

Club Grubbery - Raw transcript of interview:

2026-02-23 – Graham and John speak with Dr Roz Jones

Hey everyone, on Thursday, the 12th of February here in Australia at Scra Hood from Club Grubby. Great to have you back on and good to see you again. Old mate, John. How are you?

Couldn't be better, mate. It's a beautiful day and bit of rain, so Yeah, we're, we're very fortunate. It's been very dry.

Yeah, it's been dry.

We've incredible heat where we are. Northern New South Wales. Been about 36 degrees today and really sticky, very sticky. But it's summertime,

that's it.

And some people are saying that the, the, uh, the climate's warmer because there's a lot of solar flare activity at the moment, which is probably very rational.

Wouldn't surprise me. I, I did hear another story today that, uh. Somebody's said that in August, uh, that, that we're gonna lose gravity on Earth for seven seconds and we'll all be gone.

Wow. That'll be fun. I've spent half my life find gravity, so, uh, that should be good fun. But anyway, look, um, we're, we're making our guests quite jealous because doctor retired pediatrician, Dr.

Ross Jones is joining us from the UK where she says it's very cold, it's eight in the morning and it's still dark there. And here we are waxing lyrical about hot weather. Great to have you back on, Ross.

Thank you very much. It's lovely to be back until I've met you both when I was actually in Byron Bay last month.

Yeah. In Byron Bay. You only a couple of hours from me. If we, we could have got you over, you could have had a great time here. But anyhow, next time you come and visit, um, RO we, we had a great interview with you, uh, on a panel of, uh, other doctors who were visiting for Lighthouse. And, um, and those are the doctors.

Were of course, uh, Kim bis. Uh, Liz Finch who, uh, coming back onto, uh, to club grubby in the next, uh, few days as well. So we're delighted to be interviewing all three of you separately. Let's go back and rehash your story Now, how long were you a pediatrician?

Well, 40 years of thereabouts. Yeah.

Wow. So everything I gather about you reading your bio and reading, reading so much about you online, which is incredible.

Um, you were doing for most of your career what we expected all doctors to do, and that was follow good practice based on, uh, on research that was available at the time. Uh, you were, you were following normal procedures as you were, and uh, and then all of a sudden things started to change. So you were, you, you were administering vaccines to children, were you not?

Yeah, I mean I was advising though I wasn't in, it is slightly different here because pediatricians, I was based in hospital and we aren't really involved in vaccination in the same way that say certainly, I dunno about Australia, but America and Canada, lots of pediatricians do frontline care, which here would be done by general practitioners.

So I think the pediatricians here are slightly more distanced from making any money outta vaccinations, which we'll perhaps touch on later. And that maybe that's helpful.

Yeah, that's that. Yeah, maybe it is. So, um, anyhow, you, you were critical I think, uh, for some time about, uh, uh, those who are skeptical of vaccines.

Is that right?

I wouldn't, I wouldn't say that I, I mean I, yes, I, I, I didn't agree with them. I, and I think what I've had been such an eyeopener for me with COVID was I probably naively thought that the regulators were doing a, a good job. And I thought that they were, um, a government funded wango. Really, I hadn't appreciated that.

Certainly our regulators, and I think even more so the Australian are, you know, 90% or thereabouts funded by the pharmaceutical industry. Um, and I think if you look at that gradually, it's not just about, it's not about vaccines, about, it's about all drugs. They're hugely pushed and there's an overemphasis of benefits and an understatement of risks.

Um, and I think the other thing that's changed over my career is we've become more and more protocol driven. So when we, when I was starting out, we had. Guidelines for things. Um, and that was really helpful. It just gave you a sort of starting point. This is, this is a way to set about things, but if you don't think this is right for the patient in front of you, it is not a protocol.

It's just a guideline. And I think that's very different. And we encouraged our junior staff to question the guidelines. Um, and so that we kept not up to date apart from anything else, um, but also to apply the care required by individual patient in front of you. And I think that's what we've kind of lost sight of in, in, in all us in all aspects of medical care.

Yeah, I remember John, I was, uh, I was, um, MCing the, uh, great debate in Perth, uh, I think about 18 months ago now, uh, set up by Adrian McCrae, where we challenged the West Australian premier to come and, and, uh, you know, listen to a bit of truth and. We will remember, uh, professor Ian Bright Hope. Do you know Professor Ian Bright Hope Ross?

Have you heard of him?

Yes, indeed. I've seen him on, on, um, videos and things, but I've never met him.

Yeah, well, Dr. John Campbell featured, uh, the video that was shot the night we did that, uh, that program where, uh, Ian Bright Hope, who is the most beautiful man, he's just treating himself after a major heart attack. So, uh, he's had a very stressful time in the last few years, but he, he was quite emotional when he admitted that the medical profession had lost its way.

Um, he started to cry. He couldn't continue the speech for a while. He had to take his breath. And that really touched John Campbell. Um, as it touched everyone in the audience, you know, it, it was an incredible time. So the whole notion you would've become a doctor because you wanted to help people, right.

Absolutely. I think that's right and I think that's what's been so hard in the last few years and we'll probably touch on that, is the number of doctors who've found themselves not being allowed to do what they know is best for their patients. Um, and you know, it started at the beginning of COVID becoming glaringly obvious, um, when nobody wanted to know about safe, effective, repurposed drugs, other things you could do to keep your people healthy.

Um, interestingly, I, because I was quite senior in our local big acute hospital trusts, and I was the clinical director for women and children's services before I retired, and when we had the swine flu, uh, well before that, we had a

pandemic planning group. Um, involving the local, um, paramedics as well and the general practice, you know, and the, the whole trust in the hospital to look up plans for if there was a bad outbreak.

I think they were more thinking about an avian flu. And it's interesting 'cause the statistics were very similar to what we were subsequently given for COVID by our modeling team in the uk. Um, professor Neil Ferguson from Imperial, who became very notorious, we'll come back perhaps to that. Um, but he had put out the modeling for the foot and mouth disease, which he'd got completely wrong.

And he also put out the modeling for the, this swine flu pandemic, which also fizzled out and wasn't really serious at all. But having said that, I sat on all the planning meetings and they were quite scary because we were using these models, which were that, you know, um, 80% of the population would catch this thing.

And even if 1% died, you know, you were talking about. Half a million deaths in the uk. And what was scary was that they were all going to take place in about 12 weeks. And you were going to see that within, you know, over the first week, the hospital could cope. And by the second week you'd have canceled everything, obviously.

And, um, no cold surgery, et cetera. And that was okay. But by the third week, the people at the beginning who you'd admitted weren't necessarily well enough to go home again and you'd reach capacity. And by the fourth week it was, you know, absolutely disastrous. And there would be no space for bodies in the mortuaries.

I mean, the, the picture painted was pretty horrific. But having said that, there was never a mention of lockdowns. What the plan consisted of was stockpiling antibiotics, which we kind of forgot about for COVID, because actually that's what kills people when there's a viral, um, pandemic. It's not vi the virus.

It's usually secondary bacterial pneumonia. That actually kills people. Um, nothing was going to be shut, shut down. Schools wouldn't shut. We were talking about how general practitioners would be, you know, supported, um, because they were gonna be very busy. Um, and again, in COVID we did exactly the opposite.

