

Club Grubbery - Raw transcript of interview:

2026-02-26 **Graham and John speak with Dr Kimberly Biss...**

Hi everyone and welcome to Club Grubby. It's time for another great interview. It's great to see you back on the screen, Johnny.

Thanks mate. Great to be back. And, uh, yeah, the guests are wonderful. They just keep coming, uh, and coming. International flavor hoodie,

international flavor, and uh, we've just had another one to add to the list, Andrew Bridge from the uk.

Uh, we've got some really great guests lined up and, uh, none more special than the one we have on screen with us now from Florida. Uh, Dr. Kimberly Biss, great to see you back on Kim.

Yeah, thanks for having me. It's a pleasure.

Uh, Kim, we spoke to you as part of a panel, uh, for the Lighthouse Declaration. You were out here a few weeks ago.

Uh, in Byron Bay, and it was a great discussion. And that interview really, um, really churned up our, our viewing audience, and there's been a lot of interest in it. So we've decided to get you ladies back on one at a time. We had Ross Jones on just a few days ago, and, uh, she's an amazing lady. And, uh, likewise you bring a whole new perspective to everything, uh, around COVID vaccines and everything else that's gone on, and the COVID Pandemic.

But the one thing I like about you watching some of the stuff that you've done, you're not sort of, uh, it's pretty clear that you are looking at this from a very clinical, uh, perspective without being overly emotional about it. So we can sort of listen to the data and look at the data that you, you represent and think to ourselves.

So this lady is the real deal. She's not, she's not out trying to cause trouble, she's just stating the facts. So we really appreciate that about you, Kim. And I know you have some slides to present, but let's, let's do a brief overview of the journey you've had with COVID. Um, you, you are an obstetric gynecologist.

You've held many, uh, administration and leadership roles. You've, uh, received many awards. Uh, you, you're highly rated in America, um, by some circles, maybe not so many. Now, since you've spoken out, you've just been appointed to the advisory council on immunization practices and you make recommendations to the CDC.

How do you think that is going to work in the climate that exists at the moment under, uh, Robert F. Kennedy Jr. And the CDC D'S involvement?

Well, it's very politically charged, of course. Um, everything that Bobby. Says is, you know, hogwash and conspiracy theory, et cetera. Um, I'm just hoping that we can get a lot accomplished because, you know, our, um, midterms are coming up, uh, this year and if we lose control of the House and Senate, I'm sure they're gonna quickly impeach Bobby.

And then all of our efforts, you know, will, will fall by the wayside. So I'm hoping we can get a lot accomplished before that happens. Hopefully it won't.

Have there been changes within the structure of the CDC to enable you to work better with them or are they, is it still the old guard?

Um, there's been a lot of changes.

Uh, I'm newly appointed, um, slowly figuring out, uh, how inefficient our government can be. I haven't been to, uh, an official meeting yet. The first one I'm gonna attend is the end of this month. So it's, it's a lot of learning for me as well, as far as how the process goes, et cetera. But, uh, the good thing is I'm one of three obstetricians that are on the panel now.

Traditionally, they didn't have OB-GYNs on the panel, you know, acog, American College of Obstetricians and Gynecologists. You know, they, they kind of make suggestions to the committee, but that's as close the committee's had as having, you know, representation of OB GYN. So I think it's very important because coming down the pike, it could be that pregnant women, at least in the United States, would receive seven vaccines during pregnancy.

And when I started training, we only provided flu vaccines. So this is crazy.

It is absolutely crazy. And, um, I, I want, maybe if you could give us. A brief summary, a before and after summary. Let, I, I want to go back to 2020 when the, um, when the pandemic was, you know, rearing its ugly head. And, uh, you were obviously acting, treating pregnant women all over the place.

And, uh, can you tell us what it was like pro-vaccine rollout? What, how were you treating, uh, women? Were there any side effects from COVID? Uh, you obviously treated, uh, many women who had had COVID. Uh, what did you notice and then take us into when the vaccines rolled out, the differences between those two periods.

Yeah, so I was the chief of staff right before the pandemic was declared, was when I started that role in my hospital, which is a 450 bed facility. We're a trauma center. We're a high risk obstetric referral center. We represent all medical specialties at my hospital. Um, I'm in St. Petersburg, which is a, you know, a small city.

There's other hospitals. Uh, my county is, uh, a little over a million in population. Um, so in the beginning of the pandemic, we were having twice, sometimes rice weekly meetings with other people in other hospitals, et cetera. And the point in me telling you this is that if there had been a high rate of maternal issues or maternal mortality, I would've been aware of that.

And that was not the case in 2020. I know of two pregnant women who died, um, uh, one of which was after the vaccines were rolled out. But during, you know, once the pandemic was, you know, declared, my hospital did not have any maternal mortality from COVID, we did have sick patients. A lot of them were hospitalized because doctors get very scared.

When a pregnant woman's sick. So, you know, probably a lot of those hospitalizations didn't need to happen. Most were, you know, admitted for observation and sent home in a day or two. Um, and they, in my experience, you know, pregnant women did well with COVID. Um, I saw a lot of big bad things start to occur after the, after the rollout of the vaccines.

Um, and, you know, that is backed up with data. Uh, you know, I tracked a lot of things, but mainly what I tracked was the miscarriage rates. But, uh, there was a new article that came out, I'll, it's in my slide deck, but it confirmed what I was seeing after the vaccines were rolled out, that the hypertension disorders like preeclampsia.

And pregnancy skyrocket after these vaccines rolled out. And, you know, I wasn't the only one noticing that my labor and delivery nurses were making comments to that effect as well as my anesthesia colleagues. So, you know, I, I think we've always been taught that pregnant women are fragile. They're gonna become more sick if they contract a respiratory infection.

And I would argue against that because in 30 years of taking care of almost 8,000 pregnant women, uh, I never had a pregnant woman die of the flu. You know, I, I hardly ever had a pregnant woman admitted for the flu. Uh, you know, so I think actually pregnant women are a little bit more robust and strong.

Uh, otherwise we, we would all be taking care of very sickly patients, and that's not the case. So.

Wow. And, and, uh, you, you would've, were you prescribing pre pandemic? Were you prescribing, uh, hydroxychloroquine and, uh, ivermectin for, uh, for treatments at all with pregnant women, for other issues?

So I wasn't allowed to do so.

Um, my practice is part of a large organization. We have a chief medical officer and we have protocols, and I was allowed to prescribe, uh, Dr. KO's protocol. May he rest in peace, Lanko, uh, minus the hydroxychloroquine. You know, I, I prescribed the cetin and all the nutraceuticals to our pregnant patients, and fortunately in Florida, they were also, uh, they had access to the monoclonal antibodies.

