Bullseye - Club Grubbery - Episode 6 - Dr John Campbell

[00:00:00] **Graham Hood:** And welcome back for another great episode of Bullseye. My name's Graham Hood,

[00:00:29] **John Larter:** and I'm John Larter,

[00:00:31] **Graham Hood:** and it's great to have you with us. We have an exceptional show for you tonight. We have been trying to line up this guest on our programme for the last three or four years. Uh, sometimes it's difficult to get all the ducks to line up, but at this time as we approach the big event in Sydney, the bullseye event, which is prominent Australians speaking out, uh, demanding a Royal commission, uh, which I might say Johnny Lauder has been sold out.

[00:00:55] **Graham Hood:** I believe it's sold out at the, uh, south Juniors. Looking forward to [00:01:00] that event, we have joining us today from the uk, someone who's brought calm, peaceful, and, uh, well researched information to people in the last five or six years over the COVID Pandemic. And of course, I speak of none other than Dr. John Campbell.

[00:01:15] **Graham Hood:** Welcome John.

[00:01:17] **Dr John Campbell:** Thank you Graham. Thank you, John. Great, great to be here. Sorry I've been so evasive for the past few years. Good morning from England and good afternoon in Australia, I guess.

[00:01:26] **Graham Hood:** Indeed, indeed, mate. And you like us, have been very busy. It's, these have been incredible times, but it is great to have you with us.

[00:01:33] **Graham Hood:** And, uh, we've got a few things we need to discuss with you. But first I wanna take you back to maybe 2019 and we, you stood in relation to the health, uh, in particular public health in the uk. Where was it going? What, what were your, uh, what was your take on vaccines and so on in those days?

[00:01:50] **Dr John Campbell:** Well,

[00:01:50] **Graham Hood:** prior to

[00:01:50] **Dr John Campbell:** the 2019, prior, prior to the whole COVID, uh, episode, debacle, outrage, whatever you want to call it, um, [00:02:00] basically I'd been a nurse for about 45 years my entire career.

[00:02:04] **Dr John Campbell:** And most of that, 28 years of that I spent teaching student nurses. So, um, I was basically a tutor and then sort of, we went into a bit of academia and a and a and a bit of research. And throughout all that time, what we had to do when we were working and teaching, and I did some clinical work after I, I retired from education as well, we had to follow the guidelines.

[00:02:27] **Dr John Campbell:** So, you know, I, I teach resuscitation or I teach anaphylaxis, and the first thing you would do is check what the current government guidelines were, the NICE guidelines and National Institute for Health and Care Excellence, because basically we had to follow these guidelines. It was almost a legal requirement.

[00:02:44] **Dr John Campbell:** And it sounds a bit authoritarian, but it was actually really good because you had, we had committees of experts who sat around. And they said, well, what is the latest thing on resuscitation? Or what is the latest thing on any particular intervention? And, and, you know, a group of [00:03:00] experts worked out what the best thing was.

[00:03:02] **Dr John Campbell:** And for the most part, for most of my career, that was based on, on pretty good research a lot of the time. So I was very much in this tradition of, uh, follow following guidelines because that's what we had to do professionally at work. And as I say, mo, mostly they were very good. It was kind of a shortcut.

[00:03:19] **Dr John Campbell:** So instead of going and looking at every little piece of research yourself, you would, you would take what the experts had put together in their committees and you would, you would implement that. And that was normally pretty good. It was normally the state of the art stuff. Um, but. At the start of COVID, I was still in that mode, really, um, accept, accepting the status quo, accepting authority, and it's still that way in healthcare.

[00:03:44] **Dr John Campbell:** Now, really, if someone doesn't obey the guidelines, the first question would be, well, well, well, doctor, why didn't you follow the guidelines? And if something went wrong, then it kind of, you haven't got much of a leg to stand on really. So guidelines are very much

followed. And I remember early in [00:04:00] my career, we used to have, uh, you know, opinions and, uh, our own ideas and medical opinions.

[00:04:05] **Dr John Campbell:** So, uh, a patient would come in and the consultant and the other doctors would stand round and kind of work it out. Uh, but when I went back to clinical practise after a long time in, in teaching, a big thing I noticed was when a new patient came in with some unusual condition, the consultant wouldn't sort of stand around thinking, oh, well I wonder what this is.