We told our gps here, I dunno what happened in Australia, but in the UK they were told not to see patients. They stopped visiting care homes, which was the area where perhaps people were going to be most vulnerable. And they particularly needed more care, not less care. Um, the whole thing was quite bizarre.

And people said we didn't have a plan, but we did. We had a perfectly good plan. It had been revised, um, it had been updated by the WHO as recently as 2018. And it was, it was a plan probably basically for influenza and people said, oh, we had the wrong plan, but it's, they're just airborne respiratory viruses.

And in fact, the, the WHO plan from 2018 even said in it that this would be equally applicable for an other respiratory viruses, such as coronaviruses was actually on the plan. So obviously you have a different plan if you've got a waterborne like cholera, 'cause you are looking at, uh, the water on the air supply.

But we never, we had, we were going to, we were all to be fit, tested for proper. Properly sealed masks for staff working in the frontline with, with patients with, uh, you know, avian flu. But there was never any question of public masking. There was never any question, as I say, of closing general practice and of let alone closing the whole of society.

And even at the beginning here in the uk and by February, you know, things were obviously kicking off in, in China in January, and then, um, it was getting a bit closer. Um, and, but the clear policy was that, you know, we were just going to be sensible and calm and, and reassuring to the population and quarantine people who are sick.

The idea of quarantining the healthy again, that's never been part of pandemic thing. Um, you quarantine people who are ill. Um, and the, you know, this, I, I think. The whole, particularly for schools. And we come to a vaccination for parents, for pushing parents to get their children vaccinated and we'll come to, but I think the whole management was designed.

We know it was, it was designed to make people fearful. And that's not the role of public health. You are old government. You are meant to be reassuring and say, not unrealistic, but, but honest, not lying to make people scared. And we've got on record, our own health minister saying, we need to scare the pants off people.

And nowhere did they have any plan. There's an excellent book if you ever want someone good to interview. Laura Dodsworth wrote a book called *The State of Fear*, and she interviewed people off our stage committee who admitted that it had got to the point where it was manipulative. They had no plan for how they were going to undo the fear.

And I, you know, I still see some people walking around in masks, in broad daylight, in outdoors. Um, even in the summer. And that's, that's so sad because what that must mean is that they're now frightened for the rest of their lives, presumably. Um, and that's fear is not good for your immune system. It's not good for your mental health.

It's not good for anything. It's not good for rational thought either. I think you know that from the airline, don't you? We did an excellent NHS training session organized by a, a pilot whose wife had sadly died and he ran this fantastic training session for us. And it was all about, you know, how you keep calm in a crisis and what you do.

Human factors.

Yeah. And rightfully fearful and in a panic does not good. Make good decision making.

I've done the same thing here in Australia myself. Yeah. Uh, doctors were participating in a lot of airline training around human factors. Yeah. Johnny.

Yeah. Uh, RO uh, something you touched on earlier is the, is the, the protocols, and I think it's probably good for everyone to understand, 'cause I'm pretty sure that the UK is very similar to, to Australia, that the, the pediatric side of things is very protocol driven.

It's very structured. Uh, probably unlike in the adults, the, the, in Australia, at least, the pediatricians or the consultants, uh, are, are very much in the, uh, decision making processes of, of treatment. I know firsthand that, uh, uh, in retrievals, et cetera, registrars might go out on the flights, but, uh, there's not a lot of autonomy there.

They, they come back through to the pd, pediatric consultants at the ICUs. Uh, and it's all very driven, uh, by the, the overarching health structure. Um, now, uh, given, given all that rigidity, uh, and, and, and really no connection to the, to the front line, as you suggested earlier with, with the gps giving essentially the, the vaccines, um, what, what do you think about, um, the, the state of play in relation to those emergency departments?

Those intensive care directors that got heavily involved in Australia, at least, I'm not sure whether that. Occurred in, in the uk. Uh, but there is nothing more fearful is there for, for families and for people out there to be concerned that this is going to start infecting children. Uh, and, and they, they use it, uh, very successfully in the fear campaigns.

Get your flu vaccines, you know, uh, the kids are, uh, very vulnerable. But, but as you and I both know that the majority of these children that end up being susceptible to these, uh, these viruses have underlying comorbidities and quite often they, they, they're not well. Uh, but that's never, never portrayed in the public, is it?

No, I think that's right. I think. We, uh, one thing we have, which is different in the uk, which I think has helped us and I I felt that when I visited Australia recently, um, is that we've never had vaccine mandates for children. Um, so there's no mandates for going, taking your child to school or as in France.

You can't even get your child benefits if you haven't got your little carne Desante health book. Up to date and it's getting even worse in, in Eastern Europe, in Hungary now, um, I was talking to a, a consultant from there recently. Um, they will find children being taken into care if by two months after their first dose is due, they get a couple of months leeway.

But if you still haven't taken your child for vaccination, they will be taken and vaccinated. They might then be given back to you. But if you miss the le next tranche of vaccines, the child is likely to be taken permanently into care. And it is really putting people off, having children in and Hungary, some quite, she's saying young people who are awake to all this are actually leaving the country and they're introducing something very similar in Poland, I believe.

Um, but he, we've not had that. And obviously that's been a thing. Problem in the states, I dunno what applies to you, but in the states, again, most. Not all the states, but most of them have mandatory compulsory vaccination for going to school. Um, so here we've always had a small group of parents who've chosen not to vaccinate their children.

And I think we've always respected that. And I'm seeing now I'm doing quite a lot of medical legal work, uh, pro bono for a parent advocacy charity. And I've had a number of referrals usually where there's been marital breakdown and it vaccination sort of now being used as a weapon to get back at people.

It started off with COVID vaccines and I'd have, um, a court hearing because the one parent didn't want the child to be vaccinated against COVID and the other did. Um, and the court always side with the parent who wants to follow the government guidance. It's as simple as that really. And I was trying to point out that for particularly for say, primary school aged children.

It was the parent who was wanting the vaccine, who was actually the outlier, the eccentric, because in the UK only 10% of five to 11 year olds received this vaccine because although all the letters, I mean, I had a group of, of, we've got about a hundred or more senior doctors, consultants, um, health, other health professionals, academics, and we were writing to the regulators right back from, before they'd even approved this.

Um, but getting no response at all. I got no reply to our letter until two hours after the MHRA had actually approved the, um, Pfizer for children. Um, this was originally for the 12th, um, to sixteens age group. Um, and they just replied saying, oh, don't thank you for your letter. Don't worry. We've looked at all the data, but of course the data they'd looked at was only the data provided by Pfizer.

And this is what I mean about the capture of the regulatory, um, bodies that somebody's looked quite recently, um, not only at the funding, but also at the approval rate. So we have 86% funding for the regulators by the pharmaceutical industry, and then we have 98% approval for all applications. Well, that seems very odd because there's bound to be applications that aren't really up to scratch jug that really shouldn't never come on the market.

The other thing that's quite worrying is when you get a drug on the market, the average time to remove a drug for safety reasons is 11 years. So people can flag up concerns and yet nothing gets done. And we've had our, the, the person who was CEO of our regulatory body who's since moved on, um, but she said publicly Oxford University to, you know, conference that she was really proud that under her watch, the MRHA had changed from, um, to an enabler, from a watchdog to an enabler.

