

Club Grubbery - Raw transcript of interview:

2026-02-23 Graham and John speak with Sally Clark...

Good day everyone. Good day, Australia, G Day, the world, because we say the world, Johnny, because we have gone international in a big way this year. Um, good to see you back on, mate.

Thanks mate. Yeah, we uh, we certainly have gone international. I can't remember the last time we interviewed someone from Australia now.

That's right. So it, it's great. The direction we're going is, is, uh, timely because we're sharing, we tend to think living on an island that we're isolated, but, uh, we're actually bringing people in from all over the world. And today's guest is no exception here on Club grubby. We've got Sally Clark, uh, who's coming to us from the Philippines.

Good day. S.

Hi. Good age, good day. Uh, Graham and John, it's such an honor to be here. Um, I'm actually Australian, so, um, I guess, I guess I'm an international Australian to bring more flavor,

to bring more flavor and, and yeah, you don't look Filipino, that's for sure. Um, you've got degrees in occupational therapy and medical science, but Sally, you were recommended to us via a friend who has been through, been to Helen back after being vaccinated.

Um, he was a colleague of mine in aviation and, uh, he's in a terrible state. He's in a really, really bad way and he's been doing a lot of research, not so much to, uh, to bring out, you know, take people down rabbit holes. He's been doing research to find ways that he can heal himself by knowing what's wrong with him.

And in that research he came across you and he said, you have to get this lady on. Um, so Sally, you've got, uh, degrees in occupational therapy and medical science. You've been crunching numbers now. You studied in Australia, I think in Queensland and um, and then you went over to China and you did a lot of work in China and now you reside in the Philippines.

And I think you worked for an engineering company, is that right?

That's correct. So, uh, I'm probably one of your classic people who didn't follow a conventional career path. I started off with a, uh, bachelor of science, actually. I started off in performing arts and decided pretty quickly it wasn't my thing, although I still love performing in arts.

Um, I did Bachelor of Medical Science and then I also did Bachelor of Occupational Therapy, graduating from both in 1994, after which time I went to China. And I studied Mandarin for a year because I was interested. And then I went to Hong Kong and started working with an engineering company and we're involved in water and wastewater treatment.

So environmental engineering. So I, I've had a very interesting and, uh, quite many lateral moves. But, um, because of that I've also been very interested in population health and what happens. Um, and during the pandemic in the Philippines, we had lockdowns that lasted for around three years. And for much of that time, we weren't allowed out of our houses except with a, a QR code or, um, we were supposed to show vaccination cards.

Um, and I had a lot of time to research. So with my medical background, I was already, um, critical about vaccination because of personal experience with myself and my children and my extended family. So I started

watching and counting in multiple countries how many COVID cases, how many death. And then I predicted once the vaccines roll out, we're going to see an explosion of cases and an explosion of deaths.

And I predicted this because I had been watching some of the, um, the doctors who were critical saying, there are multiple mechanisms of harm from this platform. We know that it's not safe in terms of prior clinical experience. And then I watched it happen in real time. I watched people, every country where they started the vaccine rollout, you would see a big spike in deaths and it was just like dominoes falling.

So that's what triggered my initial interest and then lockdown at home. I was very frustrated and somewhere towards the end of 2020, I sat down. Oh, 20, I sat down and said to God, give me something I can do to change the direction. Having these, you know, maybe arrogance to think that one person could make a difference.

But regardless, I absolutely believe that every individual could make a difference. So I prayed and then I started, um, finding data, and I found that I had a, a, a huge interest in what was happening in the population health. So then in 2021, I saw an article by a good friend of mine now in a newspaper, and he had accessed the Philippine government's statistics data and was talking about births and deaths.

I thought, oh, great, I'll have a look at this. So I went to their data, to their site. I downloaded their birth and death data, and I crunched the numbers, and then I cried because I saw that when the COVID vaccines were rolled out to the Philippine population, suddenly there was a massive spike in death.

This was also being reported on the news. So from there, I have been tracking the data since, uh, late 2021, and then I moved to other countries like Australia, Hong Kong, Malaysia, um, Taiwan, Singapore, other countries in the region to see what was happening. And all of them are having the same pattern of deaths and falling birth since the pandemic.

And specifically, uh, with the rollout of the vaccines. It wasn't the first year of the pandemic in most countries had nothing major happening. Um, it was only after the vaccine rollout.

I think it's interesting, you, you, uh, you say that, uh, Sally, uh, the, one of the things that just caught my ear then was the fact that you said you were in lockdown virtually for three years.

Yes. Yeah.

I mean, that's not widely known, is it?

No, people talk about Victoria and Melbourne having the longest lockdown in the world.

Uh, we were officially locked down from the 15th of March, 2020, um, until the end of 2022. School finally went back in, I think, October, November, 2022. So children had no face-to-face school in that period.

Wow.

Yeah. Horrific. Um, you know, later I can, I've looked at data in the Philippines that showed in the first year of the pandemic deaths fell by 1% compared to normal.

And a lot of, uh, younger people, the deaths drop dramatically. But what I saw in older people was a massive spike in a lot, a spike in deaths, and a spike in malnutrition deaths. So this is what happens when you lock people down and you put them in poverty, then they're going to die of, uh, things that are unrelated to any infection.

Wow. And the other thing too is you're correlating data not only about deaths, but declining, uh, birth rates, which is very, very interesting. Yeah. So that's sort of painting a pretty, a pretty broad picture, which we need to explore in greater depth. Um, we, I think it's a good time to advise everybody watching that.

We shouldn't jump to any conclusions with any of this. We wanna bring you facts and everything we present to you. Uh, we wanna present to even, uh, some of our political, um, our political class in Canberra, which we're gonna be sending this to. Uh, we want them to come on or get somebody to come on to our program and tell us if we're wrong and why we're wrong, and give us data that proves that maybe this isn't correctly, um, uh, formulated and we can do something about it.

We just wanna find truth. Um, you know, we're not accusing anybody. We're just saying, let's get to the bottom of this because this is, this is telling us that people are very sick and people are dying. People are having their aspirations destroyed in wanting to have a family, and we need to know why. And we need our political class to ask that question, why is this happening?

But they seem Johnny either too dumb or too complicit to do that.

Well, and I think too, there's still, uh, a hell of a lot of stuff circulating in the social media sphere about, uh, the long COVID. I, I saw something again yesterday. Uh, essentially, uh, uh, appearing to cover all this up saying that, uh, the effects of the actual virus, the COVID virus, are actually causing all these deaths.

Uh, and we're actually on the wrong track.

Not so soon. Yeah.