[00:04:23] **Dr John Campbell:** They would say to one of the juniors, well go, go and look up the guidelines on this. And they would, they would follow the guidelines. So, um, which of course why, I guess that's why medicine's so amenable to, to AI and algorithms and things like that. Um, so that, that was at the start. So when these official guidelines came out, basically I accepted them, um, 20 20, 20 21.

[00:04:45] **Dr John Campbell:** Um, why, why should I doubt what it said in the Lancet? You know, because we've used that as the definitive information source for, for, for, for my entire career. But it was only when people started contacting me personally and saying, look, John, I've [00:05:00] had this injection and I've had these horrible side effects and these terrible things have happened.

[00:05:04] **Dr John Campbell:** It appears to me that these happened after I was received the mRNA or, or the AstraZeneca COVID vaccine. Uh, it was only then starting putting these together. The first time I got a few, I thought, well, you know, you're bound to get all, all drugs have side effects. And we knew had vaccines had side effects.

[00:05:22] **Dr John Campbell:** I'd taught VA as we called it, immunisation, vaccination for, for a long, long time. And, uh, a lot of it seems to be completely, uh, effective. Um, but when I started putting these, what you might call anecdotal reports together, the plural of anecdote is hypothesis really, isn't it? So when you get lots of these stories together, you think just a minute, you know, what, what's going on here?

[00:05:44] **Dr John Campbell:** And then that led me to looking at the official narrative and looking at the journals and actually what the journals were saying. And this, this is kind of sacrilege really, you know, to, to say that something in, in the mainstream medical journals was not completely accurate and not completely [00:06:00] independent.

[00:06:00] **Dr John Campbell:** It was kind of hard to assimilate. So it took, it took quite a few months of culture shock really, to get over that. Um, but now what I realise is that so much of what is in the medical journals is based on often very thorough, randomised, double blind controlled research. And that doubleblind randomised controlled research for particular intervention is based on, on a, on a very good trial that probably cost about 20, 30, $40 million, maybe more.

[00:06:31] **Dr John Campbell:** Uh, so who, who can afford this kind of trial? Well, it, it turns out often it's vested interest people that are actually going to sell the drug at the end of the day. So we have this situation where the best research or what appears to be the best research is actually carried out fairly selectively. So, although the research process is really good, um, who decides what we actually research?

[00:06:54] **Dr John Campbell:** So I dunno if you can see, but behind me, I'm drying out my comfort. My country leaves there, [00:07:00] and the old name for that, the old name for that is Knit Bone. So is that effective or not? Well, I don't really know because, you know, you can't really patent a plant and make lots of money on it. Um. You know that this is the problem.

[00:07:12] **Dr John Campbell:** They, they select what they, they want to research. So that means what gets into the national guidelines is what is in the research. But what is in the research is often paid for by vested interest. So that means by extension, what we get in the guidelines, in terms of treatment protocols is often what is in the journals, and that's what was paid for.

[00:07:29] **Dr John Campbell:** So we have this kind of circle really where, uh, it's very hard for the guidelines to be completely objective, looking at the totality of knowledge, because they only pick the bits of knowledge that are studied by those that can potentially make some money out of it. I mean, classic examples, the repurposed drug, you know, hydroxychloroquine are iver ivermectin, um, because these are off patent, the pharmaceutical industry can't make any, any money out of them.

[00:07:55] **Dr John Campbell:** And I think you've got Gus GLE with you later this week. And Professor Clancy, [00:08:00] they've both got bacterial preparation. So Professor Clancy's, uh, development dramatically prevents upper respiratory tract infections. Not, not just one infection, but all infections. Professor Lucius invented a, a bacterial injection that stimulates the whole immune system, and probably, we don't know, but probably protects us against all cancers.

[00:08:22] **Dr John Campbell:** But that's the last thing the industry wants. You know, there's maybe a couple hundred cancers and they wanna sell you a $10,000 cure for cancer, a $10,000 cure for cancer, BA $20,000 cure for cancer. C well, in fact, they're not even cures the treatments often with very horrible side effects. The last thing they want is something that just boosts health altogether and reduces the overall prevalence of the condition.