Now you think if the Civil aviation authority said that, you know, I'm sure you know, you and your co-pilots would've been up in arms if you were told that actually a hundred days to, to sign off for a new aircraft would be great. And she and Patrick Valance, who was our scientific officer, were saying that in future, most of the safety checking for drugs will be post-marketing.

So you wait, you put everybody on a new, new aircraft, you think, well, we've done a few test flights. We think it's fine. But you know, we'll check. And obviously if a lot of people fall out the sky and die, then we'll think about withdrawing this aircraft. And that's what they are saying for drug safety. And it stinks.

I mean, it's just not anything to do with proper safety. And if you don't do these in the trials properly, I've done quite a lot of clinical research and I know how to do a grant application and I know how hard it was to get applications for trials for children. You had to show that the trial couldn't be done in adults.

You're not allowed to do research on children unless it's primarily for their benefit. So I was a neonatologist and obviously there are some conditions that only babies get, so you can't. Do the trials on adults, but even there you, you might have to be incredibly careful about how you present this and have you really looked at the possible risks and what animal studies could you have done first to minimize the risks to the children you are going to put in your study.

And the other thing is the way you divide up in a randomized trial, and that we'll come back to this probably for other vaccines, is you are always looking at a new intervention compared to a placebo or you should, which is an inert. Usually saline. Um, something that has no effect. Um, and you then also have to have a power calculation before you start to see that your trial's gonna be big enough to show what you want to find.

Not just what you want to find, but what you might not want to find, which is a safety signal. So you've gotta have some idea of the size of a trial you need, and then you've also got to follow the two groups separately for long enough. And when you look at the COVID vaccines, the adult trials were quite a decent size.

They were 20 to 40,000. Not enormous, but you know, reasonable starting point. But certainly all of the trials for these new genetic vaccines. The, it, it, I mean, I have a friend who was on the AstraZeneca study and when we, it came to our age group to be offered the vaccine, he was simply allowed to ring Oxford University and say, oh, can I just check did I have the vaccine or not?

And they said, oh no, you had the placebo. So he went ahead and got the vaccine. And across the board, Pfizer.

Wow.

Had, you know, the people in the trial, by four months, they'd all been vaccinated. So there we were for the children saying, oh, it's not ethical to give a vaccine for a disease that doesn't affect children.

'cause we knew it didn't affect children until at least you wait till you've got all the adult safety data. And we thought that the trials for the adults would finish in 2023. But of course, the first trial report at six months gave the same information. When you looked at the one year study and the two year study, there was no new information in it because actually everybody had been vaccinated by four months.

So it, it was a complete. You know, fiasco of a design for a randomized trial. And when it came to the children, when they reduced the age range and were looking at primary school, they brought out a new vaccine with a smaller dose. And when they looked at the adolescents, for example, before they introduced it for secondary school kids, that study was a Pfizer study.

There were 1,130 children, or 1131, if you want me to be absolutely precise, uh, vaccinated with a Pfizer 1,130 placebo for unfairness, placebo controls. And they were followed for two months. Now, I don't think you need to be a doctor. You, any parent would say that can't be enough. How can you say something safe when you've looked at such a small number of children and you've only followed them for a couple of months?

Hmm.

And they didn't know it was safe and they lied through their teeth. And they kept saying safe and effective, which is a banned phrase. It got banned right back, you know, en thalidomide. It was the, um, phrase. It was on the

sales pitch for thalidomide, believe it or not, was safe and defective. And after that disaster, they then tightened up on the regulations and the pharmaceutical industry are not allowed to say something safe and effective.

Um, but they seem to allow the government to say it on their behalf. Um, our, our media, they all became a sort of free advertising campaign for the pharmaceutical industry, and we saw people saying, oh, it's a hundred percent effective. If you've had the vaccine, the virus will stop with you. And that was complete utter nonsense.

Mm.

Well, it might not shock you to find out that, uh, in Australia, uh, there is a no jab, no play policy, uh, that was introduced by the former Prime Minister here, Scott Morrison. So if you, if you're not vaccinated as a child, you can't attend, uh, any preschool. Uh, and, uh, they also reduce the payments, uh, that, that are given through the, uh, the government, uh, administrative services for those that need government assistance if you're not vaccinated.

So they, they, they, they really do hit you with a, with a stick, uh, in relation to this stuff. Um. It'd be interesting just to get your thoughts. Uh, while, while we're on the, on the topic, uh, Woody and I, uh, interviewed, uh, Aaron Siri at length. Mm-hmm. Uh, and he, he spoke, uh, very, uh, passionately about the, uh, lack of, uh, proper trials in relation to the earlier vaccines, uh, and that there should be blind placebo trials.

Uh, now the, the, the, the media got hold of it here, and so did some of the senators, uh, in, in our parliament and put it to the Therapeutic Goods Administration who, uh, control the, uh, the, the, the regulation of medicine here. And they said it would be unethical, uh, to conduct such trials now knowing, uh, that they would be putting those children at risk.

Now, Siri's argument, uh, which makes sense, is that all those, all the evidence suggests that those. Uh, those, uh, childhood, um, illnesses such as polio, et cetera, were, were waning, uh, before vaccines were even introduced. Um, and he backed that up with data. Uh, what are your thoughts on all this?

Yeah, I mean, we've got the same data from UK as well that they've got for the us.

Um, there was a doctor here who went right back into the archives and has got data from 1900 and, um, I could send you some graphs from here. There, you know, measles for example, was a Victorian killer, but we've got, every time there's a little outbreak of measles here, we have the press talking about the return of this Victorian killer.

But what they don't take account of is, the reason it was killing children in Victorian era was that they were malnourished, they were over how overcrowded housing. Um, you know, there were all sorts of other reasons. And if you looked at the curve in the first half of the 20th century, or even from towards the end of the 19th century.

Childhood. You know, infant mortality was dropping from all causes. Childhood mortality was dropping and the infection deaths from measles had fallen to virtually zero before the vaccines were introduced. Same applies to diphtheria, tetanus, uh, polio. It wasn't, the diseases had gone away, but certainly the mortality was dropping.

Um, polio, I think, well that's a slightly more complicated one. Um, but again, we've got this crazy situation where in the UK we started off with a killed vaccine. Um, and it, apart from the fact there was an awful disasters in the states where they didn't kill the vaccine properly and a whole load of children, um, got paralytic polio.

But if you use a properly killed vaccine, then um, it seemed to be pretty effective and pretty safe. I won't say safe and effective 'cause nothing's a hundred percent, but it seemed to be working and it seemed to be be safe. But then they worked on a, a live vaccine because they said that the kill vaccine wasn't as effective as it it could be because the virus comes in through your gut first and then gets into the system.

And as with, um, any like influenza or COVID vaccines or whatever, if you are giving a vaccine into the blood, know, into, into a muscle that's going into the bloodstream to generate. Central immunity, then you've got no immunity to it when it first comes into your upper airway. And that's one reason why, you know, the idea that the COVID vaccines would protect other people was always a nonsense because you can't do that with a vaccine that's only works after it's got into your bloodstream.

'cause you've all got that bit before that where you've got it in your upper airway. Well for polio they were saying you've got it in the gut and we need to use this live vaccine. But the live vaccine had much, a more significant side effect rate. And I, I even had a friend as a child who landed up getting paralytic polio from the vaccine.