I don't see, I don't see how we can be on the wrong track. We know that the spike protein is the component of the virus or the vaccine, which is the most toxic component. So the doctors that I've been, uh, working with, they say, it doesn't matter whether you got the spike protein from the vaccine or from the virus, um, after you've had, if you've had it multiple times, which happened after you've been vaccinated, because your immune system doesn't recognize your strains, every time you get an infection, it's like another booster.

So she said essentially there is no she difference between long COVID and long vaccine. They both have the same detrimental outcomes, but yeah. So,

well, the thing, the thing Sally, that's really interesting is the, the colleague of mine that referred us to you, uh, he's a very studious guy. He does his research very carefully, uh, and that's why we were keen to get you on.

But he has been told by several medical specialists in Australia. It would appear that his body is, has become a spike protein factory and it has been for several years and they dunno how to turn it off.

Yes. They dunno how to turn it off. Uh, I, I have a doctor friend in, in the US in Florida and she's been, uh, working with, uh, elderly cohort population.

She has more than 5,000 patients and she's collected their data and what she sees is that there is no turnoff and for people who've been vaccinated or um, who got vaccinated and then got infected, the outcome, the health outcomes are not a matter of if, it's only a matter of when. And so it's absolutely essential that we find ways to block the spike protein.

Production or to somehow reduce that. And, you know, if, if you have access to medical care, there are some treatments at work. I've had quite a few conversations with your colleagues who referred me to you. So I'm, I'm fully aware of his situation. Yeah. Um, but so I understand he uses a, a whole range of, um, approaches and fortunately he has access to fairly high level medical treatments, even if they don't officially recognize, uh, COVID injuries in Australia.

Um, but you know, when you also look in the Philippines setting, people can't afford medical care. Mm-hmm. So what do, what do they do? So we, we do have a, a, a broad problem for everyone to address

you. You said something quite compelling at the opening of that last bit, you said, um, for those people who had the vaccination and then got COVID, because we were told if you had the vaccination, you wouldn't get COVID.

They lied.

They lied. All right, so you've got some very interesting slides to present now. Uh, folks, watch these slides. Take interest in them because it's part of your education. You need to know, you need to know what's going on. So let's get right into it, Sally.

Okay. I will share.

Okay. So, um, I will dive straight into it. I hope that it's not, um, I'll try and explain as we go along. Yeah. But one of the first principles I want to introduce is why am I looking at vital statistics? I'm looking at vital statistics, which are births and deaths, because these are concrete and absolute.

You are either you are born or you are not born, or you are dead or not dead. So no one can argue and make a qualitative, um, argument that this data doesn't exist. So in a healthy population, what we would normally see is that births and deaths are very, very consistent. There are seasonal differences to births and deaths.

Um, but other than the seasonality, we would only see very slow changes over time. So, for example, a normal increase or fall in births is in the range of single digit percent, usually anywhere between, you know, minus 2% up to perhaps, uh, 5%. There's changes year on year. And the same for deaths.

Sorry, can I just interrupt for a sec?

Yes.

Are, are you able to go to slideshow and put it into presenter mode then?

Oh, yes. We'll, just that one. Sorry. Let me do that.

Yeah, that'd be great. Okay.

There we go. Better. Okay.

Nothing, uh, that's it. Beautiful.

Okay. I can't see all of my slide now because, um, our images are over there, but nevermind. Do you want me to start again for that part?

Oh, no, that, that's fine. That's fine.

Okay. So, under normal situation, births and deaths would be very stable in case of a, an illness, uh, pandemic, a serious flu. What we would observe is a big increase in deaths, but then followed by a big decrease in deaths. Because when you have an illness, people who are vulnerable will die earlier than they would have.

But after that time, then there's no more people left to die because the remaining people are healthy and it may take months, or in case of a severe, it may take years for deaths to return to the prior level. So if we see an external cause of death, such as an environmental disaster, an accident, or a war, then we would see an excess death peak.

That's not followed by a drop in deaths because the, um, severe event killed people who were not otherwise going to die. Yeah. So when I show you what happened in terms of deaths in Australia and the Philippines, the

pandemic year deaths look like an external death course because we never have a return back to prior death patterns.

Okay. And just for information, all of the data that I have is from government data. So all of this is from official statistics site. We know that, um, there might be underreporting in some countries like the Philippines, um, or it may be delays in reporting in Australia, for example, coroner reported deaths may not be reported, um, for quite a long time.

Um, but regardless, look at the patterns of what I'm going to present. So I'm going to start looking at Australia. Okay, so this is a Australian, can you see my pointer? Yes.

Yes. Yeah.

Okay. So, uh, this is births and deaths in Australia from 1975 up to 2024, and I've coded the, um, blues for births and oranges for deaths.

Um, so what we can see in Australia is Australian births have been slowly increasing over time. A big jump in 2007, um, 2018 was Australia's peak birth year and jab rollout at the, in 2021. And then we did see a, uh, a spike in births in 2021. This is totally expected because under lockdown people don't have much to do, so might as well make a baby if you were going to.

So we do see a rise in births in 2021, the second year of the pandemic, but followed by a big drop in. Birth. And in the Australia context, this is very, very concerning because Australia has a very large migrant population, and Australia's population has grown by several million in the last few years. Um, and the average age of migrants is usually in their late twenties.

So these are the age that would be expecting to have babies fairly soon. Um, but that doesn't happen. So Australia's births are dropping despite massive migration. Now, let's look at the deaths. We see very steady deaths over time. Sometimes we see a spike in some years followed by a drop in the next year.

This is the pattern I showed you. So slowly increasing deaths as our population grows. 2019 was actually a spike death year. That was a bad flu year. Nobody talked about that, but 2020, the first year of the pandemic, look, we had a big drop in deaths in Australia. 2021, the vaccine rolled out. We see a rise, not a big rise yet, but 2022 is when we see a massive spike in deaths.

This is absolutely unprecedented. So I'll go to the next slide. Okay, this is just from 2015 to 2024 deaths, and now you can see the percentage change. So you're seeing, you know, less than 5% change. Fluctuate 2021 with the vaccine rollout, 5.8% increase in deaths. This is an unprecedented increase. However, 2022, far worse.

We have an 11% rise in deaths, and then this is followed by, we've lost the previous pattern of deaths. Now we have deaths that are a step higher than previous levels. Do you want to comment?

I'm stunned. Well, look, we, we, people have been talking about this. Academics have been talking about this for a long time, but what stuns me, Johnny, is that, uh, our government bodies don't seem interested in it.

Well, this, this next slide is even more stunning because this is weekly all cause registered deaths, and I've plotted it from 2019 up to 2025 and 2019. These are normal deaths in Australia. We have peak deaths at the end of winter. This is because cold weather is really hard for people who are unwell, um, and they become more vulnerable.