[00:08:44] **Dr John Campbell:** So we were in this bizarre situation where the national guidelines, this is, this is talking with a, in retrospect now, we can see that the national guidelines are actually dramatically skewed, as I've now concluded by who pays for the [00:09:00] research. So the answer is, uh, to answer your question, sorry for rambling on, but in 2019, I was very much in that formal mode and didn't realise that the guidelines weren't based on independent objective quests to help human pain and suffering and death.

[00:09:20] **Dr John Campbell:** Rather, a lot of them were, were there for commercial interest. So that's basically the short answer to your question.

[00:09:26] **Graham Hood:** Wow. As someone who, who has, uh, both trained and been trained throughout your entire life, a very extensive career as you've, as you've illuminated, um, do you still trust the Lancer?

[00:09:38] **Dr John Campbell:** Um, I, I wouldn't, I wouldn't talk too much about particular journals, but I think there's a general problem with capture of, of academic journals, medical journals, and indeed other academic journals and, um, quite whose.

[00:09:54] **Dr John Campbell:** Controlling those. I, I, I, I don't know. Uh, but I would certainly be much more [00:10:00] interrogative of papers in likes of the Lancet and, uh, new England Journal of Medicine and things like that. I, I, I would look at them much more carefully, and it is disappointing that some of the papers that they published fairly early on in the pandemic are still there with things that we now know in hindsight might be, you knows, somewhat distracting.

[00:10:22] **Dr John Campbell:** So we would read it more analytically and, uh, bear in mind that what we normally call with a hierarchy of evidence, the best quality research is research that's often been paid for by vested interests or carried out by universities that get substantial grants from vested interests. We've got this fundamental problem here where, where, where vested interest is paying for a lot of the studies, paying for a lot of the guidelines.

[00:10:49] **Dr John Campbell:** E even, even we believe ghost writing some of the studies. Wow. That fundamental mental issue needs to be addressed. We, we need research, which is based on [00:11:00] sound. A, a sound desire to, to help people rather than to make money. That's the fundamental problem.

[00:11:09] **John Larter:** Was, was COVID the light bulb moment for you? John?

[00:11:12] **John Larter:** Did, did, did you get the vaccines? Did you encourage?

[00:11:15] **Dr John Campbell:** Um, unfortunately I did. Yeah. I, I, I had the first two and then I had the third one about a week before I realised what, what was going on. So I'd, I'd started to hear some side effects. I, in 20, they were all in 2021. Uh, but by the end of 2021, I realised, uh, what was going on and, uh, certainly won't be having any more.

[00:11:34] **Dr John Campbell:** And the idea that now in the United States, uh, they're actually introducing an mr a vaccine for influenza, uh, is just, to me just quite, quite inexplicable. Uh, we haven't licenced it in the uk I dunno about Australia. I don't think you've got it there yet. But you know, when you're digging yourself into a hole, I would've thought the best thing to do is to, to stop digging.

[00:11:54] **Dr John Campbell:** Because, because we now realise, and when you look, look back on these things, it's, it is completely obvious really in [00:12:00] retrospect, but at the time you don't really see it. And it's hard to go against the system that you've worked in for, you know, 40 years of your professional life. But now it's so obvious that when you inject lipid nanoparticles, and, and we know this largely from Australian research actually, uh, that, that they actually go everywhere.

[00:12:17] **Dr John Campbell:** These lipid nanoparticles are systemically distributed, and in a sense, it doesn't really matter whether they're carrying the genetic information to make the, uh, the COVID spike protein or, or an influenza viral protein. The point is they're going to cells all around the body, for example, in, in the vascular system, in the heart.

[00:12:37] **Dr John Campbell:** And these cells are going to express on their surface a foreign antigen, something the body recognises as foreign. And that means the immune system sees that. And, and what it does initially, it doesn't

pick off the individual viruses. What it sees is there's a room here that's got terrorists in it, and it just chucks in a hand grenade.

[00:12:55] **Dr John Campbell:** It kills the whole cell. And personally, I kind of like the cells in my heart to be alive rather [00:13:00] than killed by my own immune system. So we've got these, we've got these just totally fundamental problems that, that are just so obvious, uh, that that's apart from the particular toxicity of the spike protein.

[00:13:11] **Dr John Campbell:** But this is just a fundamental problem with this genetic variety of vaccines. And you can't control the dose of the antigen that's made. It could vary. Well, we don't know how much it varies. Does it vary by a factor of one or two between individuals, or does it vary by a factor of a thousand between individuals?