And there is a small, it wasn't common, but it was sort of one in a million. Um, and once we'd eradicated polio from the uk, although we just didn't have any, we swapped back to the killed vaccine. So we don't use that vaccine anymore because we think it's not safe enough in the uk. I dunno what you do in Australia, I think you've probably also reverted to the killed one.

Bill Gates in his wisdom, has gone on pushing the live vaccine. In the few countries where polio has remained, they are still getting cases of paralysis. And they've conveniently now got a new condition called idiopathic paralysis of childhood, and that is probably hiding the vaccine injuries. We also have scares here because they keep saying, oh, they, they, they check our sewage water outflow wastewater, uh, regularly, uh, for all sorts of things.

And they've been finding, oh, um, polio in the water in London, and there was a great scare that, you know, this must be going to cause illness in children here. But of course it didn't. We never had a case of paralytic polio. We didn't have any sickness. And of what this was, was people coming from countries that are still using the live vaccine, they are putting out live.

Vaccine related polio, not wild polio virus into the water. But you know, we've got this sort of mess where we're measuring the wrong things. We're not withdrawing things when they've stopped being useful. You know, diptheria vaccine may have been useful when diptheria was really a big thing. But the only vaccine we've really ever withdrawn majorly is smallpox because we say, oh, smallpox is gone.

We don't need it. We withdrew the smallpox in vaccine in the UK long before it was eradicated worldwide because we got to the point where we said, we don't have smallpox in England. We don't need this. If you are going to a country where there is endemic smallpox, then you can get vaccinated. It's over to you.

And that worked well, but we now, we seem to have got stuck with all these vaccines. And I think the problem, and Aaron Siri will be absolutely right on this, is that now I was just thinking back in my childhood, my infancy. I had two vaccinations, one to smallpox and one to diptheria by the age of one, one to polio at the age of seven, because that's when it became available.

And one for tuberculosis at the age of 13. So by the time I got to medical school, I had had 1, 2, 3, 4 individual doses for four individual diseases. And now in the states they have 80, well not now because they're just beginning to pull back on it, but they had 80 by the age of 18. And there are no studies looking at these combinations and what happens to your immune system if you overload it.

And we've seen at the same time as the increase in the number of vaccines we've seen, the increase in lots of allergic conditions, lots of immune conditions. Um, there's also obviously been lots of concerns about neuro disability. Um, and our auntie's team, well particularly with um, IC ery from the high.

Yeah,

they had been in, involved in a conference where, again, the FDA, they kept saying, well, we could do some trials, but it's not really ethical. And then they managed to persuade this guy from one of the really large, um, medical, um, insurance companies, Ford. It's Ford, I think, um, in the US to do a study. It wasn't a randomized trial

because they'd said, that's not ethical, but at least the data to look at children who were vaccinated and compare them with children who weren't vaccinated.

And they agreed to do the study. Um, but film is well worth watching because of course then they just sat it. They said they would publish it, whatever the results showed. And the results were embarrassing because this guy had been a real proponent of vaccines and they found that there was a five times increase in neuro disability for the vaccinated arm compared with the children who'd received no vaccines.

And that's not the first study that shown this. There'd been a number of studies that look, and particularly also at asthma, eczema, other allergies, autoimmune conditions, and just generally the health of children who've had these multiple, multiple vaccines. I think you could very easily ethically do a study because there are so many families out there who don't want vaccines for their kids.

Um, but of course they wouldn't want them to be entered into a trial because they'd say, um, they don't think they're safe enough to go into the trial. And then you've got, on the other hand, you've got the people who are fanatical about vaccines saying it's not ethical to, with, to withhold a, a vaccine. So, but there must be a whole load of people in the middle who are on the shelf.

What about the people like the Army? Army, yeah. Oh, army. Absolutely. But they wouldn't wanna be, they wouldn't wanna go into a trial. That's the, that's my point. So to do a randomized trial will be difficult. Um, but I was taught, you know, when I was working at the National Perinatal Epidemiology Unit in Oxford, and I was taught that to, to organize a trial, you, you, the trial organizer have to be in a state of equipoise.

In other words, you don't know whether your treatment is better or worse than no treatment. And if you don't have that state of mind, you can't do an honest trial. Um, you've gotta have some hypothesis that it might be better, some perhaps small pilot studies that show it might be better, but you can't be sure it's better, because then obviously you're gonna give it.

But if you're sure it's worse, you can't. And you've gotta have that balance. And there are loads of people in the middle. I mean, I might include myself in that now, who in the past I would've said, oh yeah, I'd have had all of that. Well, I did have, I had the four vaccines that were available. Not 'cause my parents were anti-vax, but that's all there was.

My children had the sort of 10 vaccines that were available for them. My, our grandchildren, I guess, had probably about 40 because that was what was available for them. But now if you ask me my time again, I'd be very wary of, of a lot. I'd say, you know, take as few as you can and space them out as widely as you can.

Well, that's, that's, that's who would go into a proper randomized trial. Yeah. If only to compare, if you didn't say you wanted to compare with nothing, you could compare the full schedule against a really, really paired back, you know, five things that most, that you really felt were so important you couldn't leave them out.

That, that, that, that there is the statement of the, of the whole pandemic. Um, interestingly today in the paralytic, uh, mainstream media in Perth, I dunno whether you saw it, John, but they have declared in headlines that the state, the WA state, is facing a medical emergency because they detected a case of measles on a flight from Jakarta to Perth.

And health authorities are bracing for an absolute state of emergency. Now tell, tell me about that, Ross. I mean, we, we talk about the measles. Everybody in Australia that I know in my age bracket had the measles, and we are encouraged to associate with people that had the measles to get our immunity. Why is it now such a, why

is it

such a thing

now?

Yeah, chickenpox. We, we, they used to hold chickenpox parties because I think both measles and chickenpox, um, are much more serious in adult life. So you want to get them over when you are a child. Also, if you have them as a child, you have lifelong immunity and the vaccines don't give lifelong immunity.

They started with a single dose for measles and quite quickly realized that it wasn't holding it. So then they introduced a second dose and now they've got a third dose.

The, uh, we've had it exactly the same here. I mean, we had an outbreak in London. We, you get clusters even in highly vaccinated populations because the measles vaccine isn't absolute, it doesn't protect, it doesn't prevent it. Um, even for the people who are vaccinated little. And so you get these clusters every five or 10 years as.

Immunity wanes in the babies who've had it, then they're, now, they're older and their immunity waned. It's still out there. Um, and, but we don't have deaths from it. You know, we've had hardly, you know, maybe a handful here, not, you know, in the middle of a bad year and none in a good year. Um, but you get the headlines saying Victorian killer.

I mentioned back at the beginning we've had exactly those headlines here. We've had a, a, a, a medical emergency declared a state of emergency declared over this, and then you look at the figures and within a week of them declaring the emergency, the figures are coming down again anyway. And it's clearly designed to try and get the 10 or 15% of families who haven't had this vaccine to take it.

And I think, um, one of the things that cropped up when I was talking in. Byron Bay was about Andrew Wakefield. Um, and the MMR vaccine became very unpopular after the work he published. Um, understandably because, uh, and it was very interesting looking. I mean, I, I read The Lancet article at the time. He and some colleagues at there, Royal Free Hospital, which is a big teaching hospital in London.

