Club Grubbery - Raw transcript of interview:

2026-03-06 – Graham and John speak with Lucinda van Buuren

Hi everyone. Club grubby time, Johnny, and we are back in Australia. It's good to be home again, isn't it?

It is Good to be home hoodie, that's for sure.

Right. We've just done a plethora of, uh, international interviews, uh, Andrew Bridge and last night, John, I, um, which people are watching as we record this one.

I, I'm staggered at the, at the lengths that these mongrels will go to, um, to silence. To silence. Free speech, critical free speech.

Yeah. And I, I, I think, uh, what was revealing about that interview was that there, there was, uh, numerous things in there that I'd never heard. Um, and so, you know, I think it was groundbreaking.

Really.

It was. It was. And so we're not, uh, we're not leaving her looking like a, a pot on a wall. Uh, we have Lucinda Van Buren with us today from Australia, and Lucinda's, uh, been a registered nurse for 25, 29 years. She's been involved in, uh, medical ethics and standards and all that kind of stuff. She's got an extensive bio that's actually too big to read, uh, in the hour that we've given ourselves to do this.

Um, so, uh, before we unpack your story, let us say welcome, uh, Vic, uh, Lucinda. Sorry. And thanks for joining us.

Thank you so much. And thank you for having me on.

Now, before we go into, into what you are, uh, what you're appearing on the program for, it's with great sadness, John, that we announced the passing of Vicki, uh, Darian.

A lady who we interviewed a couple of years ago, uh, who was denied a heart transplant, John, because she was on, uh, various, uh, treatments for a very serious heart condition. And, uh, she was denied a heart transplant because she didn't get the COVID vaccine. She didn't get the COVID vaccine because of her heart condition.

And neither Daniel Andrews, Jacinda Allen or the health bureaucracy in, uh, in Melbourne, in in Victoria would step in and get her the heart transplant. Now, this mother of two has passed away. Now this, this wasn't an anti-vaxxer. Uh, she wasn't a a a, an activist. She wasn't out there demanding change of government, anything like that.

She was an everyday person like you and me. Who fell foul of the system. Yeah. A system that's corrupt, a system that's manipulated, and a system that has been governed by authorities way outside this country and vested interests way outside and within this country that are causing people to die. Now, I don't care how you want to package this up, John, but to me that is murder.

Yeah. Oh, well, it's nothing short of it. Hoodie and, uh, you know, this medical apartheid that exists in Australia and around the world has got a cease. Um, and it's, uh, absolutely horrific that, uh, this, um, unnecessary, uh, death, murder has occurred. And that's, you're right, that's what it is. Uh, and we can only hope that, uh, that there's change, you know?

Well, you know that the whole thing is that, uh, that. Some of the arguments against her getting a heart transplant was, well, she's more at risk of dying, therefore the heart is wasted on her because she's not COVID protected. We now know, as we knew then, John, that this was never safe and effective. It didn't stop transmission.

It didn't, it didn't stop you from getting COVID. In fact, it actually brought it on in most cases.

Yeah,

there were, there were numerous side effects being reported to the TGA, uh, relating to, uh, to, uh, heart conditions and blood clotting and based on good sound, medical practice and medical ethics. And, and we see in the background behind,

uh, behind Lucinda's, um, on Lucinda's screen there, we act in honor and do no harm now despite the fact that the evidence is out there clearly, and health authorities are starting to admit that we might have, might have got this wrong.

She was still denied the opportunity to have a heart transplant. Now that has to rest on the conscience of the hospital board, the health authorities in Victoria, the politicians who keep pushing this garbage. And, um, and, you know, I hope you sleep at night. I really do, because I don't know how you do, to be honest with you.

I, I just think, don't come back at us with all this stuff about, oh, you know, hearts, hearts are precious and we've gotta give them to people who are prepared to, to do the right thing, to look after their bodies so that the heart will get its full term of use from the donor. That is absolute bullshit, especially given the light of this, of the, uh, what we learned about the COVID vaccine.

So I'm, I'm really sorry to start the program like that. Also, John, another comment I wanna make is about, um, uh, Carl Stefano, uh, a lot of people are really bagging him at the moment because he came out and apologized. Now, I, I don't, I don't know how that works. Um. Somebody apologizes and everybody, a lot of people bagged them out.

Now, there's a couple of things we've gotta make very clear. It was obvious to us, John, very early, as we watched the performances of Carl Stefano on the Today Show that he was growing increasingly more unhappy. He came out and said to Nick Cosworth, Dr. Nick Cosworth, I'm not getting any more. I'm full.

They're not giving me any more of this stuff. He was really, you could just see him simmering below the surface and now finally he's coming out. Now we can bag him. A lot of people can bag him. A lot of people are hurting. I really get that. But the fact is, this bubble bursts when mainstream media personalities like that, who finally get the light turned on, can come out and do something and say something that will help bring about change, and that will not happen.

That will stop happening if people keep bagging them for coming. For goodness sake. We're all on a learning curve. We're all on a learning curve. Now, I, I have said thousands of times, John, that I was two days from getting the Pfizer jab. And if it wasn't for Michelle telling me to do my research, I would've got it Now, you know, there were days in it, days in it.

So I've gone from being on Carl Stefano's side of the fence back then to being on this side of the fence where I am now. And I, I'm not pumping ourselves up, John, but we've done a lot of good in this course. We brought a lot of credibility to the stance of people who say enough of vaccines already we have.

And that wouldn't have happened if I had had the jab and come out. I mean, we've gotta stop this condemnation and judgment of people who are waking up. It's just mind blowing to me. And I've got a wonderful message this morning from, uh, from Robin, from Courage as Aki in, in Perth, having watched Andrew Bridge.

Um, and, and she was so also grateful that we interviewed David Carlin and Mark Hobart. Um, and she mentioned Carl. She's really relieved that at last someone is in the mainstream might help to crack the bubble open. Now imagine if, if, if people like Carl are encouraged, who else might be encouraged to find that late injection of, of honesty and integrity to come out and say what they should have said years ago?

Because this ends when people tell the truth.

Well, dy, we were in this same position. Uh, let's not forget, uh, uh, you and I were both, uh, uh, uh, thinking that these people were nut jobs, um, five years ago. Uh, so. I applaud Carl. Um, we know, uh, that this is, uh, real. And, uh, look, I, I, I take, uh, what Carl did is absolutely sincere.

Uh, and I thank him for, uh, uh, opening up other people's eyes to what's going on. The real, the real problem is people like Dr. Kerry chant.

Yeah.