[00:13:26] **Dr John Campbell:** We, we don't, we don't really know these things.

[00:13:29] **Graham Hood:** Yeah.

[00:13:29] **Dr John Campbell:** So you, you've got, you've got guaranteed issues and. Particularly with the COVID vaccine, there was so much, uh, homology, so much similarity between the, uh, the, the spike protein that the genetic instruction was telling, uh, the body cells to make and some of the body's own tissues.

[00:13:47] **Dr John Campbell:** And, uh, Angus Darle told me he, he realised as soon as they came out that there was going to be guaranteed autoimmune effects as a result of that, where the immune system's gonna be beating up on its own tissues, uh, as, as [00:14:00] well as exploding these cells that are infected with a viral, what, what the body perceives as viral particles.

[00:14:05] **Dr John Campbell:** So, you know, again, looking back, it's completely obvious that these questions, these problems are there, and these problems are completely obvious now, but yet they're still going ahead with this technology, which I would find concerning now until those really fundamental questions are asked. Let's, let's just have a pause for a minute, guys, and answer those fundamental questions and then maybe think about moving on after that.

[00:14:25] **Dr John Campbell:** You know, that's

[00:14:26] **Graham Hood:** absolutely,

[00:14:28] **Dr John Campbell:** mm.

[00:14:28] **John Larter:** It seems to be the case here though, that there's, uh, movement everywhere else. I mean, they're, they're blaming this, uh, explosion of motor neuron disease on pesticides. Uh, last night there was a, uh, mainstream, uh, thing on, uh, processed foods, but the elephant in the room is, is the vaccines.

[00:14:47] **John Larter:** I mean, that seems to be, in my view, the only thing that has really changed in the last five years.

[00:14:52] **Dr John Campbell:** I think you've got to look at the overall trends. So, for example, if we do look at colon cancer, um, [00:15:00] I'm not so sure about motor neuron disease, a horrible disease, but if we, if we take colon cancer as an example, um, the incidence of that has been increasing over the past sort of 15 years, and it has been occurring in, uh, younger people now that seems to have accelerated in 2021, and there seems to be more from 2021.

[00:15:21] **Dr John Campbell:** There seems to be more types of unusual histology, cancers, although the data on this is actually quite hard to get, but I've certainly talked to several leading doctors and surgeons who, who say that, that, who say they're seeing quite a lot more si since 2021. So there seems to have been an acceleration, but it is part of a trend.

[00:15:40] **Dr John Campbell:** So, uh, in, in terms of colon cancer, the, the, the move to ultra processed food, especially processed meat, um, if you're watching in Australia, don't eat burnt meat from the barbecue that that burnt meat is not good. Um, but then no, there, there's been an acceleration. Um, so we've got the vaccines on top of all the other [00:16:00] risk factors and, uh, yeah, sure.

[00:16:01] **Dr John Campbell:** I, I, I personally, I try not to drink pesticides if I can avoid it, but, and that, that, you know, motor neuron disease particularly probably is associated with some sort of chemical exposure. But, um, as we now know, we're gonna, we'll get these autoimmune reactions and, um, a lot of these neuro degenerative neurological conditions are degeneration of particular tissues.

[00:16:28] **Dr John Campbell:** So example, in, in, in motor neuron disease, the Americans sometimes call it a LS or, or Lou Gehrig's disease. Um, we have a really weird pathology going on there where the motor neurons are attacked in the brain, in the spinal cord and in the periphery, uh, the sensory neurons aren't, aren't affected. It's a kind of weird.

[00:16:49] **Dr John Campbell:** Precise process that's going on. So, uh, I mean, urologists are still working on this of course, but you know, the idea that an autoimmune stimulation [00:17:00] such as a COVID vaccine could, uh, predispose some individuals to motor neuron disease is completely scientifically plausible. And I, I think that's an important point to look at, you know, is this, is this plausible in terms of the basic science in, in terms of what we understand?

[00:17:15] **Dr John Campbell:** And there are plausible mechanisms there. Um, if the epidemiology is supported, then that gives you, you know, quite a few of what we call the Bradford Hill criteria, that you can put it together and say just a minute, is there a causal relationship here? It's the Bradford Hill criteria that allowed us to realise that smoking causes lung cancer or asbestos causes, mes mesothelioma.