So Australia usually has peak deaths at the end of winter, July, August, and we have our lowest deaths. Um, around Christmas time, January, people are having fun and happy and surviving. So 2019 normal deaths spike. In winter 2020, slightly lower, despite nothing was happening in Australia. In 2020 2021, early, we see nothing unusual Vaccination starts.

The rollout was quite slow. A lot of people weren't eager, but finally they were coerced. And look at this. Now suddenly we have deaths spiking after the rollout of COVID-19 vaccination. They rolled out the third dose of COVID vaccine towards the end of 2021, and suddenly we have a massive spike in deaths in January.

That is completely atypical. The normal pattern of deaths in Australia, as I said, is peak deaths in winter. So something has caused a lot of people to die. Early in 2022. This has to be an external cause. Of course, COVID was blamed. But this comes very soon after the rollout of the third dose, fourth dose, we see another spike in death.

Remember these, uh, the rollout was fairly slow in Australia. People didn't wanna do it. I, I remember, um, images and, and shares of people crying and begging not to get it, but saying they had to in order to work. So, uh, quite devastating. And now we see that deaths remain far higher, um, than prior levels after the vaccine rollout.

So this comes across as a situation where the entire population has now become more vulnerable to death. Something has devastated their health.

Geez,

staggering. Right? Is

stagger staggering. Professor. It's in. Professor anal gl, uh, in our work with him, uh, referred to the booster shots as the kill shots.

John, do you remember? Mm,

yes.

Hundred percent.

Yeah.

Yeah.

So, um, it, it's interesting in Australia and other higher socioeconomic countries, what I observed was that the kill shots were the booster doses. But in countries like the Philippines, Malaysia, Jamaica, some of the, um, you know, middle socioeconomic countries, their kill shots were the primary series.

I saw massive deaths with the initial rollouts, and many of those vaccines came from Gabby. And later on, I'll, I'll show you the, the Philippine data. But yeah, Australia's, Australia's kill shot was the boosters third and subsequent, and they're still pushing In Australia, they're still pushing. There's no official acknowledgement of harm.

Geez is a mind boggling when you have this sort of data. Okay, so, um, I wanted to look at, this is, uh, daily reports of COVID-19 vaccination. This is in, uh, 2021, and I wanted to post it against, um, against the previous graph. And what we can see is that as the doses went up, this is, uh, just approximated. Then you see the, the spike in deaths following the dosing.

So there does seem to be some correlation between the dosing of vaccines and deaths. And people say correlation doesn't equal causation, but it actually can. Um, when you look at the situation and there's no other rational explanation for the cause, then the injection of a known toxin that you've just done should be the prime suspect,

should be

the common sense.

It's not common anymore. So. This one, I looked at all cause mortality. I did a baseline, the baseline uses 2015 to 2019 data, but with a forecast, meaning that there's a trending upwards. And so I continued that trending. This is the blue line. Um, the red line is the actual registered monthly deaths, and we can see that actual deaths are way above what we would've expected even from the previous population trending.

So, uh, again, more evidence of harm. And I've estimated around 73,800 excess deaths in Australia. This is up to July, 2025. Um, the next data set from Australia should be released today, so I'll have some fun with that tonight. So again, now looking at male deaths, we can look at the changes. I've marked 2020 for most ages.

There's nothing happening. Deaths went down. I marked the injection year. For some ages, you see a slight increase. But then 2022 is when you see the rise in deaths across all age groups. So specifically there was an increase even amongst young people, but, uh, 14.6% increase in deaths in the, um, older folk.

And the deaths remain elevated. And the younger people, fortunately, the deaths have gone down, but that doesn't mean that they're in the clear. Anyone who's been vaccinated still needs to be aware. And then this is for women. We have the same patterns. We have the same patterns. This is from 2015 to 2024.

So, so people can see the normal trending. Um, so lower deaths in. Two 20, slightly higher, 2 21 peak in 2 22, and then it goes down again for older folk, but not all the way down. And for the older people, we see much higher deaths than in the past, meaning that their health has been devastated and they're being pushed to die earlier than they would have.

Okay. And this, yes.

Uh, uh, just in relation to the, the, um, sorting out who's died, uh, w would, would it be possible to, to look at the, uh, uh, the vaccination status of those that have died and whether there is the differing numbers there? I mean, because obviously Newso Wales Health differentiated those that were vaccinated and those that weren't, uh, in relation to hospital status.

I mean, that's why, uh, the health minister here, Brad Hazzard actually, uh, in my view, stopped the. The information about the vaccination status being relayed to the public in the end because

Yes, uh, that data is not available from the Australian Bureau of Statistics, so they do not record how many people do and don't have vaccination.

So, I dunno, of any government in the world that is recording that data,

would that be something that retrospectively say if there was a Royal Commission that could be demanded

only if there's a way to link, uh, people's death certificates or death data with their vaccination

status?

Um, one of the things that we would very much like to happen would be that death certificates comp, uh, compulsory have to include vaccination status, COVID, 19 vaccination and latest vaccination of any type.

So there, there needs to be a public health change to. Include medical history with death certificates, because otherwise there's no way to check back how people died unless you do, um, you know, by family or medical records. So we, we need a change in how deaths are recorded and, um, interventions.

Gee, but we don't even check for, uh, spike proteins in, in cancers routinely, do we?

Or, or, uh, in, in terms of autopsies, they seem to be, uh, not held to the same standard that they were previously.

I think that's correct because the government has not yet recognized the e. Of COVID injuries and COVID deaths. So if, if someone dies and they've been COVID vaccinated, yes, there should be, um, autopsy pathology looking for presence of spike protein, um, for cancer deaths.

But at, at this point, there's, there's crickets from officials. Um, and it's being done more on, um, an individual level. Like I understand in Australia you can do testing for spike protein levels.

Yeah.

Um, I think by a lab corp. Um, but it's not, it's not generally recognized. I, I think they need to be looking at autopsies for some of these babies that die who are born to vaccinated mothers, and see what their reproductive organs look like and where the spike protein has distributed through their bodies.

So if there's any brave researchers out there who are able to do that, I think we should call on them because we need to understand the consequences of what has been done. And if we don't start doing detailed, um, pathology, we are not going to understand. Um, one of, one of my biggest concerns is are the children born to vaccinated mothers or vaccinated during pregnancy or during infancy?

Given that spike protein accumulates in ovaries and testes, reproductive organs, will these children reach normal sexual maturity? Will they be fertile? We don't know that, but that could be answered at least partially. If autopsies and pathology are done on, on infants and children who die.