Um, so I put everybody on that protocol. Uh, you know, but I wasn't allowed to prescribe hydroxychloroquine or Ivermectin.

You probably would've been pre COVID, wouldn't you? You, um, they were drugs you would normally use for certain treatments.

I mean, lupus, uh, for example, lupus patients take the same dose of hydroxychloroquine every single day of their life that we produce.

We would've prescribed for five days for COVID infection. And yet that's dangerous in pregnancy if it's prescribed for COVID. But a lupus patient can be pregnant for nine months and take the same dose every day, and that's not dangerous. Can you say, tell me about

it.

I'm very sarcastic, so I apologize for that.

You're, you're in sarcasm Central on this program. I can tell you, Johnny,

right. Kim, before we, we get into your data, um, can you maybe give some narrative around this, uh, change in. In mindset or, or, or, I don't even know if it's a change in mindset, but, uh, you know, I think you just touched on it there before, that, you know, to the best of your knowledge, you've never really had anyone, uh, significantly ill, that's pregnant from, from having the flu.

But, uh, there's been this creep of, of, uh, you know, you can't have alcohol, you can't eat this sorted cheese, you can't have fermented this. Uh, and that's been widely accepted as being, you know, a good thing because, uh, you know, we don't want developing fetuses to, uh, to, to have any problems. But these vaccines, I mean, here we go.

There's seven of them you suggested. Uh, and, and they're just under the camouflage of night brought in, and, and nobody blinks an eyelid. They're just deemed to be, uh, not a problem. Uh, what, what do you say about that?

I mean, I. I thought about that very subject earlier today. I can't, you know, I started training in 1993 and I can't say exactly in time when there was this shift from, you know, don't give a pregnant woman anything unless it's absolutely necessary.

And you can justify why you're giving the pregnant woman that medication to now it's carte blanche, you know, I mean, don't eat tuna fish outta one corner of my mouth, but get this experimental jab safe and effective. Um, and sadly we've been conditioned, uh, I think this kind of started when I started medical school to just trust our higher authorities.

So our governing body would be acog. But you know, ACOG is a panel of doctors just like me. I mean, they're not. Superior to us, but a lot of what they say is taken as gospel. Um, and a lot of doctors today are, they just don't think outside of the box. You know, we're all just sadly following algorithms and protocols.

And if you dare to step outside of that, then you have to answer to some hospital committee or a medical board, you know, so we're not really practicing medicine, we're just robotically doing all the same thing. And, you know, we do, uh, fashion, a lot of our safety in medicine after the airline industry, but people don't come off assembly lines.

I mean, we're all different. There's different ways to skin a cat, but we apply the same, you know, protocols and treatments to everybody across the board. And that was a huge mistake with these COVID vaccines, if you wanna call them that. Because really we shouldn't have treated every single person walking the planet because not every, my, one of my slides will reflect, you know, the most, uh, risk to this virus were the elderly, which is the same with any respiratory thing.

Mm-hmm. Mm-hmm. And I think the big problem is, uh, Kim, the, the mouthpieces, uh, for all this stuff, the people who, uh, ultimately get in the ear of, uh, you know, the average person sitting in front of their television set, uh, or, or walking into the, the local chemist, uh, they're paid, they're, they, they're used, usually paid aics of, of, of the pharmaceutical companies.

And, and, you know, these bodies, these, uh, professional bodies like the, uh, in Australia, the professional, um, uh, overarching of obstetrics or of general surgery or of general practitioners. I mean, they, they, they're all, uh, people who were captured.

Mm-hmm. Yeah, exactly. I mean, big pharma runs the world and especially, you know, in New Zealand and the United States, those are the two countries where direct, uh, advertising is allowed to consumer.

Mm-hmm. And, you know, I know that Secretary Kennedy, one of his goals is to stop advertising from pharmaceuticals, because if we can do that, they're not gonna own our media anymore, which is, you know, everything's brought to you by Pfizer, and so aren't a lot of the contracts paid for by Pfizer of the media personalities.

So there's no way they're gonna, you know, spew the truth. So. Yeah. Well,

Kim, you mentioned, um, you mentioned the medical profession, uh, gleaning a lot of, um. Practical use, uh, information from the airline industry. I was involved in that, uh, during my aviation career as, as a sideline, we were, we were teaching people in the military how to communicate and, and solve problems.

And the same thing with a medical profession. One of the basic tenants, uh, was a model called Sadie, S-A-D-I-E, which stands for share information, analyze the information, then develop a solution. Then when everyone's in agreement, implement the solution, and then the e at the end is evaluate how's the solution working?

If it isn't working, go back to the s and start again. It would appear to me that not much of that was actually followed in the process of developing vaccines and implementing the rollout.

Correct? Correct. But the, you know, hopefully Rand Paul, one of our senators, just, uh, highlighted a bill. He's pushing forth to eliminate.

The protection from liability bill that was created many years ago to these vaccine companies. Because if they're not gonna get sued for their poisons, then they're not gonna test them. What's the point? That's wasted money on their end. So if we can get rid of that, you know, those liability shields, um, you know, with traditional vaccines, of course the COVID vaccines are protected by the Prep Act, and that's a whole other animal.

But, you know, all the childhood scheduled vaccines and the adult vaccines prior to COVID are protected from liability. And that needs to go away because everything else we take, or we use any other product, we use our cars, we drive, et cetera. I mean, they're not protected. So if they're so safe and effective, why do they have to be immune to liability, you know,

well, like safe and defective.

Another question, John, before we maybe go to the slides.

Why are those, uh, Kim, why are those, uh, vaccines, I think that eventuated, uh, from, uh, Ronald Reagan in the eighties? Mm-hmm. Uh, so why does that flow onto other countries?

I don't know. You'd have to ask those governments, I guess. I mean, I'm, you know, I don't know. But it's, it's,

it would seem odd that, you know, something that's enacted in the United States would have, have, uh, carriage in Australia, for instance. Uh, you would think that those products would have to, uh, undergo some sort of liability, uh, um, exclusion here.

Uh, maybe that's a loophole.

Yeah. I mean, I guess that's something that, I mean, I don't know how. Your government works, but you know, maybe, but we dunno from some grassroots, I really probably don't know how mine works, but, you know, some grassroots, I, I think the people, but it, sadly, I think a lot of people aren't aware of that.

Right. And, um, but I think that everybody needs to fight for that. If that's the policy in your country as well, then the people need to get rid of those policies. I mean, hopefully we can hear, because obviously things tend to roll downhill. Like you said, a lot of what we do here is modeled after, so, you know, fingers crossed, uh, that becomes a reality.

