne was the most locked down city in the world. I think up around 280 something days. It, it is not recovered. It, it may never recover. Australia used to be one of the go-to places. If the world turned to hell in a hand basket, you would go to New Zealand, Canada, or Australia. Not anymore.

Those countries are, those countries are gone. We are done and dusted unless the people actually take notice

in a. I tell you, in Arizona, for example, um, the, uh, there were a lot, there was actual, some mandates like mask mandates and stuff. But in the counties outside, in most of the counties around Arizona, the sheriffs, you know, the head of the police were like, I'm not enforcing that one.

It if probably offended their own sense of civil individual rights. But also, everybody's got a gun. You're not gonna go around telling in, you're not gonna go around telling people they gotta wear, uh, clothing on their body. They don't wanna wear, you wanna wear a face diaper, wear 17 of 'em. This is America.

That's freedom. You want 30 masks? Go for it. You wanna, lemme tell you what's most effective. Where's Saran wrap? Okay, but seriously, you wanna wear a mask? Go for it. That's freedom. Put aside how ridiculous they are. Put aside the accumulation, it's basically creating a Petri dish right in front of your mouth.

A virus is bacteria, fungus, you name it. That just essentially is you're creating. A pathogenic nightmare right in front of your mouth. Right? And I mean, smoke particles are bigger than a a viral particles. You want to tell me if IS if I wear a mask on this side of the room and you smoke all the way on the other side of, of the room, I'm not gonna smell it.

And if I could smell that, I'm gonna get the virus either. It's just, it just defies the most VAs basic principles of virology. Will it stop alet, like right here. Okay, fine. But that's, that's really just personal protection, right? So I mean, the whole thing was, it was just like, it was so obviously absurd, but yet, you know, people went along with it and hopefully, you know, maybe in time people in Australia wake up, obviously you guys are trying to help with that awakening.

And, um, you know, um, and good news is, I'll give you the good news.

Hopefully the book will help Aaron. Uh, maybe just give the book, book a bit of a plug for us. Where, where, where people can find it.

Oh, sure. It's, it's available on Amazon. We have a lot of people in Australia that have purchased it, and the good news is the English, which is not, uh, a lot of other countries that, you know, they've asked me to translate it.

But, uh, and um, you know, and I think a lot of, I mean, a lot of it, most of it, even though it's written from an American centric perspective, 'cause after all it's Amer, it's America. Um, uh, you know, obviously, you know, using, looking at the American schedule and the American laws, um, actually it, it, um, equates very neatly to what you have in Australia.

Your, your schedule is not that far off. Your legal structure is not that far off. Most of it equates pretty neatly what happened in the US and what happened in Australia. From what my understanding of the Australian schedule, law and development to the vaccine program there.

Before I resigned as a, as a senior captain with Qantas Airways in Australia.

Um, during the pandemic, I flew several times across the country to Perth from the east coast right across country. And on two occasions I was called on radio by the company on descent into Perth to tell my passengers that the premier of the state had just closed the border. And they, if they're going to disembark from the airplane, they have to face two weeks in hotel quarantine, or they stay within the confines of the airport and get straight back on the plane and go back.

That happened twice. I mean, that is just madness, Aaron. Um, it's, it's customary that we say a prayer at the end of our program and then I'll come back for final, uh, comments. Sure. Dear Lord, father in heaven, uh, we need truth more than ever. And Lord, we want unbiased truth. We want legitimate truth that highlights the issues that we confront as a people on this planet.

Lord, please give those in the authority to do something, the courage and the wisdom to make some change and empower those like our guests today to speak up when they need to speak up and empower them with the words they need to make a difference as you do with us God and leaders, we pray in Jesus name.

Amen. Amen. John, you've often been heard to say

you just couldn't make this stuff up.