Okay, so that's rather depressing anyway. Okay. Um, Australian births, this is population change. This is from 2000. The orange is your births, the blue is your deaths, and we can see that deaths are rising, births are falling. And then I look at natural population change is how much is your population growing due to births?

So it's birth minus deaths. So in 2000, Australia's population was growing by 121,000 a year. And now in 2024 it's growing by 105. So that's nearly a 20% drop in our population growth despite migration. I, um, I thought this would be interesting. Australia's, uh, fertility rates. Uh, this is from 1975, which is the earliest data I was able to find.

Um, Australia's fertility, 1975 was 2.1 children per woman. And now in 2024, it's down to 1.48. So Australia has had below replacement population growth since 1961. It's the last year that Australia's population was over 2.2. So what this means is that Australian's population growth is heavily dependent on migration and without migration, Australia's population will be declining.

Okay? Mm-hmm. And we can also see the, um, age of women having child children has gone up dramatically. This is also of concern. Because we know that when women delay childbearing, they may not be able to have the number of children they desire. Um, so some women wanna have a family, then they wait too long and they find out they can't.

Um, so this is something that needs to be a public conversation amounts to our, um, young people that they understand. If you want a family, this needs to be prioritized. And, um, you know, in coordination with that, we need to be pushing, um, social policies, work policies, government policies that are supportive of families.

Because if we don't have children, we don't have a population anymore. We're within generations of losing, um, massive percentages of our population. So these are, we talked, um, briefly earlier. Uh. Infant, uh, stillbirth, neonatal perinatal deaths per hundred births. And what we see is the neonatal. This is like newborn deaths.

So they're born alive, but then they die. Um, it's fairly stable, but when we're, this is only up to 2023. I don't have 2024 data, but if Australia follows international standard, this will be getting worse. Stillbirths, these are babies who are, uh, close to term, but they, they die, um, and they're born dead. So we see a big rise in stillbirths.

Um, 2020, there was a rise 21 down, but 8.7, this is our highest. And we also see perinatal deaths have gone up dramatically. Um, so these are, these are big changes, perinatal, uh, deaths that occur around the time. So it's depending on definition, I'd have to check the definition here. It can be from 28 weeks to the end of the first month of life.

So there's different definitions. But the overall pattern is we're seeing worsening outcomes for infants. So we're losing our babies, and this is last one is our migration. Um, so what I've done, this blue line is our estimation population Australia's up to 27.4 million in around about in 2024. Um, these are our births.

Our births are dropping despite our population rising. So this is highly alarming. We're losing population or losing births despite the growing population. Our deaths are rising. And then I've just prodded the net migration, and I think this is a topic for another time with other people about, um, migration.

But I would, I would just like to raise that when Australia brings in migrants from other countries, for example, let's just say the Philippines, that comes at a loss to the Philippines. So yes, those people may come to Australia. Um, they may do well prosper, um, but the Philippines has also lost their people.

So migration to Australia comes at a loss to another country, and over time, the competition for migration is going to increase dramatically because every country that I've looked at has falling population now, and very few countries still have positive population growth.

Sally, we, have you ever seen the deagle.com predictions?

Uh, yes. Yes I have. Um, it seems they haven't happened as quickly as, uh, de predicted, but I, I do believe that there's basis for those predictions.

Wow. Well, they're alarming because those figures we're talking about westernized countries halving their populations.

Yes. Well, they, yeah, halving their population.

If you look at, uh, maybe not as quickly as they said. Um, but yeah, I, I do see dramatic drops in, in population and in 2020 5, 26, now I'm seeing rising deaths, um, in some of the countries I'm looking at. Um, Taiwan is one of the countries I've been looking at. They've had a, uh, 60% loss in population growth over five years.

Their births have fallen off the charts, and this is a combination of both aging population and reduced fertility. So there's multiple factors into playing. And the COVID vaccines, I think, add insult to injury and have, uh, rapidly escalated trends that were already, um, in process. Um, but dele is wrong about the Philippines.

I looked at Dele predicted that the Philippines population would grow. The Philippines population is close to being stagnant. I, I think it's only a few years away, even though we still have a positive birth rates in the Philippines. Okay, so talking of the Philippines. I will go to the Philippines yet first.

Okay. So I have a cat in the background. I can shut the door if that's helpful.

No, no, that's all right. It's, but before you go into, before you present the Philippines data, uh, you were giving this evidence in an inquiry in the Philippines.

Yes.

Um, what happened to that inquiry?

Okay, so we, I was working with a group called, UM, concerned Doctors and Citizens of the Philippines, which included lawyers.

And we have been, uh, presenting or contacting some of the, um. Congressman regarding our findings on mortality. So it was agreed to have an excess deaths inquiry into the excess deaths, and that started in 2000 and late 2022. Uh, we ended up having six hearings and then it was adjourned with, uh, no resumption.

So it was adjourned in 2024 and it seemed, it was forgotten about. Never any conclusion. So it was, um, have you drawn, have you drawn

HC experience?

Have you drawn any conclusions from, uh, the lack of resumption?

I think there's a government, um, decision to ignore that this ever happened. I think, um, I, you know, I, I dunno if it's an official decision.

I think the consequences of acknowledging what you have done to your population, if the population demands reparations, I think that's enough to bring down governments. And so I think the consequences of acknowledging the harm could be so great that they want to just ignore it and hope it will go away.

Um, you know, I, I, I think there's a huge need to help the injured and the harm. Um, I don't know that compensation would be the right way to go, um, aside because, just because it will, we can't afford to bring down society. We can't afford to bankrupt governments because everything will crumble. In order for us to survive, we need to have functional systems.

So, yeah, that's my opinion. I, I think, I think it's too big to acknowledge officially and, um, the, the weight of evidence is growing. If you, if you look on X and you look on on various alternative platforms, there's now so much data coming out, um, giving evidence of harm. But, um, it, it's still being blocked.

Still being blocked. Anyway, okay, so this is the Philippines data. This is Philippines, uh, monthly births and deaths since January, 2019. And, uh, we had lockdown in 2021, 2020, sorry, March. We had lockdown. Um, we did have an apparently big drop in births in lockdown. I, I don't think that's a real drop. I think that's lack of registration under lockdown conditions that they just couldn't register the births and deaths.

So, um, lower than normal birth and lower than normal deaths. In 2020, March, 2021, they rolled out the COVID vaccines. We don't see a major drop in births yet, but we wouldn't expect that because takes nine months, 10 months to have a baby. Um, but what we did see with the start of the vaccine rollout is an immediate spike in deaths.

And then, uh, this is July, August, September, 2021. We had a massive of spike in deaths, and that was before the booster rollout, before the boosters. Um, and then we had the boosters start rolling out from November, and we have deaths, we have falling births. Um, since that time. Our births have fallen by nearly 20% since 2019.