They had, um, an, they were a gastroenterology unit and they had a number of children coming to them with gut problems. Um, and then they had a group of children who also at the same time as their gut problems had developed regressive autism, really serious, um, you know, nonverbal children who'd seemed to be flourishing and then suddenly went down acutely.

And eight of the 12 in their original paper. The parents had identified that this deterioration in both the gut symptoms and the neurological symptoms occurred after their MMR vaccine. And they found quite, to their surprise, they brought these children in because they had gut problems and they were doing investigations, including biopsies and the biopsy gut wall.

They found vaccine derived measles virus in the gut wall. And this was obviously an unusual finding. And they wrote this paper up in the Lancet. Um, and that at their conclusion they said, um, obviously more data is required. And they got a lot of other children in the background that they were beginning to study.

Um, and I remember reading this at the time and I probably saw Andrew presenting it at a conference, um, and thinking, well, that's very interesting. We'll, we better see what happens, you know? There'll probably be more to come. And then nothing more came. He was pushed at a, they, his boss said, oh, let's have a press conference.

We need to sort of tell people about this. And he was pushed at this press conference by somebody turned and said, so would you still recommend the MMR vaccine? And his boss passed this question to Andrew, who was the lead author on this 12 author thing, and said, what do you say? And he said, well, I would be inclined to suspend it and go back to what we were doing before because the measles vaccine have been available for 20 years before this.

Yeah, yeah. Why don't we just go back to measles vaccine temporarily while we do more studies and then we, we can decide what to do. And he was absolutely jumped on. He and his fellow lead author, professor John

Walker Smith, who I actually worked for at one time, they were both struck off by the GMC. Um, Andrew left the country and went to the states.

John Walker Smith later appealed because he perhaps got a bit more money and prestige 'cause he was by then the professor. Um, and at the appeal he was reinstated. And the appeal judge was absolutely scathing about the GMC investigation. There were three of them, another one, Simon Merch, um, who were struck off.

But if you look back at what they was saying, why didn't we just go back to, you know, all the vaccine hesitancy that arose that people are, so they say, WHO says vaccine hesitancy is one of the biggest threats. They've created it for themselves by over egging things. Yeah. And removing, refusing to acknowledge risks.

Yeah. And that's what makes people skeptical and wisely skeptical. Um, and you know, it, it, it, the point about rubella is that's the orbit of the MMR, the rubella was being given in secondary school because rubella is not dangerous. Nobody thinks rubella is dangerous for the person getting rubella. The only person it's dangerous for is an unborn baby early in development.

In a, if a pregnant woman gets rubella early, you know, in the first few weeks when the organs are forming. And that's why they introduced the ELLA vaccine and it was given to secondary school girls only. That's what my daughters would've had. They wouldn't have had MMR because it wasn't around then. Um, and so then the measles vaccine was being given on its own at a year.

And all this time, every time there's another outbreak and people say, oh, nobody says we need to give, offer measles vaccine, and we were actually being told not to offer it. There were places and there are still places that we'll give separate vaccines. The Mump vaccine is not a good vaccine. Mump, again, is a pretty low key illness.

It's hard to know whether you've had it or not, almost. Um, but it can be a problem for adult males who can get or and infertility. So you know, all of these, they've been much better spread out and chosen, which you want. And if you've got a bit of independent informed consent about different vaccines, you could pick and choose the ones that were relevant for you.

Another really good example of a dodgy vaccine is Hepatitis B. You know the states introduced that on day one we've got it. It was normally, I mean, we always investigate. Every mom is is checked for hepatitis. In pregnancy, we always, they were high risk or low risk positives or negative. 99% of the population are negative and their babies didn't get any VA Hep B VA vaccine, and we don't offer it to anybody but the group who were positive, if you were a high risk, you get given an antibody as well and vaccination on day one, and you had to have the antibody to work until the vaccine worked.

And then you had your two doses of vaccine. And we had very good outcomes and we didn't have any children who then converted later it was fine. But then we've changed to adding it in to a, what was a diptheria? Tetanus, polio. DTP, sorry, diptheria, tetanus, potass, actually DTP. Then it became plus hemophilus, then it became, plus the kill Polio five in one.

Now it's six in one 'cause it has hepatitis thrown in and they're giving it at two, three, and four months. Well, two months is no, not good for anybody because if you needed it, you needed it at birth. And if you didn't need it, you didn't need it. So why on earth are we making this part of a compulsory vaccination program?

It just makes no logical sense.

Well, one of my grandkids, uh, I think about age three, went into toxic shock after getting the, uh, all these vaccines in one hit. It was just like too much. But Rose, um, you, you mentioned Andy Wakefield and um, a lot of people know this story and probably many don't. But like a cool, uh, breeze on a hot summer's day, you apologized publicly to Andy Wakefield.

Tell us about that.

Well, I saw that he was coming. I didn't realize he lived in, um. I think his, that's where he came from. And his mom still lives in Bath and it was Tess who set up the world, um, council for Health. She, um, was contacted by his mom who wanted to talk to her, and she said, oh yeah, right. Um, and then discovered that his mom actually lived in the road next to where she's got her, um, offices in Bath.

So they went and met up for a coffee. Um, and so I think she then interviewed Andrew online on some occasion, but he was coming over to visit his family. Um, and so she set up a meeting in a hotel in Wilshire and, which is an hour or so from me, and I just thought, I'll go. Um, and I listened to him and his lawyer was there too, interestingly, because I, they got struck off by the GMC, which as I say, his colleagues who appealed, got reinstated, but he by then had gone to the States and he got work there and he was doing fine.

And then of course, they were not happy that he was still speaking out. And so then they decided they got to trash him more generally. And there was a hit piece in the British Medical Journal, which is the rivals of the Lancet, where the original paper had been, the original paper was still there. It wasn't retracted, you know, it was still sitting there 10 years later for anybody to read.

Um, and the BMJ had a journalist who came and showed or said, purported to show that the original paper was fraudulent. And I remember seeing all that and again, feeling really disappointed. 'cause I, I'd seen Andrew in meetings, he struck me as an honest, sort of normal person. Uh, and, but there is quite a lot of fraud goes on in, in publications.

Uh, uh, and I think, you know, the, the previous editor of the Lance had said that, um, and the New England Journal of Medicine, they were all will comment about the fact that a lot of journals are not producing accurate papers. You think they are. But anyway, they showed that this was all fraudulent and I believed them.

But now his lawyer thought they, Andrew sued the BMJ for libel. Um, and his lawyer, they got to the point of deposition and so on, come over to London for meetings. Um, and they've gone through everything in the, with the tooth comb. And the BMJ article was the one that was actually fraud. Um, and his lawyer's done a whole, he's, it's published on, he's called ides on Substack.

Um, and you can look at all the, um, videos that he's done explaining how it was done. You know, they picked 12 different children out of the, the, all the data from the Royal Free and said that these were the ones, Andrew. Written about in the paper and therefore it was E lie to even say they were autistic.

Well, they'd picked 12 other PE children. They weren't the same children. It was just all bizarre. Um, but anyway, so I just landed up at the end of the meeting. It was a bit on the spur of the moment. I just stood up at the end. I said, I think I'm probab. Probably said I looking round. I think I'm probably the only pediatrician in this room, but I just have to say I think that I, well, and the profession owe you a huge apology because I just believed what I was told about you.