I think it's pretty clear that there is a global agenda in this because every news reader on every news station in every country around the world, they seem to parrot the exact same phrases all the time. Like when the World Economic Forum, uh, brought out build back better, every politician and every, uh,

Every media outlet was saying build back better, safe, and effective. How many times? And what about that? That really great one. You know, this is a pandemic of the unvaccinated. Mm-hmm. I mean, we just see this parroted out. So clearly all, everything you just talked about, John, to me, indicates that there is an overarching global authority that just seems to run all this.

And we could sure do a lot, a lot better for the planet if we got rid of the UN and the WHO and the wef. But, um, Kim, um, you, you've got some slides to show and I think they're important slides. Uh, so let's run through those and um, and use the time we've got available to, uh, really ram this home. And before you do, why, why are we still going on about COVID?

Do we need to be talking about this still?

Absolutely. Because, uh, you know, this was just practice run for the next thing they're gonna drop on us. Right. Um, and sadly there's a lot of people that have been damaged and injured from these injections. Yeah. And you know, this was, again, just a practice run because they want to apply this technology now to many other vaccines and other products, you know, down the road.

And we just need to, we need to, you know, not allow that to happen. They're dangerous and they cause harm to people.

Yeah. Okay. The screen's all yours, Kim,

uh, continue to share. Okay. Can you see? Oops. All right. Can you see that?

Yes, we can.

Okay. Okay. So this is me. I have been, uh, practicing O-B-G-Y-N officially since 1998, but started my training in 1993. Um, you know, prior to the pandemic and the vaccines, I was just, you know, a general ob, GYN, this, this never would've been my thing.

I never gave talks to people. I never was on a, I didn't even know what a podcast was, in all honesty. But I met Dr. Thorpe, uh, in the fall of 2022, and within a week he had me on my first podcast, which was an utter disaster. But anyway, um, you haven't been able to shut me up ever since. And, uh, like you stated, I've most recently been appointed to the ASIP committee.

So, um, hopefully we can affect some change with regards to, uh, you know, making sure what we're doing is actually safe and needed. Um, we're the most vaccinated people on the planet in the United States, and we don't have the healthiest people. So, and I always have to say, I am speaking to you on my own behalf.

I don't represent my employer in the hospital. Um. So, as you know, I was recently visiting your island and I got to get up and close with Benedict at the Lone Pine Sanctuary. So that was actually the highlight of my trip. Um, such a cutie. Uh, I also, um, I was on a cruise a few years ago and I got to hold a sloth in Honduras.

And you know, neither one of these animals make any sense from an evolutionary standpoint, but they sure are cute.

I Amen to that.

Um, so just wanted to kind of remind everybody, you know, initially, um, you know, the, the numbers in the middle of that slide or what we're predicted, uh, was gonna be the infection fatality rate, which means people dying from.

The COVID infection or SARS-CoV-2. And Neil Ferguson was the, um, UK scientist who came up with these figures, which were refuted by John Nitas. Uh, sadly it took a while for him to come out with this data, but you can clearly see how off Ferguson's numbers were. I mean, for example, uh, you know, a child from the age of birth to almost 20 has a three in a million chance of succumbing to SARS-CoV-2.

I will tell you, in the United States we had 330 children die in 2020. That were infected with the virus, but they all had a significant comorbidity. Most had stage four malignancies. These were not healthy children. We did not have a healthy child in the United States of American 2020 that died simply because they had a COVID infection.

Why are we vaccinating six month old babies? That just makes no sense. Um, my age population would be 20 to, you know, the mid forties. So even, even those numbers are very low with regards to death with COVID. So I just wanted to bring this to everybody's attention because we really have to think why are we doing what we're doing?

I mean, the majority of the deaths occurred in the very elderly, uh, population, which would be true with any respiratory virus. And may I remind everybody, in 2020 miraculously, we didn't have influenza. We only had COVID. But every influenza season. You know, we do sadly have elderly people succumb to that.

This is an article that Beth Pine Ellis published, um, in 2022, I believe. Um, she had compiled data from a huge, uh, population of women that either, uh, were pregnant or not pregnant, and admitted to the hospital with COVID-19. And she proved with statistical significance that if you were not pregnant, you were more likely to die from COVID than if you were.

And my theory on that, and this has not been proven, but um, the ACE two receptor is what this spike protein likes to, uh, attach to and cause issues, uh, in the body. And I would venture to say that maybe in pregnancy, that whole process might be down regulated. I don't know how you would prove that, but that's.

Kind of my working theory right now. But anyway, this was not published sadly until a year after, you know, the vaccines were rolled out. But this population, in her study, none of these people were vaccinated because this was primarily in 2020 and the early part of 2021. This is, uh, this has been changed, but, uh, initially, FDA, this was their categorization of drugs.

And, you know, what? Every practitioner referenced before they would prescribe a medication to a pregnant patient. Most of the drugs that we prescribe to pregnant women fall under category C because ethically, you know, we can't really test a lot of things on pregnant women to see what happens to them or the fetus.

So most of that data is relied on animal data. Um, I would say as would. James Thorpe and many others, that these COVID injections should be classified as Category X. We clearly have data showing that these are not safe, um, in unpregnant, pa, you know, population. Um, but, you know, coming down the pike, which I'm gonna show you, uh, moving forward, uh, we can clearly, I would say that these are not safe to be given to pregnant women.

Wow.

Um, I was kind of surprised, honestly, as an obstetrician that we would even think to give these to pregnant women. I was thinking I wasn't even gonna have to ever talk about these to my patients. Uh, we should have obstetricians remember two drugs, you know, in the past Ethyl Sylvestri or DES and Thalidomide, you know, before we ever would've entertained prescribing a brand new novel out the gate.

Treatment. You know, DES was a hormone blocker that was prescribed to prevent, um, miscarriage and preterm labor, and it was prescribed to many millions of women and stopped being prescribed when we realized it really didn't work. But sadly, we started to link the, uh, offspring to these women who had received that medication.

Were starting to show higher rates of malignancies, specifically cervical cancers in women. But there's also some issues in men with genitalia development and possible development of, you know, genital cancers. But cervical cancer is what's known to be the most common thing linked to this exposure. And we're now seeing that the offspring of the offspring may also be affected.

Um, we call these women DES daughters, and they need to have pap smears. For life, uh, because they are at high risk for cervical cancer. Um, thalidomide, which you all would know, would be the flipper babies. You know, this was a drug that was primarily prescribed in, in Europe. Um, thank God we had somebody with some integrity in the FDA at the time because that Dr.

Kelsey didn't want that drug, uh, you know, in the United States or prescribed to our women. But this was prescribed to prevent morning sickness. Um, but if the fetus didn't die in utero, um, and was born, had multiple anomalies, may, may, uh, have died shortly after birth. But the most common is the fecal melia, which is the flipper.