So 20% loss in babies in five years and up to 2024. And our deaths are remaining well above prior levels. So this is, so the, um, the, the, uh, the spike in deaths that we see there, November, uh, 2021.

Yes.

Here, um, there, there would be some who would say that, well, that's, that was caused by, uh, by the, uh, virus itself or the so-called virus.

Um, but then, um, that would also be an indicator that the severe lockdowns didn't work because you still had a spike in deaths as a result.

Yes. We had a, a massive spike in deaths, if I can show you. Okay. This is the, this is actually the, we had a big spike in deaths. The deaths actually started with the rollout of the COVID Ovid 19 vaccine, and I was also able to look at how many deaths were due to COVID-19 officially.

Um, versus how many excess deaths there were about six times more excess deaths than there were COVID deaths. Meaning that something else was killing people. It wasn't COVID, no. No matter how hard they tried to make it COVID. So you can see here the deaths, vaccine doses, deaths are up, vaccine doses and deaths are up.

The Philippines had a, an interesting situation, um, I'll show you in just a sec. This is the deaths by age. So we can see the, the, uh, green is 2020 blue with the percentages, the percentage increase in deaths by age. Um, our elderly people in the Philippines died 62% more than usual, meaning instead of a hundred seniors dying, we had 162 people dying.

So the death rates in the Philippines are dramatically higher. You know, Australia, you saw there's a spike of 14%. Well, Australia, even in our youngest children, we had a spike of 40%, um, in our one to four year olds. And then you can see the deaths just go up. So yeah, poverty, um, increased stress due to lockdowns would've made people more susceptible to vaccine harm.

But there's nothing that can cause this short of a disaster. The COVID vaccines were that disaster.

Was there a predominant, uh, vaccine that was used in the Philippines, Sally, or, or was it a combination?

The Philippines had around eight vaccines approved. Um, this is 2021 deaths. I've actually listed the vaccine rollouts of each vaccine and marked,

yeah.

And so the green is the deaths before vaccine rollout. Um, I then averaged the deaths in the prior period, so I have a average here. So what, this is what was going before the vaccine rollout. Um, they had very slow rollouts initially, but these are the doses. And then AstraZeneca, Pfizer, we see deaths start going up immediately after the vaccines are rolled out in the Philippines.

Um, Moderna, we see slight rises and we see the deaths become more spiky. But the major spike in deaths in the Philippine came with Janss. We had 3.2 million doses of Janssen delivered to the Philippines from Gabby. They were, uh, distributed to every province of the Philippines. So each province got their own share, and they were all rolled out at exactly the same time, within a period of just a couple of weeks.

And when they rolled out the Janssen, um, people were waiting for Janssen because they said, oh, it's a single dose, it should be safer. Um, but what we saw when the Janssen was rolled out, we immediately saw a massive spike in depth.

And isn't that, uh, you know, an indication that, uh, what you're saying is, is, is a hundred percent correct?

I mean, because if you look at the, the yellow, um, that's pretty consistent, I'd say with Australia. Um, and we had Pfizer, Moderna, and AstraZeneca. Uh, but y you know, you've obviously in the Philippines gone through the roof when you, when you've had the Janssen. We, we didn't have Janssen.

I think we had a specifically toxic batch.

Um, so I, I refer to this as hyper excess deaths. Um, the Philippines also had a pharmacovigilance system and they did have reports. Janssen had more reports than any other, um, vaccine used in the Philippines, in the media at the time when they were rolling out, there were stories. Um, one family of four all got given Janssen.

The whole family died within days of each other. And that one hit the media and the government said it was, uh, COVID. It was not due to the vaccine. There was another, um, story which was also briefly reported and then disappeared on vaccination of market vendors. So effectively the government goes to the market, lined up all the vendors and say, take your vaccine.

So they actually inject them at their workplace. And the story was that they vaccinated all of the workers in the market, all of the vendors and all of them died. And I cannot verify that anymore, although I do have some of the, um, copies of the reports, but it's disappeared. The government did have also a report saying, oh, some of them died of COVID.

Some of them died of this, some of them died of that. It was a heart attack. It was not the vaccine. So there's been a coverup. Um, in the Philippines, there was also an incident in a city called Sabu where they vaccinated all of the prisoners within a one week period. So they vaccinated around 6,000 prisoners, and in that specific week, there was suddenly a big spike in COVID deaths.

But you think you don't suddenly have a big spike in COVID deaths because if you catch COVID, you should be sick for a week, and then you either get better or you slowly get worse until you have a, a catastrophic reaction and you die. Um, so to have a big spike in COVID deaths in that city Exactly.

Matching the rollout of the vaccines and the deaths were all like the deaths. They vaccinated from Monday to Wednesday. The deaths were from Tuesday to Thursday, spiking COVID deaths. Um, no one looks at this. I've written about this. Um, I've, I've tried to talk about this, but yeah. No one's interested. Um, but it, it's evidence of an incredible crime against humanity.

Oh yeah.

Great.

So this is, uh, Philippines, uh, births and deaths, natural population growth. So the Philippines, between 2015, we were growing at 98,000, nearly a hundred thousand population, and now in 2024 we're down to 55,000. So we've lost nearly, nearly 45,000 population natural population. This is average monthly.

Average monthly growth. So we have a big drop in our population growth. So yes, it's still positive. It's still positive. We still have more births than deaths. But the Philippines is also, um, a net outward migration. Filipinos go overseas to work, um, as overseas foreign workers, which is supposedly temporary, but they can be away for many years and also have permanent migrants.

Um, Australia is one of the big destination for Filipino migrants as well. So I, I consider for the Philippines, if you, if you look at your drop in births and your rise in deaths and migration, the Philippines, um, is probably close to having stagnant population, maybe decreasing in the next few years if trends continue.

So that's pretty dire. The Philippines is supposed to be the source of labor for the world, um, but if a population declines, that's not going to be possible. Hi. So this is, uh, Philippine infant mortality. Um, again, this is absolutely shocking. This is from 2000. Um, we see that infant mortality is declining over time.

This infant mortality is much higher than Australia's still. Um, I think Australian infant mortality is around six to seven per thousand. So, uh, Philippines is more than double, sorry, 2000 and, uh, 19. We had around, uh, 13 infants dying per thousand births. It dropped to only 11 in 2020, which is dramatic drop.

But then we have a big rise, um, since then up to 2024 to our highest infant mortality in 23 years. Um, so this is showing dramatically worsening population health. And this is despite very large budgets for health maternal. Child health nutrition programs in the Philippines. Yeah, so it's, it's quite dire.