Uh, she had an opportunity, uh, two days ago in the upper house of New South Wales Parliament to show some remorse to demonstrate that, uh, they got it wrong, but no, no regrets.

No regrets. So that's our little editorial piece for today, and I think it segues beautifully into what Lucinda's gonna share with us. It's great to have you on Lucinda. Now, I wanna say you are on today because we approached, uh, Dr. Tess Laurie in the uk, uh, who's a, a, a friend of the, of the. Club grubby program.

Uh, she was very keen to come on and be interviewed by us. Um, and then when we tried to set dates and everything, uh, it was clashing with travel arrangements. And I think now with the war going on in the Middle East, those travel arrangements could, she could be anywhere. She could be in Bulgaria or somewhere for all we know.

But what is telling about you being on this screen is that someone of the caliber of Dr. Tess Laurie said, you have to interview Lucinda Van Buren from Australia. Please get her on. So we're so happy to have you on and, uh, let's start by unpacking your backstory. Let's talk, let's briefly run through your, your, uh, your CV and, uh, and, and your career, and then get to the point where we find ourselves on this screen this morning.

Okay. Well, I've been a registered nurse for 29 years, and obviously the last five years I haven't been working, um, or four years, but. Prior to that, my whole career was pretty much in the operating theater as a scrub circulating nurse. Um, and I loved that and had, later in life I had sort of family issues that led me down the path of, um, learning mindfulness meditation and took on coaching values-based coaching and really, um, which was funny in coercive sort of control relationships.

And, and that information that I learned from, that I thought that really needed to go into healthcare because especially in the operating theater there, the tension would be like John with the paramedics, the tensions off the ripped to scale, you know, seeing instruments thrown across rooms like, um, you know, it's tense, right?

And so I thought this would be perfect to bring to the operating theater and I started doing that. So I created, um, a business called The Mindfulness Australia, and I actually started sharing this, surviving to thriving in nursing with the unions. Um, I used to speak for them. It was all really about self care of the n like, well, I was working with nurses, but it was for all the healthcare professionals from the basis that if you can't care for yourself, how can you really advocate for anyone else?

You can only advocate to the level that you're prepared to advocate for yourself. Right? So, um, yeah, so I started doing that and I, um, I got chosen to be an ambassador for Nurse and Midwife support, which is actually funded by the Board of Nursing and Midwifery. And, um, and it's a fantastic service. It's actually, and, but the, the funny thing is no one actually knows about it.

It's a 24 hour hotline for nurses and for relatives. Anyone of like family of nurses that can call for support. Um, you know. But no one knew about it. It was crazy. Anyway, so that was that. And um, and I was also on the, I was so passionate about ethics and values in, in theater and in hospital and as a, um, theater nurse, like, our patients are asleep, so, you know, we have to fearlessly advocate for them, um, because they can't speak for themselves.

And so, yeah. Um, so I was on the ethics and values committee and I was passionate about creating that change. And then 2021 or 2020 sort of arrived and, um, and then 2020 when I was watching what was going on through 2020, and I was, um, you know, I believed in what was happening and was doing. What was recommended.

And you know, I even had a caravan set up in case, you know, I was exposed or whatever, and the children would be okay and stuff. I took all that very seriously and, um, then the vaccine or the COVID-19 injections started sort of popping up and I've always, when I learned my mindfulness and my values based coaching, it's really important to read everything that we agree to, so all our documents.

So every year when we register I would go through the documents and make sure that I actually could agree with that. And, um, so 2021 came and I obviously struggled a bit because of the, um. We re-register in May of each year. And the joint position statement came out on the 9th of March, 2021. And, um, and I'd already, I'd studied the OSBA report from the COMARADERIE vaccine.

And, um, there was a lot of questions. And the interesting thing is, those documents, they, they're not in, they're not in sync. They don't, um, share the same information basically. So that started me on, uh, a bit of a quest and I, I wasn't really sure whether I'd still be working already. I already knew that, you know, potentially I wasn't gonna be there because with the information that I knew in that Ausbar report, there was no way I was, um, gonna participate in that.

Um, you know, that Ausbar report said that the, the information wasn't due until the, uh, I can't remember the exact date, but it was 23. Right. And that's what I said. When the information comes back, I'll review it, then I'll make an informed. So, um, basically, and, and you'll, you're gonna appreciate this, um, Graham, so we had a, um, speaking up for safety in service in July.

You know, obviously human factors. Um, I think it actually, the program actually came from the, um, airlines.

Yep.

And that was, that was the insight for me because I actually had an, um, uh, it was actually a personal experience. I was actually scrub, setting up for a case. And, um, and when you're in the operating theater, your whole staff is in there, like, and your patient can sometimes, like our patients were coming in awake, so they were put to sleep in the theater.

So you had your compliment of staff. And, um, and a receptionist came in and asked me in front of every, like, Lucinda, are you vaccinated? And I was like. I, I was, I said I was a bit shocked at first and I said, this is not okay. And, and she's a lovely lady and she said, no, it's okay. The, um, CEO wants to know.

And I said, this is not okay. Anyway, um, basically it took all my strength to, I nearly gave myself a needle stick in that case and it took all my strength to keep my composure and to partner with that patient. Um, it was only a short case. And then after that I took my trolley away and I went and, um, I started the process.

I actually went home. I was like, I'm not doing this. So I actually got really good at, um, advocating for myself in those situations. And then I went home and I wrote my first letter and it was called Speaking Up for Safety. And, um, I addressed it to the whole speaking up for safety staff, including the CEOI talked about, you know, as healthcare workers.

We are humans too. We are the public too. We go to the public hospitals. We are not separated. And, um, and our rights and our privacy matter too. And you know, so, um, I'd already had a lot of information then. I already knew that this was on the, um, black triangle schedule. I knew that, um, I knew it had eight weeks data on a new technology not used in humans, specifically stated in the TGAI knew that they, there was the possibility of, um, vaccine associated adverse events.

So it was in the documents, there was all these listed unknowns and, um, and so I shared all that and it sort of, um, I don't know. I didn't really like the, the staff that I worked with, they were lovely and they wanted me to go and talk to scientists and that, but no one could understand that. This document says it's new technology not used.

Like I just couldn't get through.

Yeah. Yeah.

And um, yeah. So

how did you come to the attention of, uh, of Tess Laurie?

Right, so I was trying to find my way through all this. I'm trying to find, um, doctors and nurses that would actually look at this information. And I saw Tess Laurie's, um, work and standing up and I actually, I just knew, I, I was like, I wanna work with that doctor.