[00:17:37] **Dr John Campbell:** You know, why aren't we applying these now with increasing cancers, with increasing autoimmune disease? You know, why, why aren't we honestly applying these to look at all of the possible factors and certainly something that stimulates autoimmunity, potentially like, like mRNA vaccines to ignore That just seems utterly preposterous.

[00:17:57] **Dr John Campbell:** Let's include it. Look, let's look at all [00:18:00] risk factors. If the data goes against it, fine, we'll forget it and look at something else. Um, if the data doesn't go against it, then we know a bit more than we did at the start of the process. But you're right to exclude particular things. A priori is just, it's just anti-scientific.

[00:18:14] **Graham Hood:** I've got a, I've got a say here, uh, Dr. John Campbell, back in the early days when people like you and Gustel and others were expressing their concerns, the bureaucratic and and mainstream response to those concerns was, well, you don't have any data to back up your claims. Uh, you know, we're still waiting on the data to come in.

[00:18:32] **Graham Hood:** Now it appears like the data is a tsunami and the data is saying what people like yourself have been illuminating for the last several years. Um, Gustel Al, professor Al Gle, who is at this moment on route to Australia to be at our event, uh, just sent me this from Abu Dhabi as he's waiting to transit.

[00:18:51] **Graham Hood:** It's a graph, uh, a graph that came through to him and it is, uh, let me see if I can get this up. The NHS [00:19:00] staff sickness, the NHS staff sickness rate. Uh, absent rate of medical consultants for benign and malignant tumours and cancers. In other words, how many people are going

sick in the medical profession based on, um, tumours and cancers and the figures, the grafts are frightening.

[00:19:20] **Graham Hood:** It's almost doubled. It's almost doubled since 2019. It's almost double

[00:19:27] **Dr John Campbell:** and just, it, it, it, it seems to be a range of cancers as well. It's very hard to get the precise data on this. May, may maybe if, if we give you, um, we, we used to have this data published regularly by the Office for National, something like National Statistics and Health Improvement, but they stopped publishing the data a few years ago, unfortunately.

[00:19:45] **Dr John Campbell:** So it is harder to dig this data out now, but if we take, for example, um, we, we know that there is, um, an increased death rate in 20 21, 20 22. So there was excess deaths beyond what we would expect. [00:20:00] Um, and especially into 2023, we would actually expect less deaths at that time because people that were vulnerable, the elderly, and people with conditions which could potentially cause death, a lot of those died during the pandemic.

[00:20:15] **Dr John Campbell:** So given that a lot of vulnerable people died in say, 20 20, 20 21, we would actually expect less success deaths 20 22, 20 23. But we got the opposite. We got more excess deaths. So we know there's been more excess deaths and we know that there was lots of, I don't know, let's take an environmental variable like COVID vaccines.

[00:20:34] **Dr John Campbell:** Uh, we know that they were given and, and what the government, what, what the UK government know is they, so we know those two, we know those two variables as, as our independent statisticians know those. But the government know how excess deaths relate to COVID vaccination status. So they can be tolerate, tolerated, but, but we, we, we can't do that because we don't, we don't have, [00:21:00] although we have the two independent sets of figures, we have nothing that links them together.

[00:21:03] **Dr John Campbell:** Now, we, we believe the British government is giving this data linking excess deaths to COVID vaccination status to the pharmaceutical industry. And they know it themselves, but it's not released. Now, I, I, I, I know several eminent statisticians who would crunch this data within an afternoon and, and tell us if there was a, a, a definite correlation there or not.

[00:21:26] **Dr John Campbell:** But because the data's not released, we simply don't know. So we've got this lack of transparency, lack of data that is an ongoing, an ongoing problem. Um, but that, that, that study that Gus mentioned from doctors is really significant because very often, uh, doctors giving data is the way that we learn things initially.

[00:21:47] **Dr John Campbell:** So again, again, going back to the example of, uh, smoking and lung cancer, it was the British doctor study published in, in the late fifties, uh, by, uh, B Bradford Hill and Richard Doller believe, um, it was the [00:22:00] doctors reporting that doctors who smoked got more lung cancer, that that was the first sort of definite epidemiological red flag.

[00:22:08] **Dr John Campbell:** And if doctors are reporting more cancers amongst themselves and more sickness amongst themselves, again, that is concerning. And it means that that data needs to be collected with reference to a whole range of variables, including COVID vaccination status, a whole range of variables with the new pathology.