I have a paper coming out about this. Um, I've managed to collaborate with the McCullough Foundation and, uh, papers under final review, and I, I'm hoping it will be published and bring the world's attention to this situation in the next few months. Okay, so this is a, a little bit of a complicated. Slide.

This is showing monthly, uh, deaths, infant deaths per a hundred thousand births from 2000. I've shown the lockdown COVID-19 vaccination. They started COVID-19 pregnancy vaccination. Um, we, we see a rise. We can't specifically correlate these vaccinations, but then in the Philippines, they start having catch-up vaccination program because under COVID conditions, children were not vaccinated with the normal pediatric vaccines.

So they do catch-up campaign, uh, nationally and for three months. And then we see that that's followed by a rise in infant mortality. And then in 2023, we see the same thing. Catch-up vaccination program followed by a rise in infant mortality. And then in 2024, they didn't have a catch-up vaccination program.

And the same months that deaths were going up, deaths went down. So is this a correlation with, um, increasing infant mortality with pediatric vaccines? I'll just leave that there as a question. I cannot answer that. But, you know, we're looking at, um, you know, Robert Kennedy in the us uh, looking at the pediatric vaccination schedule.

Um, in the Philippines, we have 20,000 plus infants die every year and nearly 50,000 children aged under 19 diarrhea. Most of them, uh, do not die from accidents. There's next to no vaccine preventable disease deaths, but they're dying from pneumonia, they're dying from all sorts of other causes, including cancers.

So that's a, a bit of a, a teaser for around some of the, the problems that my data is showing with vaccination. Um, for pediatric vaccination, which will come, the harm will come on top of the COVID vaccination. You're already vulnerable. And, uh, I think we will also see that there's big changes in disability levels amongst our children who were born post pandemic.

Um, you can talk to teachers and people working in therapy. They will tell you that the children are not the same as they used to be.

Yeah. That's for sure. It is absolutely true From what we're hearing and what we're seeing ourselves.

Do you wanna discuss for a little, this is all rather shocking, right?

I mean, I'm, I'm, I'm speechless that, um, the, the big thing that concerns me is your comments about, uh, governments collapsing and the, and therefore systems breaking down. That's very, very concerning and it's true. That's what would happen.

Yeah.

But there, there needs to be an admission. So there, first of all, needs to be an apology.

There needs to be an admission that a mistake has been made, and then they need to develop solutions to rectify the damage done in order to save lives, which is what governments are ultimately about. Um, and the fact that they're not doing that smacks of political expediency and, um, and, and, uh, you know, uh, wanting, wanting to cover their own ass.

That's really what's going on. And that's, I think we have to be very careful in our society as this stuff rolls out. Not to create situations where systems break down, but Johnny Larder, there would definitely need to be

inquiries to hold people to account and then free up the whole medical censorship thing so those doctors who know what they're talking about can get busy healing the people that have been damaged by this.

Yeah. Well, well look, I, I think that's absolutely right hoodie. But, uh, I, I suppose going forward, one of the vital things that needs to be, uh, introduced, uh, worldwide is, is these, uh, hospital wellness systems that, that actually take care of those that are, that are injured or, uh, sick. I mean, because what we're really seeing here is, um, you know, an an, an infliction or an injury and then it's been compounded by further, uh, mismanagement.

You know, people are getting, um, bad cancers. And then the only people that are really benefiting down the track from all this stuff are the pharmaceutical companies bringing in the, uh, uh, the highly toxic, uh, chemotherapy, drugs, et cetera, et cetera. And I mean, I'm not saying, you know, that, that people don't need chemotherapy drugs.

I dunno enough about it, but, you know, it certainly seems to be a cycle, doesn't it? I mean, rather than stopping people from actually getting sick in the first.

Yeah. Well, professor Ian Bright Hope has developed some wonderful policies about creating, turning hospitals into wellness centers, that, that would cut the health budget in this country dramatically, and also see a rise in overall health and therefore population growth.

And, and unless we admit that mistakes were made, either, either, uh, criminally or, uh, just through plain incompetence, uh, we can't move forward. And anyhow, this data is really showing us that, um, Kim, uh, sorry, Sally. We are, we are getting close to running outta time, so run through some of the stuff on, uh, Canada with us.

Okay. So I'll be very quick. I'll be very quick. We'll just look at Canada's. Uh, these are population patterns of, uh, births. We see declines in births, post jab rollout. We also see the spikes in deaths. So this is the, the same situation. So, um, it can get repetitive because we see the same thing in every single country.

We see births falling off the chart at the same time that we see deaths rising. And again, um, Canada is a country, um, of migrants as well. Um, but even their migrants are not making up for their falling births. Okay? So their still births are up and their fetal deaths are also up. So we see worse outcomes for their babies.

Um, these are their monthly registered deaths and their vaccine doses. So we see in Canada, Canada, the orange and the green is the first and second doses. We see the deaths particularly spike when they brought out the booster doses. So it's the same pattern. And then as they bring out additional boosters, we see new spikes in deaths.

So we can match the vaccine doses to the. And we could also see in Canada, this is, um, the, the booster dosing is when the death went up.

Sorry.

And, uh,

was it Sally? Was it the case? Uh, worldwide? Uh, I know it wasn't in Australia and it wasn't, uh, absolutely set in concrete, but, uh, uh, they varied the booster from the first two,

uh, yes, yes. In many cases it wasn't the same. Mm-hmm. It wasn't even the same vaccine. So they weren't, you might've had AstraZeneca for your first two doses, and then you had Pfizer for your third dose.

Yeah.

Um, they weren't, they weren't very specific on that. In the, in the Philippines, the policy with any vaccine is a good vaccine. It doesn't matter what you had before, and I'm sure that compounded the harms. So Canada annual births and deaths, this is from 2000 up to 2024. This is a natural population growth.

Peak growth was um, 2009 and they've gone from, you know, 200 natural increase. They've gone from over a hundred thousand to a less than 20,000 natural population growth. So their population is also collapsing. You can see there, their birth still still exceed their deaths, but you look at the change over time, it's only a few years away from their population collapsing.

So that means your population is actively going to decline. And one, one of the things we need to consider is that when you have so few babies, so for example, you have 200 babies. Now in 20 years time, how many people will they have to replace? So maybe your 200 babies now are replacing a thousand people who will be retiring.

So how does that affect your maintenance of society? Your maintenance of, of structures, your roads, your sew, your supply chain. As your population declines, you are going to have, um, dis resettlement and you will have, um, challenges or inability to maintain all of the things that keep society working. And that has to be addressed now because birth rates are falling globally.