So I started off of, of, um, creating that path too. Dr. Tess Laurie and I would share a lot of, and I would quote, um, a lot of their information that they were bringing out. So. That's when, um, the Mindfulness Australia, I joined, um, world Council for Health as a coalition partner. That's how it first started, because that's, and then when, as they brought in the country councils, uh, um, co-founded World Council Health Australia, and then I kept going and, um, we founded World Council Health Nursing and Midwifery, so.

Right, right. Okay. So you, you, you really, you've been doing researching, um, the last two years focusing on, uh, the WHO and, uh, each networks, uh, you've got some slides to present to us, uh, to back up some of the information you're going to, uh, present to us today. So, Johnny, any questions before we start?

Yeah, just, just the, uh, the one, uh, stemming outta that Lucinda, what, what was the response from the, uh, safety people?

Did you end up, you, you wrote a letter to them, uh, did you get a response?

No, I didn't get a response. Um, but I'm gonna, if, if we've got two seconds just to share a little bit. So I actually asked for the risk assessment in three times in writing. Um, never any like to all levels of management. Never once did anyone actually even acknowledge the question.

But my sister, um, she was also terminated too, and she was actually the patient safety officer. So, you know, we got, before we got terminated, we actually had an opportunity to put in a submission and we both, like, um, Melissa put in the data from, from the dean and like all she, um, there, I think there was 580 deaths already on there.

And like that was her job patient safety officer and nothing. And we got the letter saying that we were terminated and that they actually put in it, that they looked at our, um, our concern. So I guess both of our question. Did anything actually even happen with that? But that's why, and, and it, like, I've never, never had that experience where no one would actually even acknowledge that in those positions of power.

So, um, yeah, that's when we started looking. But no,

unbelievable. So here we, here we have a situation now you mentioned human factors in the airlines. I, I, uh, was a facilitator in those programs for many years in Qantas and, and Australian Airlines. And, uh, the applications of those simple, basic problem solving models and communication skills is valuable in every industry.

There. There's not one that I can think of where people wouldn't benefit from that. And that, of course, the, the core tenets of that is sharing information, analyzing that information, developing solutions, implementing the solutions, and then evaluating how that's going. And if you've at the evaluation stage, you realize things aren't going the way you'd hoped.

You go back to the s and start with sharing information. And it's a cyclical process that brings about effective communication and teamwork and more importantly, solutions. So when you, when you've done what you've done and you've highlighted these concerns, both you and your sister, you're talking about your sibling, right?

Good honor. Both, you two went to the hospital and or other authorities and said, Hey, there's something not right here, John. How many? We've done 600 plus interviews. We've interviewed a lot of people like, uh, Lucinda, and we've interviewed the best of the best in science and medicine, and they've all said the same thing.

Those that have been canceled were the ones who said, hang on, I think we've got a problem.

Mm.

Now that, that is bizarre. That is absolutely bizarre. And that is, that is something that's so upfront. It cannot be ignored. And that's why people have lost faith in the hospital system and the health system and in doctors.

Um, you know, we, we just dunno who to trust anymore. John,

the astronauts on a polo 13, it'd be very grateful if, uh, uh, nobody had got back to them.

Yeah, there you go. That says it all. Houston, we've had a problem, right, Lucinda, that's, uh, that's a pretty solid foundation for what you're gonna show us now. Go for it.

Okay.

So it actually shows, um, just trying to, so it actually shows like I was trying, um, these people are, um, good people, you know, they care, they wanna help. So it was like, why, what, what was actually going on? Why wouldn't these people talk? So it started me on this journey, um, looking like what was really going on, and, and that's a massive journey in itself, but I stumbled across these two collaboration centers or collaborating centers.

And, um, I'm very grateful that Dr. Tess Laurie and the World C Health International team were really supportive at looking at this because it's so huge and it's actually hard to get a grasp of. But they're these insti, they're institutions or subunits thereof, and they've been designated by the director general to support the WHO as part of a global network.

So they're mandated to support the who. Now, this is a little look at, um, the number of them in the world. I did this yesterday. So at the moment there's eight, over 800. Um. 827 and Australia. It says there's 44 there, but it's actually 45 listed. Um, UK's got like 65 and America's got 70 I think at the moment.

But they had 72 over the COVID time and we actually had 53 or 54, and I'm gonna get into that. So as you can see, there's just, there's lots and lots of them, um,

globally.

So here when, this is just like a little percentage of the collaborating center. So as you can see, Europe's got the majority of them sitting there then

Western. And what's the primary function of the collaborating center?

Yeah, well, they've all got different roles and they cover everything. Okay. So we're, we're gonna get into that.

Okay.

Um. So the main role of the WHO Collaborating Center is to provide the strategic support to the organization, meaning the World Health Organization, in to meet two main needs to implement the who's mandated work and program objectives, and to develop and strengthen the institutional capacity in countries and regions.

Now, these have been, um, existed for a very long time. The first one started in Denmark, literally after the second World War. So this has been, this network has been established for a long time. Probably not so vast, but definitely, um, in the background. So this is produced by, um, Dr. Gian run from Denmark.

She's lovely. She's been doing a lot of work with me on this one. Um, so what are they? They're universities, they're health ministries, the national institutions and laboratories, regulatory agencies, military and bio weapons, facilities, charities, non-government organizations, and health professional training body.

So as you can see, if their job is to mandate to the who and there are national institutions, that's a bit of a, you know, there's some questions that needs to be asked. So what do they do? They can instruct country authorities on pandemics and emergencies, pathogen research and storage vaccine development.

So patents define toxic limits and safety standards. Developing diagnostic tests. Again, you know, we've got, um, intellectual property there. Deciding what diagnosis codes, gender, sex education in schools as a whole. Um, line of the ed, you know, making every school a health, um, school, male contraception, research and development, and educating.

The nurses and midwives are much more. So we found, well I found this document called Guide for Who Collaborating Centers from 2018. And this document is a must to, to have a look at it. It's got so much information and it really started the journey for me. Um, the interesting thing about even though they're mandated to do the WHO Work it, it states very clearly in this document that the WHO CC is not a legal entity and a legal entity that controls and is responsible for the who CC is the actual designated institution.

Um. So that's interesting in itself. So it's kind of like who, who doesn't take any really responsibility for anything. But another thing that I wanna really put out there in this document is it actually says that you know of the, who cc um, always decides who's going to, I mean, WHO always decides who's gonna be who, cc but the actual institution may also revoke its designation if it wishes to do so.