I thought you were charlatan and a fake and I think you were trying to do your best. And I'm sorry. And he, I think he was quite pleased to hear that.

Oh,

he was deeply moved from the video, you see? Yeah. Yeah. I wanted to talk to him at the end, but he was shooting off to take his mom back home. So she's a bit, I think about in her nineties or something.

Well, you

know, that that's just, it was an interesting moment. It just came out off the spot. But, but I just felt badly and I see what's happening now and again, that's what made me realize. You see now we've got, you've got, uh,

medical professionals who've spoken out about the COVID vaccine being absolutely pillared your own medical boards state now that if you speak out against a government narrative, you are likely to lose your license.

And here we've got, you know, the lovely David Carland, who's just, you know, he was struck off a few months ago, but it's getting worse because now having been struck off on the basis of having apparently bullied some people on Twitter. Well, if you looked at the amount that he, he, he'd been facing that it is called rage baiting.

That is what Robert Malone will call this. Yeah. And, and no, I, David will say he knows he lost his rag and he would reply, and we were saying, for goodness sake, Dave, just go to bed, come off Twitter, just block them. But he'd lost his job. He'd lost his job when they started to vaccinate children for COVID.

And he has one of the many people who had signed some of my letters. Um, and he'd spoken out about this. He, he was really cross, he'd got his colleagues saying, when they're sitting in the coffee room, are you gonna get your kids vaccinated? And I said, no, I don't think so. I mean, I, you know, I know lots of people who have vaccinated themselves and then said, well, not for the children.

We don't know any children who've even been ill, let alone gone to hospital, let, let alone died. I mean, just not in people's experience. So, and they all knew it was a new vaccine. Um, we've got David down, so they weren't gonna be fooled by this. And, and then, then you get to the point where, um, you just. You think this is crazy, but you are still being pushed into doing it.

And these gps who were saying they wouldn't give it to their children, were yet running a children's vaccine clinic. And he felt that was unethical and he had to stand up. He'd been vaccinated himself. Um, and so he's, he went, you know, he did one of these face to camera things and he's been struck off. Um, but now they've referred him to the disclosure and barring service, which is, um, the thing that says you can't work with children.

So he's a football referee. He's now just been barred by the fa who'd been really supportive all through his GMC hearings. They've said, the trolls have been contacting the fa saying, do you realize you've got this rabid, uh, bully, harassing bully on your football referee's team? And they, he had a meeting at he head office with the FA who said, no, this is absolutely fine.

This is ridiculous. But now he's on the barring scheme. It's very hard for them to say. Uh, that's fine. We think you are safe. So I get where the FA is in, in a problem, but this is absolutely, they're trying to destroy this man and they're trying to do it to make other people afraid to speak out. And we're writing to the GMC repeatedly.

Um, and we get getting absolutely nowhere. We've had a, we wrote a general letter to the GMC back three years ago, and they wrote back a very nice letter saying, you know, we are really worried about retaliatory referrals and that's not a good idea. And, you know, we want to encourage whistleblowers, but they're not doing it.

It's all nice words. But we, we, we've spoken to a, a, a group called the Speaking Up Group in the NHS 'cause it's a fearful climate for speaking out. Um, and they've got to the point where they, they've, they put a champion in every hospital who was meant to support whistleblowers, and they've now got a load of these champions needing the counseling service that they provide.

They're advertising for people to come and get counseling, but what they're not doing is looking at the root cause of why are these people who are whistleblowing being trashed and vilified and forced to the point where they need counseling. What they should be doing is investigating the topic of the whistleblower whistle.

So

it's not,

we, we've got, um, we've got David Katlin coming onto the program next week.

Oh, excellent. I'm glad he, he, that will be really worth, worth hearing him. Yeah.

Yeah. He's, uh, yeah, he's, I, I watched his face to camera video after he got the letter.

Um, I so feel for him, I mean, yeah. It is awful. We've, I mean, I've done witness statements.

I did a witness statement for the GMC. There were six witnesses. We were all refused to attend, um, his own witness statement. Two thirds of it they just said was inadmissible. Um, it, it's, it is a kangaroo court. It was just awful. I sat in on his hearing, I sat in on a previous one for a guy called Sam White, the same sort of thing, really, and the panel just seemed to assume that anything you've said that's counter narrative must be wrong.

It must be a conspiracy theory, and yet the evidence against these vaccines. Is mounting all the time. And I, I think, again, your audience probably do all know this, but I think the fundamental difference between this and standard vaccines, yes we may have far too many standard vaccines, but in principle it may be that some of them at least are safe.

But the COVID vaccines all used, uh, genetic technology and the WHO even set up a draft meetings to look at how to regulate these new products. Um, but they didn't have their first meeting till October, 2020. Well, half of these were almost ready to launch and then they produced some draft guidelines in December, by which time we'd already approved them.

Um, and in the end they got approved on a standard vaccine. Um, safety program. And the point about that is it's assuming a vaccine's already safe and gone through all the hoops, which we could debate. But if it has, then if you then make a new vaccine just with a different bug on it, so let's say you've got one to pneumococcus and you then want one for meningococcus, then all you do is put in a different bacteria.

And then most of the studies are very small. They just look to make sure people make good antibodies. And maybe they'll have a small study looking at safety and then they'll say, fine, go ahead. But what they don't have to do is if you have a genetic based product, which is what Pfizer and Moderna both thought, they would be counted as team-based products.

They have to do much more stringent animal studies looking at costs in a genesis. You know, are they, are they gonna cause cancers? They have to look at. Teratogenesis, are they going to harm developing fetus, you know, reproductive toxicity in general, and they didn't. They had some tiny animal studies, but they didn't really even look at basic pharmacology like the bio distribution.

What you are doing is you are giving a genetic product, you're giving a little bit of the genetic code for these. For the spike protein on coronavirus, they're then wrapping it in a little particle of lipid to allow it to cross the cell membrane because it wouldn't otherwise. The mRNA just get destroyed quickly in your bloodstream.

And anyway, they modified it's, that's what it's, it's modified mRNA though. There's changed one of the nucleic acids in it, so the body wouldn't recognize it too quickly and just get rid of it thinking, oh, I've, we've used this, we don't need it anymore. And it would wrapped in these particles, it would get in and then they didn't bother to say, but how wrong would it get in there for it then instructs your cells to make the protein.

Then that has to come back outta the cell again in order to be recognized by your immune system to get you to make the antibodies. It's a terribly convoluted system. It's more complicated than it needs to be. But the real danger is once your cells have been programmed to start making spike protein, how long do they go on doing it for?

Where's this drug gone in the first place? What cells in your body? And they didn't do any human studies at all. Not any. So the rat studies we got from a freedom of information, funnily enough, from the TGA in Australia, but I'd already seen those leaked from a Pfizer worker in Pfizer in Japan, but they were in Japanese, but, but they use ordinary, um.

Arabic numerals, so you could see the numbers. And somebody had given a translation for the headers, for the columns and the, you know, rows. Um, and it was scary because they'd only studied about 20 rats and they'd studied them for a week and they looked at all the organs in the body and they killed them after they'd had this lipid nanoparticles.

And they'd gone into the spleen, the brain, the heart, the testes and the ovaries. And they were still rising at the time when they'd killed the rats and stopped. You know, they killed some at 48 hours and some, some at 24, some at 48. And then they did the longest study, I think went to 10 days and they'd still got this sitting in the ovaries and the, and the testes.