You know, the limbs didn't develop, but there were other abnormalities as well. And this was. Also given to many tens of thousands of pregnant women. And it's still a drug used today, not in pregnancy. It's used to treat leprosy. Um, funny story too. It was also rebranded to treat multiple myeloma, um, you know, a 1 cent, uh, that it cost to make a pill, you know, quickly turned into tens of thousands of dollars to buy the same drug brand.

Another different name for multiple myeloma, and it doesn't work, but it, it does make some oncologists very wealthy, sadly. Uh, I just wanted to kind of go down the timeline. These are very busy slides, but I have the numbers highlighted. Um, as far as how this was, uh, you know, uh, allowed to be prescribed in pregnancy or recommended in pregnancy.

So the original trial that, that granted these, uh, drugs, um. Emergency use authorization was done by Pfizer on their product. And if you look at the numbers, you know, Tony Fauci got up on stage and said, oh goody, we have a vaccine. It's 95% effective. But he wasn't quoting the correct statistic. He was quoting the relative risk reduction, which is just a difference in the numbers between the placebo and the treated arm.

But what a patient wants to know is the absolute risk reduction, which is, doctor, if I take this medication or injection, how much is that going to prevent me from getting the infection? And that was actually for severe COVID, that was actually 0.037%. Guys, that wasn't even 1%. All these people took the these injections for not even a percent possible benefit.

Okay? But what's important was no pregnant patient was. Entered into this trial, nor were you allowed to get pregnant if you were in the trial. If you were a male in the trial, you were told not to have sex with your partner or anybody. And if you did wear two condoms, so obviously Pfizer knew that something could possibly be transmitted in, in, you know, semen.

Um, there were some pregnancies that did occur in that trial. That's what the arrow shows in that. And there were a lot of miscarriage. Now, what we were taught for many, many moons, which has since been refuted by merit, uh, at al in 2022, was that a normal miscarriage rate is 15%. And I've never seen that clinically.

Um, na actually showed that the normal miscarriage rate, the first trimester is about five to 6%. So this was a danger signal right away because the pregnant patients that occurred in this trial. You know, the miscarriage weight was higher than normal. Um, now what, what then ended up happening, um, was once this was a granted emergency use, uh, we had several phases of the rollout, and the first phase was in the first responders.

And I don't think it's because they really gave a crap about the first responders, but I learned in raising money for foundations, if you get a doctor to give your hospital money, the lay public will soon follow, because if the doctor's doing it must be a good thing. So, you know, the first responders all got these injections because they wanted everybody on the planet to follow suit.

Now, some of those women were pregnant or shortly did get pregnant after they received the injections. And that's what the, um, you know, post-marketing data, uh, showed as well as what Naomi Wolf, uh, has highlighted in the. In the Pfizer papers, which would've been the V SAF data, you know, women that received these injections, they had a log into with an app on their phone, any problems they had with this, with the, um, injection.

Now I'm guilty as are other people with regards to what Naomi Wolf has presented, as well as the v SAF data and coming up with anywhere between 80 to 82% miscarriage rate, which clearly on his face, if that were the case, we would be severely underpopulated right now. Um, but so the arrows are how I've updated these slides to where yes, the, the post-marketing data that we were allowed to see, if you do do the math with the numbers we were provided, that does give you an 81% miscarriage weight.

But clearly there were many more people than 270 that were pregnant and received this injection. Um. Now also the Tom Shama Kora article, which highlighted the vse information. You know, that was argued that there was an 82% miscarriage rate in the math in that paper. But when you actually ask for the data and you receive the correct numbers, the miscarriage rate was elevated at 9.2%, which again, I've stated the normal rate's about five to 6%.

So we had very early on, uh, up to June, you know, danger signals with regards to giving this in pregnant women. And we also had a lot of women complaining of changes in their menstrual cycles and they were, you know, poo-pooed with that. But that's how we work guys. I mean, our menstrual cycle, if our menstrual cycle's off, you know, is there any surprise that there's infertility or problems with pregnancy?

Okay. So, but in any event, Rochelle Walinski at the time was the head of our. CDC, and she stated in April, 2021, these are safe and effective in pregnancy based on what? There were no trials and we had some danger signals,

but she stated that. So that is what that, along with the Shiba Kora article that was published in June of 2021 is what later led in July of that year to both ACOG and the Society for Maternal Fetal Medicine to jointly state these are safe and effective.

We need to inject all women thinking of getting pregnant, pregnant or breastfeeding. And that's still the guidance today, in February of 2026 and in August of that year. Was when er Nati, which is the name brand of the Pfizer product, most people got the emergency use product even after er Nati was declared, you know, safe by the FDA.

People still in this country were getting the, the BioNTech product, but even in com's own package insert, they state they can't say this is safe in pregnancy, but our governing bodies still state that that's the case. So this was the timeline. Uh, we were statements were being made based on no sound data.

So this is a pictorial representation of what's reported to the ves, which is our Vaccine Adverse event reporting system. You might have a similar system in your country. I know the yellow card is the system in the uk, I believe. Uh, this is a CDC program that goes back to the, I believe, 1990. It's very onerous to by design, I would say, uh, to put in a report.

And, you know, depending upon which adverse reaction you're looking at, there's anywhere from a one to a hundred percent. Um, you know, the, the, the numbers that are reported, you know, you could multiply those by 10 or a hundred as far as what the actual number probably is. It's very underreported.

Mm-hmm.

I will be honest in telling you that.

Uh, I didn't really know about fares until COVID. I didn't know that if I provided a vaccine to somebody, I was obligated to report any reaction to this system. And I, again, I think that's by design because they don't want doctors reporting adverse events. But this was representing, you know, the menstrual issues.

And then this is representing the miscarriages. Now, there's two arrows there. Clearly. The one on the right is, is showing what was reported in 2021, and they combine both miscarriage and stillbirth. A stillbirth is a loss after 20 weeks or halfway through the pregnancy. A miscarriage is what occurs prior to 20 weeks.

Most miscarriages occur in the first trimester, which is up to 12 to 13 weeks. But that arrow in the middle of that slide, I, I just wanna bring to everybody's attention because that was when we had H one N one flu strain. So a lot of pregnant women not only got. The regular flu vaccine, but also got the H one N one vaccine.

And depending upon when you're pregnant, if you span two flu seasons, you get two flu vaccines. Um, but also that's when the T DAP program started rolling out the pertussis. You know, we give women t dap vaccine in order to build up antibodies to pertussis for the baby. So there's a lot of women in that little hill there that may have received four vaccines during their pregnancy.

Um, and look at what happened. So, you know, I, I'm glad that we're gonna start looking at all this with asip because I don't know of any studies showing giving multiple vaccines to a pregnant woman is safe. We, to this day don't know what causes premature labor. And I would venture to say maybe it's all these vaccines we're giving pregnant women.