And it says you have to give a note, a notice of intention to terminate with at least three months in advance. So it seems that it is possible to re to, um, withdraw. Withdraw. Now, this is, I've just got a few examples of the who collaborating centers in Australia that are active. Like, like I said, there's 45 active and this is actually an old, um, an old document.

We can't actually get these documents this way anymore because the access to this, um, information like this has been removed. Um, it actually used to be really good. I could actually do reports on outcomes and subjects and stuff, but that's all been removed now. So this is interesting, you know, so what you get is, um, you get the title of the collaborating center.

So this is on Air Quality and Health, um, the institution, which is at Queensland University of Technology. You've got a director head being their professor, Lydia Raska, and it has the date of designation. So this start first started in July, 2011 and its last designation was July, 2023 to 27. And they worked for four year terms and they have work plans over the four year term.

But the work plans are, um, confidential and we've actually put in a few freedom of informations like in Australia, but also internationally. And, um, we're struggling really to get any information back, which is an answer in itself. So, um, so this is another one. So this is at Flinder's University, and this is for collaborating center for mass gatherings and global health security.

So starting in 2013, and its last designation was 21 to 25. Um, so there's a lot of different things that are happening in here. You know, like some of the, they're even healthy cities. Um, eHealth, um, water is on there. Um, food is on there. Um, there's, there's all different, like they're covering all different capacities.

So this is another one, strengthening rehabilitation capacity in health systems. So now you start wondering, okay, well now we start kind of seeing this network going in the back. Well, maybe this is making sense why. Um. Everything sort of happened the way it did. This is an,

so these, these are like, uh, tentacles on an octopus, aren't they?

They're getting into everything.

Absolutely. And this is an interesting one, right? So this is the WHO Collaborating Center for Leadership in Health Promotion. This is Victoria Health Promotion Foundation Health. So this is September, 2014 to, and then last designation 2022 to 2026. So you can see there are talks about like for the terms of reference, you know, main informants work when implementing the regional action framework for non-communicable disease prevention and control in the Western Pacific.

And they also talk about this implementing the communications for health approach in the region. So that's an interesting one. We'll have a little look more at that a little bit later, but this is, so I'm just touching on this and I think this is just something that everyone really should, um, have a little look at.

There's lots of different, um. Sub stacks and that on the World Council for Health page too, that can get you up to speed around these who collaborating centers. So this is another interesting one, and we've actually sent off a, um, freedom of information to South, south Australia Health, but we haven't heard back anything yet.

But, um, so advancing health in all policies implementation. So, um, again, date of designation, September 19, last designation 23 to 27. So there it says, at whose request support, who to strengthen the knowledge based on healthy nor policies. Approaches, developed and used by indigenous people at whose request provide technical input on critical success factors for collaborative practices in regards to evidence and data systems for operationalization health in all policies, approaches.

Um. Whose request provide technical input to strengthen local practice of health in all policies, including through alignment between actions for advancing the sustainable development agenda and action on the social determinants of health and health equity. So not, I don't know what's going on in here, but there's absolutely questions that need to be asked.

And I just wanna put it out there that all this information has been shared. You know, I am a registered nurse and it is our job through our codes and that to speak up and all this information and all my questions and concerns of, um, conflict has actually been sent to the unions and to the nursing midwifery board.

So I tried to do it the right way or you know, the way I am supposed to first, so I haven't really heard anything. So this is another one. Um, obviously the TGA comes up for the WHO collaborating Center for Quality Assurance of Vaccines and other biological. So, you know, its first designations in February, 1983.

Um,

well, sure. Surely, uh, this information Lucinda, uh, we could pass on to the senators to ask in estimates, what, what the hell's going on. I mean, this is, this is, uh, a cartel.

This, that would be fantastic. I have sent different information to different senators over the time, but I actually think it's hard to get your head around and to understand how vast and how much this is actually, um, already, you know, this, this network is in place.

Like this is, it's already, um, working. It's, so this is another one. So this is, this was an interesting one. So Dr. Martin

Fletcher.

Yeah. Ara

Ara.

So the who Collaborating Center for Health Workforce Regulations. So now we're starting to understand what's going on a little bit.

What could possibly go wrong?

What could

possibly go

wrong? So Martin Fletcher. Yes. Martin Fletcher was the director head. Um, he's still listed on the website as, so I'm not really sure whether he is or he isn't. Um, because, you know, obviously this collaborating center might be seen differently or separately to him, obviously as his position at Afra.

I'm not quite sure on that.

Why do they, just a quick question. Why, why in a lot of these subject headings do they exclude nursing? Um, as a whole of health and it's listed separately?

I think it's got to do with nursing is, uh, the biggest, um, group of healthcare professionals globally. And, um, and nursing is actually seen to be helping to, um, well there's actually a document from let them see requirement from the CEO of the International Council of Nurses talking about nurses are going to, um.

Fulfill the agendas of the sustainable goals. And it, it's quite fascinating. I think that's why I might be completely wrong, John, I'm not sure. But, um, there's a massive nursing has its own network, um, globally. So there's an international network of who collaborating centers for nursing and the University of Technology of Sydney is actually the chair of that.

Um, so yeah, I think

there must be a reason for it. I mean, there, there, there'd be a strategic reason why they're, they're, you know, the, they're targeting nursing as a, as a distinct from, I mean, 'cause everything else seems to be, even in the other documents you've put up, I've noticed that nursing is separated out.

Yeah. Maybe that's something we can ask.

I mean, is, is that to do with the fact that, um. The, the cohort of nursing is so big, as you say, it's the biggest cohort in in health. And, uh, of course we're seeing most of the whistleblowers in the system coming outta nursing. It's the nurses that, uh, you know, many, many doctors have acknowledged the nurses hold the doctors to account.

And John, you and I are both married to nurses with vast experience, I think about 70 years experience between them. How many stories have we heard where nurses have held doctors to account?

Mm-hmm. Yeah. Yeah. It's

so, so there you can see the terms of reference is to support the WHO in its activities towards the adoption of contemporary regulatory approaches to health workforce regulation assist the who in providing technical support to strengthen health workforce regulatory systems in member states.

So we are going, we are beyond our borders. And upon request from who strengthened the capacity, skills, and knowledge of regulators in member states under whose guidance. So the interesting thing was I found this document initially and that led me to the TGA and I found the TGA collaborating centers, but I couldn't find, I hadn't put APA into the mix, but I'd actually written to, um, he was my federal minister at the time, Dr.