And then I've been on a panel when I've asked about saying, I was saying, you shouldn't give this to children. Definitely. But I was really saying I wouldn't give this to healthy young adults either. Well, I have to say I didn't take it myself. 'cause I looked and I thought, I don't know enough about this stuff.

I'll wait for a standard vaccine. And then they never introduced the standard vaccine that was coming. They just canceled it.

Lemme me, lemme stop you. Let me stop you for a sec, Ross, because um, I've just been, I've had a conversation for about three hours with a friend of mine. John knows as well. We've actually, um.

We videoed his two hour testimony, testimony about his vaccine Inju injury to be released posthumously if he dies or when he dies. Mm-hmm. Um, he has now been, uh, taken under the umbrella of a panel of doctors in Australia who are really waking up to what's going on. Um, we're hoping to arrange for him to go over to, uh, the states to spend some time with Peter McCullough to do the research, but the, this panel in Australia has told him that his body has become a spike protein factory and they don't know how to turn it off.

And he's, he's been producing spike protein for nearly three years. Yeah. Yeah. So this is

breakthrough in the uk. No, we've seen this in the uk. As I say, they did these very limited animal studies. They did no human studies. The only human studies that have come have been from independent researchers. Um, I, I've got a colleague here who helps set up our UK peer support for, um, vaccine, the vaccine injured.

And she says every time she goes back for a follow up, they check her cardiac enzymes and they say, oh, they're a bit up still. 'cause she's still getting myocarditis flareups. And they check her clotting profile and that's still not right 'cause she's still getting clotting problems. But then they say, oh, but the good news is you've still got spike antibodies, so you don't need a booster.

And she's saying, hang on. I shouldn't have spike antibodies. I made, I had one dose of AstraZeneca in 19, in 2021. Um, and you are saying, I'm still making spike antibody five years later. That means she must be making spike protein because normally your antibodies just wane and you keep them in your memory for making when you meet this thing again.

Yeah. So they're making all the time. And there've been postmortem studies when there's a group in Germany, um, in on Burkhardt's lab who are looking at spike protein antigen, not the antibody actually antigen in tissues. And I've got a friend whose son got a bowel cancer in his thirties. He lives in the States, and she managed to get.

Fortunately, he's doing well at the moment, but she managed to get some of the surgical sample and got it sent to the lab in Germany, and it was full of spike protein within the cancer. Um, and I think there've been studies showing spike protein in cardiac muscle, um, and in blood vessel walls. And what I was explaining to you earlier, it's about when it comes outta the cell, your cell, your body is immediately thinking, oh, what's that protein on that cell wall?

I don't recognize that it thinks it's a virus infected cell. And the job of the, the body, then it's the immune system, it's to destroy that cell. So that's when you get all this inflammation, all the inflammation in blood vessel walls is because the blood vessels are making, the, the cells are making spike protein, then you are going to destroy those cells.

And you don't know, your body's totally confused. It doesn't know whether it's trying to attack a virus. Or what it's trying to do. Um, and the amount of, oh, I dunno if you've interviewed Gus Al Le, but he's, you know, spoken a lot about the cancer increases that he's been seeing, and he didn't see it so much after the first couple of doses in 2021.

I think most of those complications, there were a lot of neurological and a lot of cardiac complications. But he saw it, uh, particularly after the boosters and they've shown that the immune system, the antibodies you produce after, even after the second dose, are not as efficient as after the first dose.

You start making IgG one and two and you start making IgG four, which is the one you make to food and things you don't want to become allergic to. You're trying to have a sort of more tolerating system. We, we, yeah. And so it's gotta a point where they're saying they're now not a, it, it, we all make cancer cells all the time, so there might be lots of toxins around there that are making this worse.

But our immune system recognizes and just deals with them all the time. And you don't realize that. But if you have a problem with your immunity, then cancers come up and he's got patients who've been in remission for 20 years and then within six weeks of their booster, they've suddenly got widespread, not just local recurrence, he's, he's a, a melanoma specialist, but they've got systemic recurrence.

Um, and they're resistant to standard treatment that he would've used. And it's, it's really, really worrying.

We toured New Zealand John, didn't we, with Gus Gian, Dr. Paul Merrick spent some time with them and when they came to Australia, they made themselves available in Canberra, uh, at Parliament House for 24 hours or so for politicians and, and, uh, bureaucrats to come and talk to them.

I think 3,

3,

3 only. Um, we, we've gotta wrap this up. This has been an enthralling interview and it won't be our last, I hope. Ro I hope you don't, um, I hope you're open to come on, because there's so much more information to unpack and you're a wealth of knowledge on this. Johnny, have you got a last question for a brief answer?

Yeah, look, uh, RO it'd be interesting to just to get your, uh, your general opinion on this. I, I mean, you've obviously been a pediatrician for, for 40 years. Uh, you are, uh, you're an expert neonatologist that, you know, for those out there that don't understand, that's, you know, essentially very sick babies, premature babies, uh, that need, need help.

Uh, early on, uh, babies would not be sent home from hospital with, uh, bronchiolitis or, uh, or anything else. They send healthy babies home. Why are babies dying of sudden infant death syndrome? Do, do you think there's any link to these vaccines?

I think that's a very difficult question. I think the, one of the problems is that there've been a lot of alternative on the classification of disease.

You don't have to put sudden infant death. You can, you keep putting different things and they'll put suffocation. And so it's quite hard to get the numbers properly. And there, there have been suggestions that certainly that if you look time-wise, the peaks in death rate, you know, the, the, the commonest age is about two to three months, which is when they're getting this barrage of vaccines, which isn't to say the vaccines are causing them.

And we did a, a campaign here about nursing babies on their back and the, the babies who were on their tummies got overheated if they got a fever. So it may be that the vaccine's the trigger because they get a fever with the vaccine and then that leads to the cop death. But. It, we, we certainly, I've, I think there was a genuine reduction in cop deaths after we had the back to sleep campaign.

'cause it's something I used to get called out for in the night. Um, but then on the other hand, we got more staff, so I was on duty less often. So I, I just, it's something they need to look at and they needed to look at it properly. And certainly there was a, a little one in the states who had a cop death and the parents pushed and pushed because it was on the same day, I think it was within 24 hours of her vaccine.

Um, and they got somebody to look at the brain tissue and they found high levels of, um, aluminum. In the brain and that's not good. Um, so I I, I think there's a big question mark over the whole thing. I think it's the, the quantity of these that we're giving and why have we moved to giving them earlier. If you look at the total amount of aluminum in the vaccines, it exceeds per kilogram way on over the, um, recommended maximum for adults.

And people say, oh, it's fine. It's, it's, it's not toxic, but it is. Um, and again, talking of, of people getting banned, you know, we've got a guy here who's been writing about aluminum toxicity in causing Alzheimer's and things, and of course he's got completely dropped by his university because the, um, medi, the medical academia is again funded by the pharmaceutical industry and they don't want anybody researching things that might mess up their nice.

Juicy, um, chain of making a profit. Well, we,

we, we've gotta do something because, uh, recently, only about three weeks ago in Perth, um, a a quite wealthy couple, uh, a wonderful couple who was a beautiful family, uh, 14-year-old and 16-year-old, uh, children, both had severe autism, nonverbal, um mm-hmm. They were going to a private school.