[00:22:30] **Dr John Campbell:** And that helps us to link one to the other and start to see what's going on. And that, that's what the Bradford Hill criteria are all about. You know, is there epidemiological links? Are there plausible biological mechanisms? How strong is this correlation? Why isn't this being done, would be my question.

[00:22:46] **Graham Hood:** As you talk about, uh, uh, ab about the research, as we talk about the research that's coming out now, you've just completed, uh, an interview, I believe only a few hours ago with Australian researcher, Greg Harrison. Yeah. And done

[00:22:58] **Dr John Campbell:** Santiago in the [00:23:00] States. Yeah. Yep.

[00:23:00] **Graham Hood:** Yeah. And in conjunction with several others who've done this research paper

[00:23:04] **Dr John Campbell:** mm-hmm.

[00:23:05] **Graham Hood:** On the, uh, let me call it, terrifying incidents of extended large white blood clots that are appearing now as a result of research that was being done, SurveyMonkey, the SurveyMonkey website was asked to pose the question to morticians and funeral directors around the world. Have you noticed anything strange in the last few years since the COVID Pandemic started and they had 600 responses?

[00:23:30] **Graham Hood:** Yes. And they all alluded to large stretches of rubbery white blood clots that they were pulling from the arteries and veins of people who had been deceased, people who had been injected with the COVID vaccine. Some of these photos are quite frightening. We've got some we can present, and we will be hopefully in the next couple of weeks, talking with yourself and also with Greg and the other researchers to unpack some of this.

[00:23:57] **Graham Hood:** It's been known for some time. [00:24:00] Uh, Nicholas Hol I think, from, uh, working with Peter McCullough has also alluded to this. Mm-hmm. And we're now starting to understand what the causes are. And, uh, so there's some photos you're seeing on screen now, some of that.

[00:24:12] **Dr John Campbell:** Mm-hmm.

[00:24:13] **Graham Hood:** Uh, Johnny Larder. What do you think? You look at some of that and you, it's terrifying, isn't it?

[00:24:18] **John Larter:** Well, it's absolutely, uh, frightening, really. And, uh, we, we, we know that, uh, morticians have been talking about this, uh, worldwide. So it's, uh, it's. It's obviously something that's, that, that experts are seeing in their workplace. So that, that's a real worry. I, I, I've never heard of anything like it. Look,

[00:24:36] **Graham Hood:** look at the links of those things.

[00:24:38] **Graham Hood:** So John, as you conducted that interview with Greg and your other guests, um, how are you feeling at the time? I mean, you've obviously been seeing this stuff for quite a while. Uh, are there any new revelations in that you've gleaned from that interview that we should be concerned about?

[00:24:55] **Dr John Campbell:** Yeah, I think there probably is.

[00:24:56] **Dr John Campbell:** I mean, I first heard about these clots, [00:25:00] uh, 20 late, late 2021. And to be quite honest, I dismissed it as conspiracy theory. Mm-hmm. And it was only when I started communicating with, um, John Looney, who's a, uh, embalmer in Milton Keynes. And, uh, Richard Hirschman in, uh, Florida, I believe. And, uh, ma Major Tom Haviland has done, uh, some major epidemiological studies on these.

[00:25:22] **Dr John Campbell:** If we look at, just look at that cast that's on the screen now, for example. Can we see that?

[00:25:25] **Graham Hood:** Yeah. Yeah.

[00:25:27] **Dr John Campbell:** So, so you can see it's branching. So these are actually intravascular casts and, um, you can actually see the, the way that they're branch, that's a good example there. To me, that looks like the bottom of the, the aorta.

[00:25:40] **Dr John Campbell:** So you've got, you've got that little artery there in the middle that goes down to your Coxs, and you've got the two big arteries, that iliac arteries that go into the femoral arteries down to your legs. You can actually see the way that this is formed, a mould in, in inside the, the, the, uh, the, the major blood vessels, which is, is rather bizarre.[00:26:00]

[00:26:00] **Dr John Campbell:** Uh, now this is a new phenomena that there has been some historical accounts of this as a result of, um, side effects of various medication. But I only started believing it when I was talking to Tom and he had the, the epidemiological evidence and also talking to Richard Hirschman and John O who sent me the photographs.