David Gillespie, and actually asked him if a PA was a who collaborating center. And, um, he actually wrote back that they weren't, which was very interesting because obviously they were, and the designation was the 21st of December, 2017. So I'm not quite sure whether he didn't know or he did. Um, but it was interesting.

As you know, he was the regional health minister and he was also, um, in, in the ministry. Anyway, I'm going to tell you what happened in Australia in 2017, which will actually make even more sense soon. So.

These, um, work plans that we, we are not privy to. I, I was lucky enough to find one in the whole world, which was actually a draft terms, ref terms of reference or work plan, and it happened to be for apa. So, um, so this was the draft on the 23rd of January, 2019, the concept paper, and it gave me a lot of information.

So it talks about the governance, so it talks about the network as part of the work of the WHO collaborating center for a PA, um, for health work regulation led by a PA and it said a A is responsible for the leadership and the oversight of the network, but the Western Pacific region office of the, WHO is responsible for the approval of the terms of reference and the work.

So, um, the work of the network and I was trying to work out whether the boards were part of this, who collaborating center. Or like, or were they separate? Was it just a PA And it was really, and so this document again gave me the information. Um, 'cause it says there in, you know, the second paragraph to assist work to strengthen health workforce regulation.

The Australian Health Practitioner Regulation Agency in partnership with National Boards for the Health Professions in Australia has been designated a who collaborating center for health work Reg Workforce Regulation. So, so that confirmed that it, the, the national boards are and APA are all this who collaborating center,

but that, that surely has to mean that these people are, uh, now, uh, demonstrated to be conflicted.

Yeah, that's like it would beyond our national sovereignty, right? Um, if the Western Pacific region is governing the, who is governing our Australian, um, healthcare workforce, like I, I wasn't informed of that. Um, so it is very interesting. There's a lot to unpack here. There's so much, and it, and it actually, it's the gift that keeps on giving it just, um, it, it extends beyond the WH O2 to the World Economic Forum and the United Nations.

But anyway, we'll stick here. Um, the Western Pacific region of the, WHO has identified strengthening of regulatory systems for health workers as a priority action domain to achieve the universal health coverage. And then they, there's this document, the regional action Agenda on regulatory strengthening, convergence and cooperation for medicines and health workforce.

So that was an interesting guide, um, to look into that little document. So. So this is that document, Western Pacific Regional Action Agenda on regulatory strengthening, convergence and cooperation for the medicines and the health workforce. So we've got the medicines and our health workforce, which is basically what we've seen happen to, you know, when I look at the doctors, it, it's all around, you know, this interaction between the regulation of the workforce and the medicines.

That's interesting. In this document, it talks as the regulatory environment becomes increasingly complex, transnational and influenced by trade and globalization. Effective regulation cannot be achieved by individual countries acting on their own.

What a load of rubbish. I mean, why have things become so complex?

Why, why good grief. The mind boggles.

See, this is already the beginning of the global governance. It's already happening.

Yeah,

just on that previous slide, uh, Lucinda, uh, it mentioned there about, uh, adopted the 68th, um, annual conference. I think it might've been on the one, oh, there's 68th regional committee meetings.

So I, I mean, there's, uh, evidence there that they're holding regional committee meetings. Um, maybe that's something we need to ask, uh, the senators to, to, to, uh, find out some information about.

That would be great. Thank you.

There's so much to this. So this is more in this document. So it talks about pharmacovigilance monitoring of the adverse events. And it talks about the 12 countries and areas that are full members and two countries that are associate members of the WHO program for the International Drug Monitoring at Upsala.

So that is another who collaborating center. Um, the Upsala Monitoring Center. And Dr. Tess Laurie did a, a fantastic sub staff on, um, uh, quite a while ago on all the adverse events. I think there was, there was over 58,000, um, deaths listed on that actual website. And like no one's saying anything. It, it, it's, um, like this is what I was saying again, with this network, if this network is working really, um.

Really in the best interest of the public, it would be sharing the same, same information. So you know, if there's warnings in one document, those warnings would be replicated in all the documents in a sense. Whereas, you know, like that ara joint position statement, not once did it mention provisional status.

So, you know, when you talk about David Martin and he was talking about the commonwealth countries of fraudulent inducement and actually withholding information, that was information that was withheld. Um, I mean, I'm not a law person. I just like, you know, if, if we are to give full informed consent and to give full informed consent for the healthcare workforce for that ninth March, 2021 to the provisional status of that, um, injection that they were telling everyone to go and have, unless you had a medical contraindication, I should have told you that it was provisionally approved.

Um, that's my belief anyway and how I would interpret that. So this is another who collaborating Center for Medicine's Quality Assurance. Now this, this, um, happened to be discontinued within its, um, four year term. So prior to its four year term completion on the 7th of March, 2025. Um, now we have sent off a freedom of information again to the TGA and they have accepted, uh, um, FOI.

So we just gotta wait the time. But the interesting thing, because these are collaboration centers and they're working obviously with a third party being the WHO, it, um, they have to ask permission from the WHO whether they can share. So again, that's, that's very crucial.

It's say TGA has gotta get wa the WHO approval before they can share information.

Well, for the who collaborating centers. So the, the, the important thing to notice with the TGA is it's two, um, obviously sections. The tga that who collaborating centers? Not necessarily the whole department. Whereas it seems like a PA is the whole department. So this is where some of them are, um, uh, like um, departments within a university, departments within an organization, and some are the whole organization.

So, but with the TGA, it seemed that they had the two, um, departments being this medical medicines quality assurance. But again, you can see that's been going since March, 1987. So they've been, they've been going a long time.

Is it any wonder Donald's given this lot to flick?

Well, he hasn't completely given them the flick because the America's got 70 who collaborating centers and the FDA is one of them.

Um. See,

they probably don't even realize

they do because we actually wrote a letter and we sent it to them in January 25 when they actually, when Doc and it went to RFK and um, Donald Trump, because we said, you can't actually pull out of the WHO until you connect all the networks within the country. And it was pointed out like we are talking militaries in these two collaborating centers.

Um, so there's a lot to look at, and I'm not saying we know what the answer is, but this needs to be, we talk about transparency and um, this needs to be transparent. The people need to know what's going on here. So this, and this was an interesting little thing that I found on the website and I couldn't replicate this for the other regions, but it gives us a lot of information.

So it actually specifies on this page that, um. That the network, they're either working for, um, for headquarters, WHO headquarters or the region. So all these who collaborating centers, if you looked at this diagram, to me, I interpret that, is they're all beyond their borders. So we are not quite sure which ones are which.