Every single country is having dramatic reduced reductions in their births. And in a way, we are blessed. Humans have a long lifespan, mostly. So you have 80 years, but the second half of your lifespan, you can't have babies anymore. You just have to deal with the, the impacts of whatever is happening. So, yeah.

Um, we, we do need to look at, I, I think that the falling birth rates are as big a problem as the COVID, but sent home and. Interlinked. Okay. So China, China is very interesting. Um, China claimed to have 1.4 billion population. Um, they claim that their population increased consistently all the way up to 2025.

I, I honestly don't believe this, I don't believe that their population is 1.4 billion. And, uh, I studied in China in, uh, 19 94, 95, um, and there were lots of people there. I was inexperienced. I, you know, not, I dunno what I know now. Um, but I've also been to China recently and I'm just struck by how few people there seem to be compared to what I experienced in the past.

And I, I don't think all of them are hiding inside. Maybe there really is far fewer, far fewer people than is being claimed. So, um, again, this is their births and their deaths. This is over a longer period since 1949 when they, um, they had a famine. They had a big spike in deaths, but they didn't have a big spike in deaths during COVID.

But China's had negative population growth now for the past four years, and they've only had, uh, their birth rate is, uh, 7.9 million babies for a population of 1.4 billion. That's next to nothing. So if China's population is not what they say and if their population collapses, that also has implications for Australia because China is one of Australia's biggest trading partners.

Um, and Australia is also very dependent on China for, um, many, many products because Australia doesn't make its own, um, things. So we have to look at sustainability. So the population collapse is happening in China, it's happening across Asia, and it has repercussions, and we need to plan for that now, not later.

Just, uh, on, on that, uh, Sally, I mean, what, what vaccine did they predominantly use there and, and, and I just make the assessment that you would've thought that of all the countries in the world that were likely to have the most COVID deaths or, or an absolute, uh, resounding display of deaths, it should have been China given the fact that the, uh, the COVID, um, uh, originated from there and, and the population being so, so dense it should have, yeah.

China had, uh, their own vaccines. They had, um, inactivated virus vaccines. I think they had a, they had one called OV VX, or one called Coronavirus. Um, I did see spikes in deaths in the Philippines with those vaccines. So, um, sure that the vaccines caused harm. China also had incredibly strict lockdowns. I dunno if the news made

Australia, but there were locations where people were literally welded into their buildings and unable to get out and people were starving.

And some of the international, um, report were also showing that there were multiple cremations and many deaths in China. Um, there was a lot of that on, particularly on X talking about what happened when they, when they opened up. So I, I don't believe that the COVID death reports are accurate. I don't think they would want to publicly admit how many people might have died during COVID.

Yeah. Wow. Safe, safe face. So I, I think, I think China's birth data is, um. Suspect. I, I think that might not necessarily be a central government issue, that it might not have been intentional. I think it's more that, uh, local governments required, um, had to report their population and were in order to get funding from the central government.

So best way to get funding just inflate your population a little, don't admit to deaths. And over time, I think that will have a, um, you know, a cumulative effect to give very inaccurate data. So, I, I, I think it may not have been completely intentional. I don't want to, you know, put mal intent in this, but it's just human nature to try and, uh, make things look better and then the lie will grow over time.

Um, but, you know, they're, they're officially announcing very much lower birds. Um, so I guess they might catch up in time or if there's ever a regime change, the truth might come out.

Good grief. This all goes very much in line with, uh, with Bill Gates's Ted talk in the nineties where he said we needed to reduce population growth by 15%.

And, uh, we, we can do that with vaccinations. He's actually done it,

I think. Yes, they've absolutely done it. They've absolutely done it. Um, and you know, the, the vaccines are slow kill. Some people get killed immediately or very soon after, but many people get sick and there is your transfer of wealth. Sick people can't work.

Sick people take the resources of other people, um, and also transfer the wealth to the medical and, you know, pharmaceutical complex. So, you know, ultimately the, you will have nothing and you will be happy is being aided and abetted by this pandemic and the response to it. Mm-hmm.

Yeah. Okay. I've just, uh, I don't think we need to do that. I couldn't do the, do you wanna see France? France is the same population trending.

Okay. So you're seeing the same trends all the way through?

Yes. Every country. Um, I've done an interview with Dr. Mark, Rosie, um, which will be coming out in the next week or two.

We went through all of my data in detail and he's going to, um, write some articles and also share the interviews in coming weeks.

Wow. Well, I think this interview, we normally, uh, run them out one at a time, one week, one a week. And I think we need to get this one out straight away.

Yeah,

I think I really do.

We have to talk about this because the, the very first step is to acknowledge what has happened. Um, people need to be held accountable, particularly at the globalist level, the Epstein files coming out, which is now we can

see the conversation with Bill Gates and Epstein and other shadowy leaders discussing a pandemic and setting up the infrastructure to, um, benefit from that.

Um, so this is a process that's been happening for decades. It's all been planned and delivered and, you know, many of us were aware, but we were silenced and no one wanted to listen. And the evidence is in plain sight. All of this evidence is government data. And what we need to do is we need to focus on wellness.

So if you are not vaccinated or you are vaccinated and you are, well, we need to keep you well. So we need to have a big, um, emphasis on wellness. Then we need to come up with how to treat people, and we need to address all of the societal issues that come with massive change that's, that's happening in our lifetime.

It is, it's, it's exponential growth in, in horror.

Yes.

It's, it's just, it's hard to comprehend, John. I think that's why a lot of people don't really wanna know about it.

Well, and they're not backing off either. Uh, and this is the problem. I mean, look at the, the, uh, the new Chief Health officer in Queensland mm-hmm.

Blue vaccine, uh, I mean, she, she has just come from being Dr. Kerry Chan's lieutenant. She was the Deputy Chief Health Health Officer under Kerry Chan, and now she's, she's been appointed up there. And the first thing that she tells the media is she wants to lift the vaccination rates.

Yeah. Health never came through a syringe.

Never. And vaccines have been presented as almost a religion without and completely unquestioned. The data that I have seen globally shows that they cause immense harm. The data that is coming out of, um, the US um, under Robert Kennedy and the research groups is showing that pediatric vaccines and adult vaccines was devastating health consequences.

So the very first thing we need to do is stop adding to the harm. And, you know, there, there are some researchers who have come up with alternative forms of vaccine that work, um, via mucosal membranes. There is some research, not to say that vaccines of some sort may never be applicable, but in general, the human body adapted with all of these, um, these viruses.

We are uniquely designed by God to handle that. And when humans step in and play God, it doesn't go well, it doesn't go well. We need to support ourselves with nutrition and sunlight and rest and, uh, appropriate social support and spiritual, um, you know, addressing our spiritual side of, of being humans as well.