They were living in a leafy suburb. And the NDIS, the national, uh, disability insurance scheme in Australia decided to stop supporting them for reasons beyond our belief. And that couple were at their, at, at their, uh, at, at the edge, and they went over and they, uh, put their children to sleep and, uh, their animals, their pets to sleep, and then they put each other to sleep.

Um, and this has really rocked the country, and I hope that people out there in Australia watching this indeed, anywhere in the world. This stuff has to be properly investigated. Was it caused by childhood vaccines? Were, were the, was the MMR to the reason for these boys having this severe autism? It's highly likely.

Uh, and now we're seeing evidence coming out or research coming out saying that there's no evidence to say that it isn't causing it. So obviously there's something we need to look at, and we've been asking the question for the last few years. If you thought that someone was tampering with your DNA or your immune system, would you like to know about it?

And that's what we're asking. And that's why when people say, what are you waxing on about COVID four? It's over. Let's get on with life ro We can't, can we, we can't stop talking about this.

No, we can't particularly because I think the, the mRNA technology, I think the vaccine industry there, all their old vaccines are off patent and they're not making as much money as they'd like.

And we've got a huge, and I think you also and Canada have got a big Moderna, um, facility which funded by the taxpayers. We're, we've, we're, 'cause we're gonna be the center of biotechnology in the uk. Um, and they are working on all sorts of the flu vaccine to change that to mRNA. I wouldn't touch an mRNA vaccine.

Ever. I really wouldn't, you know, it, it, it, it's just tampering, as you say, with the immune, whole immune system. Um, and we do need some proper research and we need some proper answers. And as Aaron Siri said, they, they've got the evidence. This Ford study I mentioned, they that had bad results. They sat on it.

Um, and eventually Del Bigtree saw this bloke and he'd got, it was a very interesting film because he'd got a little recording pen in his pocket and he asked the guy, why haven't you published it? And he said, well, I'd lose my career if I did.

Yeah,

we saw that. So that's why this stuff's not getting out there.

And in the end, Aaron Sirius posted it on a Senate hearing. So it is now available and it's not happy reading. If you are a Vote Pro-vaccine pusher, you need to read these papers. And actually look at the data that we've already got, let alone the data we haven't got and need to, need to get.

And I think as, uh, Gus GL said, uh, when we interviewed him, uh, uh, the camera hoodie, he said that, uh, these mRNA vaccines will make thalidomide look like a pimple on your ass.

Mm hmm.

That's a pretty good way to wrap this up, Johnny. And that's exactly what he said. We have no idea what's coming. Uh, and that's from one of the top oncologists in the uk, a professor of oncology at St. George's Teaching Hospital in London. Uh, very credible as are year ro Before we let you go, um, we're hearing a lot of stuff coming outta the uk That's pretty alarming.

What's life like in the uk, uh, where you are, for example, what, uh, uh, are we, are we seeing a lot of hype about this? It doesn't exist.

At a day-to-day level life here is okay, but it, it's, I think the cost of living is very high. The cost of energy is very high. So for the people at the poorer end of the bracket, um, it's really tough.

Um, so, you know, I'm lucky. I'm on a sort of fixed, decent pension, so I, I'm okay. But the, the freedom of speech is also hugely worrying. Um, and I think the current government are clamping down on all sorts of things. I think it's gonna get a lot worse. Um, you know, they're trying to bring in digital id, they're trying to, um, they've gotten online harms, bill, we've had people being arrested over things they posted on Twitter.

Um, and there's definitely, um, a two-tier. System, you know, you can commit crimes. I mean, you know, same you, I'm sure you'll hear this from Dave Carland, that you know, a doctor who's raped somebody was only suspended, but a doctor like him who's posted on Twitter and has never had a patient complaint ever is completely erased from the register.

So it's the same in policing. We've got people who have committed gone to prison for, for tweets. Other people are getting wrapped over the knuckles for quite serious crimes. So I think it's in a mess. Um, but I think there's a big grassroots movement. There's, you know, our farmers particularly are speaking out about the, they've got a change to the inheritance tax, which didn't use to apply to farms.

So you could pass on a going concern from, um, you know, parent to child, um, to keep the farming going. And that's been clobbered. And so we've had tractors in direct down in the street. So there's a lot going on. Um, I'm a sort of natural optimist and I kind of think, you know, again, with the COVID stuff, yes there are individuals who've been appallingly harmed, but for everybody else who's had this vaccine.

I think most of us actually somehow can clear this stuff. We must be able to, because otherwise we wouldn't be here. And I have got friends who've been injured who are saying 2, 3, 4 years out, they're beginning to feel a bit

better and there are some programs for detox, um, getting rid of spike. So I think if we're totally doom and gloom, we're just sitting here all waiting.

Everybody's been vaccinated, is sitting waiting to die of cancer. That's not gonna help our audience either. I don't know. I think, I think,

I think what would,

what would really, I think I have some faith in the human body and, and our resilience that somehow we will get through this.

It would really help if the medical authorities around the world actually admitted there may be a problem.

And then allowed doctors of, of open minds to do proper research to heal the mess that's been done. Absolutely. That's

absolutely, I think that's, that's the fundamental number one is we need an acknowledgement that, and then we could get some proper funding into research for how to treat the vaccine injured and also how to stop dishing this stuff out to make more people down the line with vaccine injuries, which is what we're currently, well, Pfizer

Moderna will be queuing up to, uh, come up with all the treatments for the, for the

mistakes of the end.

But they, they're already, they want mRNA cancer vaccines. Well, that's wonderful. It's a good business model, isn't it? You create a drug that gives you side effect. A, you then create drug B to treat the side effects of drug A, drugs C to create the treat, the side effects from the combination of A and B.

And you are on a wonderful, um, golden goose.

Well, you've given us a dozen good 32nd grabs. Some of the comments that have come, uh, through your interview tonight have been summed everything up of the last few years. Very, very well. I, I think, uh, we need to have a prayer and bring this to a close, so. Dear Lord, father in heaven, we just thank you for the courage of our guests and all those like her who are speaking out and continuing to speak out.

But Lord, we just pray that these messages will be sent out to people whose ears are opening and their minds are opening and their eyes are opening. And most of all, Lord, that their hearts are opening, soften our hearts, father God, and help us to deal with these issues that we have around the world at this time with compassion and, and with diligence and determination, because without that, we're going nowhere.

So God and lead is our prayer in the holy name of Jesus. Amen. Amen. Uh, Johnny Lati, you've often been heard to say

you just couldn't make this stuff up.

You couldn't make this stuff up. Um, Dr. Ross Jones, an absolute joy to interview you. There's been so much information and, uh, we'll be putting this to air as it, as we've recorded it.

Uh, I'm sure it'll be shared by a great many people and we, we trust, uh, we can get you back on, uh, in the not too distant future. And if you hold the line for a moment, we'll have a chat to you after we stop recording. But, uh, ladies and gentlemen, don't forget this is a great country. Still. Get out and enjoy it.

Why is it a great country? Because you live in it. What you did yesterday got you to today. Keep your chin up, get out into the sun, stay outta the trees, and God bless you, and we'll talk to you again very soon on Club grubby. Bye for now.