I mean, inflammation in pregnancy is not a good thing.

Oh man,

this, this is my data, which, uh, Jessica Rose. Um, I sent my data to her primarily because Steve Kirsch had put a video out that went viral with me saying my miscarriage rate had gone up by 50%. And that got me in trouble with my chief medical officer within three days.

So I had been compiling this data and I sent it to Jessica Rose because I wanted to be sure it was legit, because I actually was gonna, I didn't think she was gonna publish this, I just wanted to have this as armor to, you know, show my chief medical officer if my job was gonna be on the line. So anyway, this is a great substack that she published in the fall of 2000, uh, 22, but she's got a lot of data in that Substack, but this is one of the charts she made.

So. I went back in January of 2020 and I tracked this data until November of 2022. And I was tracking, um, the miscarriages, but also newly entering pregnant patients, um, you know, in the first trimester as well as our total deliveries. Now in 2020, it was normal for us. We had many deliveries. Most were, you know, delivered in November and December, wink wink because of the lockdowns.

We called them RONA babies. Everybody had an explosion of deliveries at the end of that year. Um, but, but we had the normal entry of newly pregnant patients, which is what the blue bars represent. And my miscarriage rate average from month to month was 4%, which I would say in all my years of practice was normal for me.

I've never seen a 15% miscarriage rate and my pregnancy, my population is very diverse, uh, ethnically. Age-wise, um, medical comorbidities. I mean, I don't have a foo practice where they're healthy and you know, all one ethnicity, et cetera. So, you know, a 4% is normal for me. Now, when you go to the next year, what I said to Steve was not correct.

My miscarriage rate did not go up by 50%. It went up by a hundred percent. My miscarriage rate doubled, and you can clearly see by the blue bars from year to year they've gone down, which is a reflection not only of miscarriage, but also in fertility. I had women who had no problem getting pregnant prior to these injections.

I had a, a local newscaster. Her husband was also on the news channel here, and they both had to get, uh, Moderna. It was mandated. They both had three injections. They had had two babies prior to. There are vaccines. And then she ultimately had to get in vitro fertilization in order to be pregnant with her third baby.

I mean, that's not normal. Um, but if you then go to 2022, my miscarriage rate doubled again. Now, what's scary about that is even though the media was telling a different story, and ACOG was telling a different story, a lot of pregnant women are in these mommy groups and Facebook groups, and they were all starting to chatter amongst themselves.

You know, Sally Smith had a miscarriage or had a stillbirth, or had problems with her delivery, and she had two vaccines. I'm not getting any more of them. So most of my pregnant patients received their vaccines in 2021. Very few received them. Beyond that year, most had three at the most. Very few had four or more.

80% were Pfizer, the rest was essentially Moderna. I had a few j and j or Janssen's. Um, so what's going on in 2022 where we're still seeing these miscarriages 'cause they're not getting these injections anymore. I will tell you this data was up till the midpoint of November of 2022 in December. My miscarriage rate was, um, 27% in January and February of 2023 was 30%.

Okay. Didn't normalize back down until June of 2023. And I will tell you it's been normal pretty much since that time. Um, I think infertility is still an issue and shame on our reproductive endocrinologists because they made bank. With all the infertility they're seeing and treating now. Uh, but they also recommended these injections to their patients and their staff.

Um, this is the data I also presented when I testified for Marjorie Taylor Greene.

So you, you around miscarriage rates were potentially doubling every year,

correct? Correct. I'm trying to find my arrow here. There we go. Okay. Now, Pfizer knew there was an issue. This is their rat data that was, um, procured by a Japanese, uh, physician, I believe, through foia.

This is what happens when lipid nanoparticles are injected into rats. Uh, the lipid nanoparticles is the fatty envelope that surrounds the messenger, RNA, that's injected into us and. What that's supposed to do. It's a fat, it's supposed to attach to the fat of the cell membrane and allow the messenger RNA to go into our cells.

Well, these lipid nanoparticles doesn't stay in the arm. Folks, like everybody was telling us, they go everywhere throughout the body. I mean, this technology was originally developed to get therapeutics across the blood brain barrier. Okay? We have barriers in our body for a reason. Um, it very quickly and highly concentrated in the ovaries and the testes of these rats.

And why is that a problem? This is a very busy slide. I had to go back and learn about mitosis and meiosis because I don't, that doesn't apply to my daily practice. But, um, women don't regenerate eggs like sperm is regenerated. Okay? We, we develop our eggs. Very early on, um, by 22 weeks of gestation, a female fetus will have all the eggs she will ever have.

And by the time she's born, that number goes down. And by the time she reaches puberty, she's left with about 300,000, you know, immature eggs or pre eggs we could call them. And one of those follicles is destined to be ovulated. Every month there's an average of 450 cycles a woman will have in a reproductive year.

So one ovulation times 450. But some of those non recruited follicles will also go through what we call a resorption, or essentially die. Um, so by the time a woman reaches the age of 40, she doesn't have a lot of eggs left, and menopause is when the eggs are completely gone. And that's usually around age 50.

So. If these lipid nanoparticles are crossing the placenta and getting into a female fetus, what does that mean for that girl? Is she gonna go through puberty or woman? Is she gonna be able to have a baby? You know, these are questions that if normal studies are done over time can be answered. But of course we didn't have enough time to do that 'cause we were all gonna perish from, from sars, which obviously that didn't happen.

Um, this is a study that sadly came out, you know, of Turkey. All these studies, they don't come out the United States. I mean, where's Harvard? Where's Stanford? Where's Johns Hopkins doing all this research? This is outta Turkey on rats. They gave rats the equivalent dose of Messenger, RNA, that they would give to a human.

And then they did biopsies and some blood testing showing that they lost 60%. Of their ovarian reserve, meaning 60% of their pre eggs or follicles were killed off after they received these injections. Now this is only 30 rats, but you know, still that's a, that's a huge signal what's happening in humans.

You know, this is what happens in sperm. Um, this came, came out of, uh, Israel. 'cause Israel has a very good data set. They keep, they keep very strong data on their population. And, um, this was, uh, using the Pfizer product, it was only studied for 125 days. But that doesn't mean the effects don't span beyond that time.

But men that received these injections not only had a decrease in total sperm number. But also the motility of the sperm, both of which are important with regards to fertilization. This is just one study. Um, RA burkhart, the late RNA Burkhardt. The pathologist, uh, I believe from Germany showed a slide in one of his talks, uh, where they, you know, can stain for, uh, spike protein.