But as you can see down there with Australia, they've got 24 for headquarters, which would've mean, um, WHO globally, and then they've got 21 working in the region. So, you know, um, one thing that you do find, when you look at these two collaborating centers all over the world, like Canada's got influence, for example, in the Caribbean, um, I had Canada, some Canada had influence in, um, Lebanon.

Uh, so this, they're all cross, they cross. Um, you know, and obviously Australia, we are having a lot of, some of our Australian ones have got a lot of influence, I would imagine, um, in the Western Pacific region in the smaller countries in our region. So lots of questions. Um, so this is interesting. This is what, so when I was saying, um, with America, so the USA collaborating center, 2, 8, 9 happens in the FDA happens to be the Center for Biological Standardization out of the CB unit, which is the unit that, um, approved all these COVID-19 vaccines.

So that in itself is interesting. So the FDA, um, SE a department became a who collaborating center in April, 1998.

And here you can see, um. Dr. Peter Marks, who's not long resigned, was the director head of this food collaborating center as well as, and Dr. Gpa, Ray Ardi still is. Um, and this was a, this came out on the 27th of October, 2021. This was a, um, comment by Peter Marks and he said, I'm the FDA point person on COVID-19 vaccines, and we'll make sure they're safe and effective.

And we pledge to do our duty to the best of our ability independently and without conflicts of interest. And we'll be transparent about our FDDA. Mm-hmm. So there's, you know, it's, um, yeah,

so then there's another network, which is called the Gorn Partner Institutions, and that's the Global Outbreak Alert and Response Network. So this is ano, I think there's actually 360 now or something. And this is an interesting network to keep an eye on too, because, um, I think one of the states in America, the complete state has signed up as a born partner institution.

So there's not a lot of information on this, um, on this particular network in the sense that if you're a partner, you're, you're on the website and you're a partner, but if you cease to be a partner, you just kind of disappear and it just happens. You're just lucky if you actually get to see someone that was on there and then they're disappeared.

So, for example, the ARM Network, um, and Unitaid in, uh, in the USA was actually a member, but like I said, you can't even go back and see history. But these are, um, the Australian ones at the moment, currently as it stands. So there's 26 of them. So you've got, um, Asia Pacific Consortium of Veterinary Epidemiology, the Australian College of Infection Prevention and Control, Australian and New Zealand Intensive Care Society, the Australian CD C's on there.

I'm just waiting to see if that CDC becomes a who collaborating center. It has a on there yet. Um, but a lot of the CDCs around the world are who collaborating centers a lot. Like there's literally, I think 16 in America at the moment. There was 18, um, when through the COVID times. There's actually, they've dropped off a little bit.

Um, there's one that was interesting. John was the Clinical Excellence Commission of New New South Wales Health Australia. And I found that was really interesting because, you know, obviously that clinical safety notice about the myocarditis and peric cardiologist that came from the Clinical Excellence Commission, which.

I never even knew of until what, literally, I mean, a couple of years ago. But the interesting thing about this Gorn network is there's two who collaborating centers on the Gorn network. One's in Germany and one is in Russia. And it was the German, um, that who collaborating sent it was the RKI files where the whistleblower came out and said that, you know, um, they knew a lot of the information that the masks didn't work and that, so it, it's just like these big j jigsaw puzzle and you've gotta draw and put it all together.

Um. I'll go to the next page.

Isn't it amazing that, uh, you know, when you think back to, uh, Barry O'Farrell, he ended up being removed as the premier of New South Wales over a bottle of wine and not declaring it. I mean, these, these people are, these organizations, they're so conflicted. They, they don't advise anyone of any conflicts.

Uh, it's all background information. I mean, what we know from here is that, uh, the WHO has effectively infected, infiltrated and controlled more, more organizations and people than, than were affected by COVID itself.

Your belief, it's very, you believe very, it's a very sophisticated network for sure. And like there, this is interesting, you know, hunter New England Health is a Go Partner institute.

Um, we've got Queensland Infection Prevention and Control. The, yeah,

the Murdoch Children's Research Center. There we go.

And we've got the Health Security Department of Foreign Affairs and Trade.

Yep. And, and, uh, you know, a lot of these people, like the Department of Foreign Affairs and Trade Hoodie, uh, you know, in the financial statements for, um, uh, that, that, uh, company, uh, that was, uh, spruiking on the A, B, C, um, I just forget the name of them.

But, uh, with that professor, uh, the immunologist professor, um, and they had all the immunology centers, um, set up. They were getting all the money from the, uh, department of Foreign Affairs and Trade the Burke, uh, Burke Head Institute or something.

Yeah, I know them. I know they might be talking about, um, uh,

Burnett Burnett Institute.

Yep.

That's them, Bel and, and his, his cohort.

Wow.

Well, the Burnett Institute was definitely a go center before. I'm not sure if they still are. And they were a part of that ARM network that fell off the, off this network. But there's so much to look into. So you've got the Peter Doherty Institute, the University of New South Wales, the University of Newcastle,

the Doherty Institute, that's the name that keeps cropping up, infamously around the place.

Yeah. Well, the who collaborating Center for influenza is, um, very a lot. And the University of Melbourne, they're all, um, very aligned there. So there's so much to investigate and there's so much that the people need to actually understand. But this is even going beyond, um. This is starting to learn how all this came to be in Australia.

So they have a document called the Country Cooperation Strategy. And it's a, a framework designed, you know, it's to collaborate with the countries and it's aligning with the national health priorities and the global health goals. And, um, it serves the who's medium term strategic framework to guide its work in the countries.

And Australia was the first, first world country to ever sign a hun, a country cooperation strategy. And the framework identifies joint priorities. It has a timeframe and it has results in its collaboration with the United Nations Sustainable Development Cooperation Framework. So, um, so we have, uh, well, we had, uh, uh, who country cooperation strategy for the period of 2018 to 2022, and it was signed by Greg Hunt in 2017.

Um, and these are the priorities that came outta that. One document was to enhance health security with a focus on strengthening resilience to threats such as priority infectious diseases, emerging diseases, outbreaks, and other emergencies, health consequences priority to promoting people-centered health systems and universal health coverage with a focus on exchanging information, expertise and health system policy priority three, strengthening health regulation to benefit from Australia's expertise in this area.

So I want you to remember that a PA was signed up in December of 2017, um, as a who collaborating center and then priority four, working together to support who in its efforts to achieve organizational excellence. Building on the leadership of the regional office for Western Pacific in making who a more transparent, efficient, fit for purpose organization.

So.

So I would actually question that we would really like them to actually stand in those values of transparency. And, um, and there's a lot of questions to ask. I know.