Sally, I was gonna say, this interview has been incredible, but in actual fact, it's very credible. Um, it's credible and that, that speaks volumes to the research that you've done. Um, we, we need to do a follow-up interview with you in the coming weeks, and I think it'll be timely, especially after the Australian data's been released.

Um, we're, we're developing a mechanism with, uh, with friends to make sure that, um, certain politicians in Canberra, especially the new opposition. We'll be getting this, they'll be receiving this. Whether they watch it or not is completely up to them. We know that they probably won't, but we're gonna start a campaign where some of these interviews that we're getting from overseas need to be put straight into Parliament House.

And that's what we're planning to do with this one. I think this will be our inaugural one and backed up with Dr. Kimberly Biss. Um, I, I think you've, you've uncovered something here. I don't think you're malicious in your intent to uncover it. I think it's a timely warning and Australians need to wake up, John.

I mean, if, if we're living in denial that stands for, don't even know I am lying. Um, because you don't want to know. But you know what? You can change the course of these things if you do educate yourselves and you, you make some positive decisions. You don't have to go out and change the world. You can do that simply by saying no when you're confronted with something that you think is harmful to you.

Mm-hmm. So, yeah. If, if, if you thought anyone, anyone watching, if you thought that, that there might be a chance that someone is tampering with your DNA or your immune system, would you want to know about it? And if you say, no, you're an idiot. If you answer no to that question, you're a fool. Don't learn about this.

Johnny, final comments?

Well, I, I think the data speaks for itself and it, it, it, it, it absolutely is gobsmacking to me that, that the police are not reviewing this stuff, uh, in, in any jurisdiction around the world. And, and it seems that even if there is some, um, intent to do it, then it shut down very quickly.

And there, there's a reason why, uh, I, you know, I think the homicide squad, I've said this for some time, the homicide squad in New South Wales needs to be the lead on this. I mean, this, this. We need a credible organization to actually start the investigation process into what's going on. Uh, and, and until such time as people realize that people are being murdered un under our watch, uh, we're gonna keep going round in circles and this'll continue to happen.

There'll be another, there'll be another vaccine next week for something else. Um, and uh, the cycle goes on and on and on,

and all it will take is a few good people to stand up and let's create a wave to change what's happening and to take action. We need the best brains in the world to address what is currently happening to humanity.

Well, they've all been put in the freezer, Sally Clark. Those brains have all been shoved in the freezer and they need to be thought out quickly and put to work. They're begging to be there. There's enough. Credible scientists and doctors out there to make a shift in this and to bring healing back to our planet.

And that's what we desperately need. Um, safe and effective.

No way.

Safe and effective. My arse.

No, it was a lie. And they knew it was a lie from before the rollout.

Yeah. Well, you know, if, uh, all it takes for evil to thrive is for people of goodwill to do nothing. So we thank you for, uh, for doing so much, Sally.

Uh, it's amazing. Um, can you let me know or let us know when, uh, when you've crunched the numbers on the latest statistics in Australia?

Yeah, sure, sure. I'll take a look at what's come out. They, they, I think they should have completed the data for 2025. So I'll, I'll see what it takes and then I'll communicate with your team.

Wonderful. That'd be very, very good. We'll, we'll do as much as we can to forward your message out there. We're not trying to cause a revolution. We're just trying to bring about proper debriefing so that these things, these mistakes never happen again. And, um, and the only way we can do that is with rational truth telling.

And that's what we're trying to do on club grubby. So, uh, let's close this with a prayer, shall we, lord, father in heaven, we just want to thank you, Lord, that for the tenacity and the intellectual prowess of our guest who has

done incredible work because she was prompted by you to do it. Clearly, she's indicated this, that as a result of prayer, she's found this data.

We were told Lord at the very beginning that, um, nobody can say the vaccines were harmful because there wasn't any data. Well, the data is there now, and we ask you to open the hearts and minds of those people who have said this from the beginning to actually look at the actual data and bring about truth, because we know that the, the truth will set us free.

We also call for calm because this kind of information. When it's embraced by a big population, can bring about societal collapse because people feel cheated, anxious, and upset, and we know what happens there. We've seen that happening at this moment in Iran. So Father God, please help us to find a way, a pathway outta this mess, to bring healing to our planet, bathing ourselves in the light of truth before we ask this in Jesus name, amen.

Or Johnny, you had to say

you just couldn't make this stuff up

and you haven't. You haven't made this stuff up, Sally. This is no. One more point. Why do governments have bureaus of statistics? What's the reason government gather data?

They should gather data in order to make decisions, policies, and to learn.

Um, and they report economic data. But what I find staggering is there doesn't seem to be any communication between different government departments, department of Statistics, department of Health, you know, public health. They're not looking at their own data. If they had looked at their own data, they would have been warned of what's happening immediately.

So if government had these, if governments have these departments to set policy and make laws, then clearly when it comes to this, John, they're ignoring their own departments because the, these statistics, Sally, are not made up. You've gleaned them from government sources in different countries around the world.

Yes. Can we reinforce that? That's true, isn't it?

Yes. And if, if we could look at the data in more detail. We could find out so much about the impacts of various health interventions they have your da, they have the data death by day of death. Death by location of death. We can see exactly what's happening if we go into that data.

I know that there's groups in Australia that have wanted to do that with relation to pediatric vaccines. You have a Medicare system where everyone's data is online. It doesn't cost a lot of money to do, um, you know, data evaluation. They have everything and they refuse to look at it. Bottom line. They don't want the public to know what they've done or what they have allowed to happen without taking appropriate action.

And an interesting way to look at it, hoodie, uh, is that the majority of those graphs we looked at, if you looked at them, uh, next to an an an e, CG from, from a cardiograph, they look very similar, very similar. We've been on a hold monitor here for, for, for years and years and years, but nobody's willing to shock anyone.

Uh, and that's what needs to happen.

The country needs defibrillating. The world needs defibrillating. That's what you're saying, John.

That's what I'm saying.

There's a line, another line from a great interview. Look, it's been so great, Sally. We're gonna hear from you very soon. Please do it and we're gonna keep pushing this information out as far and wide as we can and any other,

uh, programs out there on the social media platform, uh, you know, put any, any realms of competition aside, share this stuff.

You need to share it on all your platforms. This doesn't work if it doesn't get shared. So God bless you, Australia. Stay outta the trees. What you did yesterday got you to today. We've just gotta do this one step at a time, but we can't drop the ball. Now's not the time to drop the ball. God bless you all.

Thanks for watching Club Grubby, and we're gonna release this immediately and we'll see you very soon again with another enthralling episode. God bless you all and bye for now.

God bless.