He had a testes tissue slide in a man that had succumbed to the injection, and the whole slide was brown. All everything was spike protein, very little sperm in the testicular tissue. So, you know, we wonder why, uh, birth rates are falling across, you know, down around the globe. This is the, uh, Manish, uh, check data study, which, uh, showed that spontaneous conceptions have decreased from year to year.

In the vaccinated population. That's the dark bars on the bottom portion of that slide when you compare to the unvaccinated population. Um, so you know, why is that we know that these products are in breast milk. Um, these are two studies done by the same authors because they wanted to duplicate their data, which they did showing fully intact Messenger, RNA and breast milk.

And Naomi Wolf has shown, uh, as has the VES data that babies that drank breast milk, uh, had some bad reactions, which is scary because that kind of shows that this can survive the gut if they're ingesting this, uh, in, you know, and then they're having a reaction. There's, um, 22 deaths in our Veras data from babies that breastfed from vaccinated moms, and I don't know, I didn't.

I didn't, I've never seen that in private practice. I've never had a mom come in and tell me that their baby died, uh, from her breast milk. I mean, that's not a normal thing.

Um, this is a study showing that, um, fully intact messenger, RNA, was found in the placenta and the umbilical cords of human babies. This was only two babies, but still, uh, this should not be happening. Uh, if it's in the placenta and the umbilical cord, it's definitely going to the baby. Um, the whole premise behind vaccinating a pregnant woman is for her to build antibodies that will cross over to the baby and protect the baby from whatever we're vaccinating the mom for.

It's, we don't provide a vaccine so that the vaccine crosses over the placenta into the fetus. How would you even dose that? Um, Kevin McKernan, who was the one who, one of the people who found DNA fragments in these injections. He posted a substack, just, he can't prove any of this, but just coming up with numbers about, you know, what kind of a dose a baby would get of this messenger, RNA from a breastfeeding mom if everything is in the breast milk.

I mean, it's really scary. This is a, a, a pretty recent study that kind of shows that this definitely does cross into the babies. This was done in mice. Uh, so how this study happened was the mice were injected with an equivalent human dose of the messenger, RNA product, and then they removed the fetuses.

They did a c-section about an hour later, and they found that. This messenger, RNA, was in the fetal circulation. Now, how can they prove that? Uh, IgG antibodies, um, IGM and IgG are what are produced in the body. When we're exposed to a foreign entity, the IgM antibody is too big. It will not cross the placenta.

So if IGM is found circulating in the fetus, that means the fetus is making that is exposed to whatever that is. So this study showed that this is indeed crossing the placenta and going into the fetuses. I mean, this, this is not a good thing, and especially knowing that these are potentially contaminated with DNA.

What does that mean if it's going to ovaries and testicular tissue? What does that mean for. Further offspring? I mean, is this something is, or is some sort of genetic something, something gonna be, you know, transmitted now from generation to generation? We just don't know.

This is the only paper I've ever been an author on. Um, James Thorpe is the primary author, but, uh, this was looking at the VS data. We went back to its inception in 1990 and we compared, uh, flu vaccines in pregnant women and what was reported to VAs to the 40 months at the time. We collected this data of the CO injections and we looked at 35 adverse pregnancy events that would be reported to to theirs.

So for example, if you look in the upper left hand portion of the slide under miscarriage, so the three numbers, the 34 94 numbers, the amount of. Miscarriages, that report were reported to VAs with the COVID injection. The three 15 number is all time going back to 1990 for flu vaccine. So the argument, people will say, well, there were more COVID shots given to pregnant women than flu vaccines.

That is clearly not the case. If you're going back, you know, what, 30 years now with flu vaccines, no way. Many more flu vaccines were provided than COVID vaccines. And the 9 36 is all vaccines because, you know, TDAP was introduced, but some women get vaccines if they're gonna travel to other countries, et cetera.

So if you do statistics on those numbers, um, the middle top, the PRR proportion ratio, um, of 114 means that if you get a COVID vaccine, you're 114 times more likely to have a miscarriage than if you receive a flu vaccine. I would say a flu vaccine's probably not zero either, but clearly none of the things we looked at, they were all a very high PRR.

And according to the CD, C and the FDA's rules, if you have a PRR of two, which is basically double the risk, you're supposed to look into that. So none of this is being looked into, or at least it is now. But prior to this administration, nobody was looking into this. This is a study that as quickly as it was put out there, it was later retracted.

You can't even find it. Now, Nick Holscher brought this to everybody's attention, but basically this was showing that this was found in people that didn't even receive the vaccine, which kind of confirms what we think is going on, which is shedding. You know, Pfizer didn't want men having sex, wanted them to wear two condoms because they were afraid something might be in the seminal fluid and might be transmitted to their female partners.

This study kind of confirmed that because they tested people that weren't vaccinated and found this in their, in their, you know, placenta. You know, the mom wasn't vaccinated and yet this stuff was in her placenta, but you can't find this study. So I don't know if these people were told to take it down by, you know, said pharmaceutical company, or if maybe the data wasn't as sound as they thought it was.

But we definitely suspect that there is shedding because people were having problems with their menstrual cycles early on. They themselves weren't vaccinated, but maybe their partners were, or they were around other people that had been vaccinated, you know, in close proximity with a coworker that, et cetera.

And then all of a sudden they had problems with their menstrual cycle. This is a very concerning slide. Um, ethical skeptic is what this person goes by on X, but this slide shows children from birth to age four, born to vaccinated moms. The excess mortality in that age group has been going up. They're dying.

I mean, that's scary, you know?

Good heavens.

These are some other issues that, you know, I saw in my population, not just pregnant, but my, uh, gynecologic population. I mean, breast cancer statistics went up for sure. I mean, we have Jessica Rose and others have published how the, uh, spike protein and the. IgG four, which is what is being produced by continually giving boosters with these things is causing through various pathways are cancer genes that make us not get cancer, not to work properly.

Um, breast cancer, you know, the BRCA genes, uh, is what protects us against breast cancer. If we have a defect in that, that's what predisposes us to cancer. Angelina Jolie is a, you know, famous person that had this, um, you know, that's one thing that's affected by the spike protein, but definitely below the age of 50, the numbers have increased.

Um, this is what I'm hearing at the water cooler guys, because we can't get data beyond 2020 in our 20. 22 on our country, uh, trying to get cancer data, we can't get it. Um, but definitely below 50 the numbers have increased and bilateral breast cancers, which is not a common thing to be diagnosed with bilateral breast cancer, that has increased.

I had a patient who asked me whether or not she should get the Pfizer or the Moderna, whatever, and I told her no, and she went and got it anyway. Um. After she got her booster, she was diagnosed with bilateral breast cancer. She went to our local cancer institute, Moffitt, here in Tampa. They were telling all their patients to get boosters.