Absolutely. Absolutely.

So then this, um, organization, so the Australian network of who collaborating centers formed and, you know, to seek to exchange information, foster good practices, develop technical cooperation amongst Australian who collaborating centers with the state and commonwealth governments and other relevant, relevant, uh, relevant stakeholders.

Sorry. Um, so here, I'm just gonna point over here. As of June 23, there were 54 who CCS in Australia, the highest number per capita in the world. Um, you know, and they're for public health, both internationally and domestic.

Yeah.

Then last on this one, I just wanted to show you that the Australian Network of the WHO Collaborating Centers Network was established in 2019 following an extensive scoping phase undertaken by the Victorian Department of Health and Human Services in consultation with Australian Global Health Alliance, department of Foreign Affairs and Trade, and the Federal Department of Health.

So this is where very well, um, thought of and working together, and there's so much that we need to unravel and unpack. Um, but earlier I was talking about, um, one of those two collaborating centers had, um, communication for health listed as one of its, um, subjects. So there's, there's so many documents that have been produced like this.

One is the communication for health, but there's, um, for the future, there's making the Western Pacific region the safest region in the world. There's a lot of different documents to unpack and look into, but just for, in, just for your information on this particular, um, in this document specific to COVID-19 vaccines, it talks in this bottom, um, paragraph who continues to work in close collaboration with colleagues at Facebook and other social media platforms to tackle misinformation, to promote ver, promote verified information about C 19 vaccines and measure the success of digital campaigns.

So partnerships with academic experts in vaccine hesitancy and vaccine communication as well as measurement and evaluation ensure who's approaching grounded in the best information and evidence. So, um. That's it. I'm gonna stop there. Like there's so much more that you could go, like seriously, it's the gift that keeps on giving and there's so much more to go through.

But um, like there's definitely patents that need to be looked into and different things and the organizations, they know that information has been shared with them. And one thing that I love, um, Graham, is that we ask, like we need to have these discussions. Like we don't know their side. They don't know well, we need to come together and I really hope that even thank you for having me on today.

And I hope that we can actually start having some conversations like through the parliament, but also through these nursing boards. Um, there's just so much to look into. Like there is unbelievable. There is a study at the moment, and it's still active, but it's called does repeat, influenza Vaccination Constraint, influenza Immune Responses and Protection.

It's clinical trial NCT oh 5 1 1 0 9 1 1, and the sponsors the University of Melbourne, but it is from the WHO Collaborating Center of Influenza. 'cause it actually does go into, it's funded by the NIH.

Wow.

Now it literally says in this document, a detailed description, over 140 million Americans are among the more than 500 million people who receive influenza vaccines annually.

An important subgroup are healthcare workers for whom vaccination is recommended and sometimes mandated to protect themselves and vulnerable patients from influenza infection. However, there have been no large long-term studies of healthcare workers to support the effectiveness of these policy.

Healthcare workers are now a highly vaccinated population and the effects of which are poorly understood. Mounting evidence suggests antibody responses to vaccination can be attenuated with repeated vaccination, which is corroborated by reports of core vaccine effectiveness among the repeated vaccinated.

Thus, there is a compelling need to directly evaluate healthcare worker vaccination programs. The long-term goal is to improve the efficient and effective use of influenza vaccines. So this trial is active, it started in 2020, and then in 2021 they added the COVID vaccines for this and it's still going.

And um, the University of Newcastle and Hunter New England are actually two of the trial sites. And I just find it unbelievable that is studying this and mandating the students and. Healthcare workers at the same, I just find it actually the epitome of disrespect. Um, and I shared hypo shared that, uh, I just,

well, and as we've previously highlighted, the, the students, uh, are, are, are absolutely being, uh, ripped apart here by the university's demanding this.

There, there's an alliance with NI Wales Health. We know, uh, they're demanding that they be vaccinated. And I personally know of another, uh, young person who has, uh, had I think three Hepatitis B boosters. Uh, and every time they go back for retesting, uh, it doesn't show up. And so health and the university are demanding that this person has another booster.

Now, I mean, clearly these people are, have lost the plot and you can understand now why, uh, they're very, uh, reticent to have a, uh, royal commission because not only does the house of cards come down in relation to what went on with the COVID, but you can see that the tentacles are just everywhere and all this other stuff falls with it.

The conflicts are interest are huge. And you know, when we look at this work plan, it's gonna show funding, it's gonna show patents, it's gonna show like if there's pa, there are patents out of these, um, big collaborating centers. You know, Fauci was ahead Director of a who collaborating center for HIV. Um, so there's also the question, do they have diplomatic immunity?

Like there's so many questions. Um. Yeah, but it's like you can't have your cake and eat it too, in the sense that if you're studying it, because you don't have any long-term, um, information as a WHO network, you know, funded by the NIH, like I said. But then the, who's actually brought out a document, how to implement seasonal influenza vaccination of healthcare workers in 2019 and New South Wales Health appears in that document.

Um, as an example of SOC mandates, they use the word SOC mandates, um,

SOC mandates,

but it, it's definitely science, but it's political and social science that we're talking about.

That's a

good line. That's it. Behavioral science, it's about, and for me, um, you know, with my, this is all about medication safety.

I don't care if it's a vaccine, a medicine, a procedure, whatever. It's about safety. We should all have that at the core of everything we do to do no harm. You know that everyone, we should be able to agree on that. And if there's conflicts of interest around these patents and, um, that really needs to, that needs to stop.

Look, you know what, I, I spend, uh, several hours on the road yesterday and while I was driving along, I was listening to a, b, c local radio for some, uh, light entertainment, and they went to, uh, senate question time. Now I listened to that for over two hours and I listened to the summing up at the end of it.

And I can see no hope for this country in the Australian political class at all. I mean, you've got, um, the Labor Party criticizing the conservative parties, uh, for their hypocrisy and, and, uh, and the way that they behave and, and. The whole process of two and a half hours in the Senate yesterday at question time was about senators highfaluting and telling Australian citizens that they're all racist.

That's what it was all about. And you get the likes of Lydia Thorpe, uh, Fatima Payman, and some of these others that are spruiking that, that are spooking this hatred. They are spruiking the hatred. Now, I'm not a flam and racist, and I know you

are not Johnny. And, and yet our, our political class is so hell bent on this divisionary tactic on both sides, on all sides of the house.

And, and these, these issues are going on and they don't wanna know about it. In, in the, um, in the senate estimates we get, uh, sorry Senator, I'll have to get back to you on that. I'll take that question on notice. That's not good enough. Basic questions don't need to be taken on notice. Uh, so. Anyone out there who thinks that the the political class is gonna bring about change in this country, they're kidding themselves.