[00:26:20] **Dr John Campbell:** And we have the photographs and, and you know, John Looney and Richard have got these in bottles as we see. They've got quite an extensive collection. And, um, when I first heard this, I, I, I called, uh, an undertaker in the uk, uh, who, who, who I knew. And, uh, I said, um, oh, I've got a question for you. He says, oh, I know what it is.

[00:26:41] **Dr John Campbell:** You are gonna ask about these white fibrous clots, aren't you, that we're seeing in embalmers? So, you know, th this is a, you know, the scene, I know it embalming is not that common in Australia, but uh, in the UK it's done fairly extensively in the states. I think it's even done more extensively. And the, these are being seen in quite a high proportion of, [00:27:00] of bodies, uh, most, I think were in 2022, that, that kind of time.

[00:27:05] **Dr John Campbell:** But there's still a lot now, and this appears to be a completely new pathology, so nor normally. Uh, when, when someone dies, you get what you call postmortem lividity and the blood kind of settles out. So you, you know, you get the red cells sinking down to the bottom and you get the plasma on the top and the plasma turns into what we call, what embalmers call chicken fat clots.

[00:27:24] **Dr John Campbell:** And it's just like, it's just like chicken fat, you know, when you've got chicken fat floating or something that, that, that's from the plasma and the plasma proteins. And you get the, the red cells clumping

together, forming little clo clots and the embalmers call that dirty blood. So the embalmers recognise this, you know, I've talked to embalmers with 10, 20 years of experience who've embalmed probably thousands of bodies.

[00:27:47] **Dr John Campbell:** And then you saw these white ones, and these are completely new. Now the bizarre thing is, why is it the embalmers that are flagging these things up and not the guys and ladies that we pay to [00:28:00] do this work professionally? Who are the pathologists? You know, it doesn't seem to be getting flagged up. So that, that's why I wanted to publicise it.

[00:28:08] **Dr John Campbell:** Now, what is causing these things we don't know was probably a very small amount before 2020. We don't really know that. Some people think there was probably a few in 2020, but there was lots of them in 20 21, 20 22, 20 23. And probably still now. It is a new phenomena now. Normally when doctors discover something new, they bounce up and down and say, Ooh, ooh, ooh, that's a good cha.

[00:28:33] **Dr John Campbell:** That's a good chance I could call that Campbell Disease or something. You know, they'd like to name it after themselves, but we're not seeing any of that. Um, in, in, in fact, John Looney, um, had a patient who'd had a postmortem and actually found these clots in the femoral artery of, of this patient. And as far as we know, it wasn't mentioned on the person Autumn report.

[00:28:55] **Dr John Campbell:** So it just seems real rather strange that it's the embalmers that are flagging these things [00:29:00] up. But, and they, they are new. And as I've sort of said, uh, Greg Harrison, uh, local chap with you and Danny Santiago in the States and, uh, cooperators in, in, in, uh, the Physics Institute in Hungary have actually recently analysed these things.

[00:29:15] **Dr John Campbell:** And they're made of rather strange protein. They do seem to be based on the blood clotting protein, uh, fibrin, which is the normal sort of sticky strands that will form during a blood clot, but it's kind of stra. I don't pretend to fully understand the science here. By the way. Don't, don't think I'm speaking authoritatively, but from what I can gather to talking to these experts, it's kind of strange protein.

[00:29:38] **Dr John Campbell:** It's an abnormal form of fibrin and it's an abnormal form of kind of what we call amyloid protein. Amyloid disease is well recognised, um, but here they have it in a strange, kind of strange formation. So it seems to be, and a very wide variety of proteins. So these seem to be forming in the blood vessels.

[00:29:58] **Dr John Campbell:** From [00:30:00] various proteins that are, are in the blood, but various abnormal proteins that have been constructed as well. Now these are being found, uh, when they clean out the blood vessels after death prior, prior to embalming. Um, so I don't really understand whether these are a pre death phenomena, a perm mortem phenomena, purely a post-mortem phenomena.

[00:30:24] **Dr John Campbell:** Uh, we don't know entirely what they're made of, but what is interesting is talking to, uh, Greg Harrison and Danny Santiago, um, their paper that they sent it to some, what you might call mainstream pathology journals, and they, uh, apparently some, some of them returned it without even sending it for peer review.