She got three boosters and then developed a brain tumor, which they assumed was a breast metastasis. However, that's not a commonplace for breast cancer to metastasize to. She ended up having a craniotomy to resect the tumor. And lo and behold, the genetics of this tumor is completely different from her original tumor and her oncologist is baffled, and I told her to have him call me because, as I had stated earlier, lipid nanotechnology, this stuff probably got in her brain and that's why she has a whole different tumor in her brain.

Um, abnormal pap smears has increased. I brought this to the attention of my chief medical officer in 2021 when everybody was breaking out in shingles. When they got these injections. The virus we worry about, that's the varicella or chickenpox virus for shingles, but abnormal pap smears and cervical cancer is in relation to the human papilloma HPV virus.

And my concern was that this was gonna be rearing its ugly head and causing abnormal pap smears. And the current, um, uh, guidelines for doing pap smears in our country is to do them every three to five years and don't do them after the age of 65 because evidently cervical cancer magically goes away, which it doesn't.

Uh, and I told my chief medical officer, I said, you know, we're a large female organization. I think we should start doing annual pap. She all but laughed at me and said, well, ACOG hasn't told us to do that, so you do what you want. Kim and I did. I started doing paps on all my patients and then I had our lab run the analytics.

And when you paired my pap smear rates prior to the um, uh, vaccine, they went up by 15%. My abnormal pap smears. And I will tell you, a lot of women who have abnormal paps did receive the Gardasil vaccine. So, ugh,

is it,

um, infertility, as I've talked about, abnormal uterine bleeding, uh, you know, a lot of women are getting surgeries because they're having this bleeding that we can't figure out why preeclampsia, which is high blood pressure in pregnancy.

Um, early breaking of the water, which is premature, ruptured membranes and pregnancy along with preterm labor. That increased not in 2020, but after the shots rolled out. Growth restriction because these placenta are for shit in these women that get these injections. I mean, Jim Thorpe's got a whole ca, you know, catalog of abnormal placenta.

And I know you've had midwives tell you about that.

Yeah.

But concerning is postpartum bleeding. The postpartum hemorrhaging is through the roof. If there was a way we could do a study, which would be impossible because all hospitals have their own blood banks. But if we could look at blood usage and after delivered, you know, postpartum moms, it's through the roof.

I never gave so many blood transfusions in my life. I never did so many surgeries on this woman in my life. I did my first ever hysterectomy in a woman that just delivered twins because I couldn't stop her from bleeding. She's military and had to get three of the shots. And for reference, there's obs that practice their whole career.

They never do a hysterectomy for that indication. Um. It's scary. I

can't find, so, right, right. Throughout Kim, right throughout the, uh, the pandemic and the pushback that was happening from people like yourselves, the authorities were saying, show me the data. Show me the data. The data is king. Now the data is out.

And it would appear that you could, you could whistle this stuff till Dixie and nobody's gonna present this stuff on the mainstream media yet, and it needs to be out there.

Well, not only that, but my colleagues, if you talk to 99%, I mean, there's a hundred OBGYNs maybe in our country of tens of thousands.

I think there's 60,000 members of acog. There's, there's obs that aren't, that don't belong to that. So there's many OBGYNs, there's probably a hundred of us talking about this maybe. And there's only about five of us that are vocal, you know? Um, but if you ask an ob they'll say, well, I didn't see an increase in blah, blah, blah.

Well, that's because most obstetric practices in the United States are many providers, midwives, many obstetricians. If my partner's GYM patient comes in and says to him, I had a miscarriage last month, I'm not gonna know that. I mean, you have to drill down in your electronic records to get this data. And quite frankly, people are lazy and they don't wanna do it, you know?

But the data's definitely there. All birthing centers, all labor and delivery wards in our country have to keep these statistics. They know how many people bled. They know how many people had an, you know, a, an early loss or a still birth. They have this data, they have to report it to the state. You know, c-section rates went through the roof too, because the pinos are crappy.

So, you know, babies weren't tolerating labor. That's all data that's kept on labor and delivery wards. The data's there, the cancer data's there. Why can't we get cancer data? Why can't I get stillbirth data from after 2021? It's there, you know, they don't want the masses to know is why.

Hmm.

And this is, um, this confirms what I saw.

This is right out of the gate this month, uh, showing that hypertensive disorders in pregnancy were increased from the vaccine when they compared these two populations. Lots of people, you know, so. What have we done? You know, this is, this was an experiment on billions of people around the globe, and I can't even believe we ever gave this to pregnant women.

I mean, nobody should have gotten this, but to pregnant women, I mean, oh my God, it's, it's criminal. I think that's the end of my slides. I think the next two are just, uh, some links that I gave you for the articles.

I just wanna share something that John sent me while you were sharing. Um, uh, Kim, uh, which is very unusual, channel nine is one of our mainstream outlets.

Um, and, uh,

I'm gonna have to edit here. Of course, I don't want everyone saying

stuff baffling. What could it be? Right? It's climate change.

Well, interest, interestingly enough, when you open up the article, uh, um, it, it, it's suggesting that it's, uh, the cost of living,

well, it's cost of living. Um, my children are 26 and 29.

You know, they've been conditioned now to not create carbon, right? Mm-hmm. Because carbon's ruin the planet. Well, part of carbon's a baby. Um, you know, and yes, the cost of living, but I mean, people have been having babies. The cost of living has been an issue for many, many, many decades. Like, you know, I mean, you used to, in my country, in the fifties, you know, the husband went to work, the mom stayed home.

You were able to afford a house, a car, a vacation on one salary. I mean, that's been many, many decades not the case. Um, so you know, it's because people can't get pregnant or they're, or they're miscarrying when they do. You know that that's definitely part of it. So,

well, Kim, we've, we've filled the hour and we filled it very, very well.

I've gotta say, um, John and I have done, uh, 600 odd interviews and we've interviewed Naomi Wolf over two parts in two hours with some politicians here in Australia joining in. And that information was, uh, credible but, and frightening. But I've gotta tell you that I think this is probably one of the most telling interviews we've done in relation to pregnancies and, uh, the population rate.

And we can't thank you enough for it. Uh, you know, you said you were, you'd never done podcasts before and you, you stumbled and, and, uh, worked your way through it. I'll tell you what, that was amazing. That was amazing. And it goes hand in hand with so much other data we're getting and some of the interviews we've got coming up, like, um, uh, we have Sally Clark, who is an Australian, uh, academic who now works in the Philippines, who was part of a, um.

Part of a, uh, a, uh, an investigation done by the Philippines government, uh, into the excess death rates going on as a result of the COVID vaccines and the Philippines government, halfway through the investigation, put a stop to it, and she's got this amazing data and even more that she's gonna release on our program.

And I think you'll find that compelling too. We'll get that to you. Um, yeah.