It's not gonna happen. It is not gonna happen. And whenever we've got the Octopus of the United Nations through its arms, like the World Health Organization, uh, sucking the blood outta this nation, I mean, I, I sat yesterday, yesterday, late yesterday afternoon, listening to Chris Bowen, the Minister for Energy and Sustainability, telling the country that we're in the best position we've ever been with fuel reserves, the best position we've ever been.

Malcolm Roberts, uh, raised the question on, on, um, uh, on fuel reserves in the Senate and was howled down. He said, we're meant to have a hundred and something days of fuel reserves. We've got 26. We're not even meeting at the, the standard set for us. Why is that? So, and Chris Bowen comes out and says. We're in a very good position with fuel.

Well, we're not folks. And then you look at the, the anex between Tanya Plibersek and, uh, Barnaby Joyce on the Sunrise program where Tanya Plibersek said, when Barnaby raised the question about what are we gonna do with our diesel? How are we gonna feed people? She went straight to, well, that's all the more reason why we need electric cars.

And Barnaby said, do you don't? Do you know of anyone who's got an electric semi-trailer? How do you move the stock around? How do you do the, I mean, and Tanya Plibersek kept going back to electric cars. I mean, this, I know this is off topic from health, but it isn't because this is all about the inadequacy of the mental capacity of those people that are in parliament, elected representatives running this country, and, and the tentacles that run through the bureaucracies.

'cause let's face it, Lucinda, that's what you are talking about, the bureaucratic system. Is completely involved in manipulating the whole process. I hate to use Trumpisms, but the swamp needs to be drained.

Mm-hmm.

The swamp needs to be drained. We need to, we need to, uh, look, Andrew Bridgeton said it last night, John.

Mm-hmm.

The political system in the uk, the Westminster system, which is held up as the guiding light of parliamentary procedure in this country, is a basket case because of corruption and interference from outside, outside sources. I, I, I don't see any hope politically in any of this anyway.

Yeah, man. Look, it's corrupting everything.

I mean, you know, the fact that you've even, uh, outlined, uh, listening to this stuff going into defense, uh, you know, it, it's scary stuff. Uh, you know, it's got no place, uh, being in any of these. Uh, or they should be. Removed from it, it's absolutely farcical that you can have a situation that the TGA and a PA as regulators, uh, are in the thick of all this.

Uh, I mean, if that sits comfortably with anyone out there watching, uh, there's real problems. Uh, and this is why this, this episode, I think, really does need to be passed onto to those sitting senators. Uh, it's probably one of those ones that needs to be forwarded onto every, every politician. I mean, at least we know that the likes of, uh, uh, Senator Antic and, uh, Senator Roberts, et cetera, we'll ask the right questions, um, once they're armed with the information.

So we'll make sure that this gets passed on.

Oh, no, now you're sending it to Senator Robs, he's one of the, uh, one of the senators in the party that is responsible for racist filth in this country. So we're told by Lydia Thorpe, we're all racist filth because we happen to like the policies of one nation.

For goodness sake, racist filth. Put this lady who purports to be an of aboriginal descent in a position of power in the Senate. That's not racist. Filth, for goodness sake. I'm done, I'm done with all of that garbage. We, we, you know, there are some good politicians in there and they're like, Andrew Bridget, he said last night he wasn't a politician.

And, and, uh, I think the best politicians are the ones who aren't the best political representatives are the ones who aren't politicians. We need representation, not career, career enhancing, nepotism and party policy. We are, we are done with it. It's absolute garbage. And no, no way in, as, as my backside points to the ground, there's no way that there'll be a political solution in this country that will restore it to its former glory.

It's not gonna happen. It just ain't gonna happen. So, I dunno what we do. We put our faith in God. That's what we do. So I, I think, um. I think on that note, uh, if you don't mind, Lucinda, we'll close this off with a prayer.

Yeah.

Dear Lord, father in heaven, righteous anger is, um, can be a useful tool. And, um, and Lord, we just pray that our anger is directed in the right direction and that it comes with your will attached to it.

Father God, we, we thank you for Lucinda. We thank you for the tenacity of, uh, of she and her sister, that Lord that rode the, rode the the iron horse in this whole battle of COVID and rode it with distinction. They stood up for ethics. They stood up for first two a harm. They stood up to raise the cause of health and me and the medical profession as it should always have been.

So, Lord, we ask you to protect these whistleblowers, protect these researchers, protect the doctors who have come out. Protect those in the political class who are striving to the best of their ability to bring about change. People like Jared Renick, people like Malcolm Roberts, people like Alex Antic Lord, people like Andrew Bridget, father God, and people like Senator Ron Johnson in the USA.

We've been surrounded by them. Lord, we pray if it's your will, that they get the power they need to bring about change. For we ask this in Jesus' name. Amen.

Thanks for all your work, Lucinda.

You are welcome. Thank you for all your work.

Yeah, you're a gem. And uh, it, uh, it would be good to get you back on, uh, with Tess Laurie as well. It might be nice to unite you two on the screen and, and have a, a little bit of a cross-referencing between the two of you because for those of you who are looking at these slides, I know some of it's hard to comprehend, but there's little bits and pieces in the detail, John, that are gems, aren't they?

They're little diamonds. Now. Now Lucinda hasn't gone down rabbit holes to find this stuff. She's just gone to websites. It's there for all to see.

Yeah. Uh, I just thought of that. Uh, professor Brendan Crab.

Brendan Crab. That was him.

Ac Yes.

Yeah. Always moving sideways. Never moving forward. Always moving sideways.

All right. Well, God bless you Johnny la You've often been heard to say

you just couldn't make this stuff up.

You couldn't make this stuff up. And it doesn't work, folks, unless you share it, please. And look, we, I got a message from Joel Jamal the other day, Johnny, and he was saying, um, you know, that, go back to the Come on Carl campaign.

He said, I hope you two guys are basking in the glory of what you started. And, uh, it wasn't only us. A lot of people saw it. And this, this changes when we break out of our bubble. So let's encourage each other and those coming in to spread this message far and wide. And that happens when you. Because the truth is, Carl probably saw some stuff that was shared from other people in some other forums, from some other, uh, narrative that triggered his interest.

And the more we see that, the better. God bless you all. It's a great country because you live in it, what you did yesterday, got you to today, and stay outta the trees. We'll see you next time on Club Gruy. Bye for now. Thanks, lada.