Aaron, Syria, look, having spent four days with you, I hope you enjoyed the experience as much as I did. Um, having spent all that time with you, I honestly tell you from the bottom of my heart, and I'm not depositing anything in your hip pocket, I think you are the most significant attorney in the most significant time in Earth's history.

You need all the blessings you can get, you need all the support you can get, and we need you. We absolutely need you. And you know that you have seen the countless vaccine injured and their families, um, working with Del Bigtree. And I can, um, you know how important your work is and it's not understating what I've just said to you.

So I hope you take that on board for what it is. And I hope beyond hope that we can get back and have more conversations with you in the future.

Uh, well those are very kind words and uh, uh, obviously the work that I do, I don't do it alone. I've got dozens of folks at my firm who are passionate about protecting individual and civil rights and, you know, we've, we're, we're blessed to be able to fight on this issue to assure the individual and civil rights.

I mean, the reason we don't litigate statins is 'cause nobody's been requiring them. Litigate mandated medical products because that's what, that's, that's where the issues are. Once the government has to start mandating them, um, uh, and, uh, um, you know, the fight on that issue, it needs to be everybody's fight.

Truly anybody who's watching this, even if you love every vaccine and mask and stay at home order, if the day comes where there's one that you don't want and you don't stand up today to assure that you have the right to say no, then what are you gonna do? Then? You can't go to school. You can't get a job, you can't leave your house, you can't go to church.

You'll have seated your rights to the government. So, you know, it truly is a fundamental right. The ability to say no without up any penalty of coercion to mandated medicine. It's just as important as every other freedom there is. And so it really does require everybody's involvement as well as everybody helping educate others around them to start thinking about these things as products, not just, uh, uh, you know.

Not believing in them because, uh, as much as you, you, you, you've, you've just praised me. Uh, uh, nobody, there's no one man. There's even no one group on this planet that could do this alone. It really requires everybody to spend just a little time, even once a year to, to, to do something on this front.

Because rights are on a pendulum. You never win them. It's not like it's over ever. There will always be those who seek to take them away. And on this score, you've got a multi-billion dollar industry where your body is the commodity on which they make their profits. The more they control your body, the more they can get you to ingest and inject and put on it.

The more money they make, your body literally is the, is, is is the commodity on which they make their money. And so that fight is now, you know, has become more and more important and it's going to keep going on until they don't make money from these products, which doesn't look like it's gonna happen. So it's gonna require a whole, everybody, I mean, everybody in Australia who's passionate about this, and it doesn't need to be even a majority, you know, political change happens when even a, even a significant minority, but a vocal one, an outspoken one reaches out, out, goes to their state senators and members once a year and just meet to them and talk to 'em about this issue.

I would encourage anybody in Australia to go down there and do that. It, it matters. It really does make a difference. Any one person feels like they can't make an impact, but they really can, you know, wherever they are and whatever they're looking, even just talking to their friends. So, um, anyways, I, I'll, I always like to end by encouraging everybody out there to go and do one thing, even if, again, if it's just one a year.

Um, because, um, you know, everybody who's impacted this is passionate about it and we'll go out there and the other side, they don't have passion. Really, for the most part, they, they just have a lot of money. Um, and they can't replicate that truly intimate meeting in the office with a state senate, with one of your, you know, elected representatives there in Australia.

'cause that leaves an impression. People remember those kind of personal connections.

Yeah, we, uh, John and I both gave evidence in the Australian Senate about 18 months ago, and it was a significant moment for us to be able to do that. And, um, you only do that by being rational, reasonable, and uh, and practical with your elected representatives.

They will embrace you if you go to them with the right attitude. Can you hear me? You're back now. Hear you now. I'm back now. Can you believe it? Uh, unstable internet. Anyway. Uh, look, do what you can Australia, because it's a great country because you live in it. If you love it, stand up for it. Uh, stay outta the trees everyone.

Aaron Siri, I hope we see your face on our screen again. Thank you for the time. Thank you so much and God bless you and we'll see you next time on Club Grubby. Bye for now.