John, what have you got to say?

Well, look, that I, I think it can be summed up pretty, pretty simp, uh, simply, uh, I, I mean, there was a, there was a neonatal nurse in the UK that, uh, was convicted of killing seven babies and attempting to murder seven more.

And the world was in absolute outrage, absolute outrage. And I'm sure that, uh, you know, that the, the trial probably went ahead with one or two experts. Uh, but when you look at this in comparison, uh, uh, babies that aren't even born yet. Are, are being murdered. The death rates are who, who knows what they are.

They, I mean, they're, they're off the scale, uh, numerous experts, not just one or two in a courtroom. I mean, you take the caliber of this lady here tonight, uh, speaking to us. Uh, Kimberly is one of probably thousands of doctors, uh, and experts around the world, uh, that, that know this stuff's going on and are speaking up.

But the authorities, the police will do absolutely nothing. The bureaucrats are just sitting on their backside, and I, I don't know what you've gotta do. You can, you can have a, uh, you can have a, a, an inquiry or a criminal case into somebody getting food poisoning or killed by a mushroom or something that the media goes absolutely nuts about, but nothing to see here.

It's just, it, it, we don't need a raw commission in this country. We need a Nuremberg 2.0 because, uh, worldwide, this stuff's just madness.

And, and, and you look at that in relation to the current release of, of documents around Jeffrey Epstein, and why are we not seeing arrests? Why are we not seeing outrage on the mainstream media?

Why are we not seeing outrage throughout the world that, you know, that, that it's just human life means nothing anymore. And what you, what you've just been describing, Kimberly, is pretty hard to, it's hard not to see it in, in any other light other than we're looking at government, global sponsored abortion and population control.

Mm-hmm.

Mm-hmm.

I mean, can you, can you sum it up in any other way? How many coincidences can there be?

Well, and I think too that this is probably sadly, uh, going on for a while because. You know, I don't know if you're aware, but there was a, a TDAP vaccine program that was rolled out in Africa, and they had the beta HCG protein, which is our pregnancy hormone in the vaccine.

So those women were now making antibodies to pregnancy hormone, which means when they conceive a pregnancy, it's gonna immediately terminate because they're making antibodies. Now, who knows how many other vaccination programs that may have occurred in, I mean, globally birth rates have been going down for a while.

I mean, a lot have been very drastic in the slope since the COVID injections, but you know, who knows? I mean, I just think, why do these people think that they have the right to decide how many people should be roaming the earth? I mean, I don't,

it's frightening. I

don't get it.

Kim, uh, did you, have you ever watched the deposition with Aaron Siri and, uh, Stanley Plotkin the nine hour deposition?

Mm-hmm.

Yeah, that's right. I have Aaron. I've never met him. I obviously know of him. I bought his book, which I haven't been able to read yet, but he is just like Bobby Kennedy. You know, neither one are physicians, but they're so knowledgeable of this topic and can cite articles like the back of their hand, you know, and it's, it's sad that two attorneys need to do this and the, our own medical establishment just turns a, a blind eye and still, you know, follows this religion of vaccines.

I mean, well, we had, you know, as soon as, as soon as I was when I was in Australia and they made the announcement, you know, the Washington Post. Ran this smear article on me, which I didn't wanna read, but you know, I'm immediately labeled as a anti-vaxxer, which my kids had every vaccine known to man. I used to get the flu vaccine.

Um, I won't get any more because I, it's not that I don't believe in vaccinology or immuno immunology, but what we're putting into people needs to be proven to be safe and effective, and we need to have a good reason to give it. Why are we giving kids a chickenpox vaccine? Children don't die of chickenpox.

I got scars on my face from chickenpox. Okay. Bobby Kennedy will tell you because it was developed so parents wouldn't have to miss work. And that's why shingles is so prevalent now because kids aren't getting chickenpox and boosting the adults around the world. So now they're getting shingles, but that's okay 'cause we have a shot for that to,

oh man,

it's just madness.

Man, we, we would, we would love to get you back on again. I, I, you know, uh, there's so much more information we can unpack with you and we'd love to get you on a panel, um, because it's getting to a stage. We,

uh, Dr. Tess Laurie in the UK has just agreed to come back onto the show and, uh, with Andrew Brien, uh, bridge and rather coming back, uh, coming onto the program from the uk.

Uh, it would be great to tie all this together. So, um, I think we're right. We have over, we're over time, so we need to close this with a prayer, if you don't mind.

Uh, not at all.

Dear Lord, father in heaven, your scripture clearly says that he who harms the little children, it would be better for him to be thrown into the river with a millstone around his neck.

Father God, is there enough? Millstones, are there enough? Millstones, and Father, we just pray that people like Kimberly will be protected and more will join her ranks. And we will see truth, and we will bathe in the light of truth, knowing that the truth will set us free. Lord, we need you now more than ever, and we thank you for our wonderful guest and the work that she's done, and we ask you to protect her in the precious name of Jesus.

Amen.

Amen.

Johnny Lata, you've often been hurt to say

you just couldn't make this stuff up.

You couldn't make this stuff up. Kimberly, you've been an amazing guest. Thank you so much for your generosity and, um, we're glad you got to, uh, hug a kanga, not a kangaroo, a koala. We're very glad it didn't urinate on you because that's not a very pleasant experience, and, uh, we look forward to having you on very, uh, very soon when we discuss these issues.

We can't let this rest, John.

No, we can't hoodie. And, uh, as, uh, Senator Ron Johnson said, uh, it's up to the physicians and the medical people to speak up, uh, that that's where it's at now. Uh, there's not enough speaking up, not enough brave people like, uh, Kimberly that are speaking. Uh, and you know, it's your time, it's your time to do the right thing.

Yeah. Well, there are a lot of people, uh, you know, uh, querying a lot of things that Donald Trump's doing as president of the USA. And, uh, one thing is for sure, John, I sincerely hope that he gets through the midterms and maintains some control, uh, only for the sake of, uh, medicine and, uh, restoring medicine and confidence in the health system.

So, boy, oh boy, these are crazy times. Well, Australia, that's it. Another great interview from Club Grubby. Don't forget what you did yesterday, got you to today. So just get out and enjoy the sunshine. Don't get too bogged down in all this stuff. But for goodness sake, please share this, this one in particular, send it to some politicians.

Uh, speak to someone. You know, many people know some of these doctors who are prominent in Australian media, Dr. Norman Swan and whatever. These are the people, Dr. Daniel Nino, John, uh, Daniel, you need to have a really good look at this data, for goodness sake. Uh, he's been very quiet, quiet lately. But, um, anyway, stay outta the trees everyone.

Thanks for watching Club Grubby, and we'll see you next time for another outstanding interview. God bless you all and bye for now.