[00:30:43] **John Larter:** Wow.

[00:30:43] **Dr John Campbell:** So there's no appetite for this in the mainstream, what we might call the mainstream medical literature. They did get it published in what might be called, uh, you know, a less mainstream journal, but that's not the point. It's not the calibre of the journal. It's the calibre of the science here. And they have made these discoveries using standard, uh, [00:31:00] chemical analytical techniques.

[00:31:02] **Dr John Campbell:** Now, what, what's causing them? We don't know this. Certainly if they didn't originate in 2021, they certainly greatly increased in number in 2021. Again, what we need here is to do epi. So there's a new phenomena. It needs to be explained. It needs further chemical analysis. Greg and Danny basically, they probably wouldn't tell you this, but they basically self-funded these studies themselves.

[00:31:25] **Dr John Campbell:** Why aren't these studies being done by governments? Why aren't they being done by big, big industry? Why aren't they being done by major universities? We've got a new pathology here. You know, normally if there's a new pathology, people are falling over themselves to, to try and explain it. But we're not, we're not seeing that.

[00:31:39] **Dr John Campbell:** It's just ra rather hard to explain. Um, and you know, there's so many things I simply don't know about them, but I know they exist because I see that you can look at the photographs. This is yours you are now looking at. So there, there is a phenomena there. It needs to be explained. We need to look at who's getting them.

[00:31:54] **Dr John Campbell:** We need to look at their medical history. We need to construct cohorts. We, we need to find out what risk [00:32:00] factors those cohorts have been, um, exposed to. We need, we need control samples. None of that's being done. So we have basically a medical mystery on our hands. And, uh, I don't know the answer to it and I don't really understand the curiosity deficit disorder.

[00:32:17] **Dr John Campbell:** It seems to be infecting the entire scientific medical community on this. Um, so it's a mystery.

[00:32:25] **John Larter:** That is a mystery, John, a

[00:32:27] **Dr John Campbell:** concerning one, a concerning one.

[00:32:30] **John Larter:** I'd like to draw on your, uh, your expertise in the, in the nursing field, especially as an educator. Uh, we've, we've come across numerous, uh, people in Australia and I, and this goes some way to, uh, explaining the overreach that's occurred, uh, in our country, uh, maybe compared to other, other countries.

[00:32:47] **John Larter:** Uh, there's a young girl, uh, her name's Claire Casey, uh, she's given me permission to, uh, to use her name.

[00:32:53] **Dr John Campbell:** Yeah.

[00:32:53] **John Larter:** Uh, so she, she's a girl in a regional town in, in New South Wales that works for New [00:33:00] South Wales Health, uh, which is the government, uh, body in, in New South Wales. And she works as an assistant in nursing at a regional hospital.

[00:33:08] **John Larter:** Mm-hmm. Yeah. She's currently doing her, uh, uh, registered nurse degree through the Charles Sturt University.

[00:33:16] **Dr John Campbell:** Yep.

[00:33:16] **John Larter:** Now, these people are that mad that she has had to now, I think, have seven shots of Hepatitis B because she doesn't show any immunity on her, uh, on, on her blood test. And I spoke to, uh, professor Clancy about this, uh, today, and he suggested that it was probably, uh, due to, uh, uh, cell, uh, mediated, uh, immunity.

[00:33:44] **John Larter:** Uh, and, and there was, there was likely an issue with it not showing up. Uh, but she was completely, uh, uh, fit, fit for duty. Yeah. But Newso Wales Health and the University won't allow her to, to work [00:34:00] her practical for the, for the registered nurse component.

[00:34:03] **Dr John Campbell:** Mm.

[00:34:03] **John Larter:** In the same hospital she's employed in.

[00:34:06] **Dr John Campbell:** Mm.

[00:34:08] **John Larter:** Because of that, uh, it's just completely mad, isn't it?

[00:34:12] **Dr John Campbell:** Yeah, I, I, I mean, in that situation, what you would need is an an immunologist's opinion, which, which Professor Clancy has got. So we, we, we, they're occu, so let's go back a bit. So, um, in terms, unless if the COVID vaccines, for example, I know they were mandated for healthcare workers in Australia, which looking back on it really is quite outrageous that you would force someone to have this under pain of being sacked in, in the uk.

[00:34:38] **Dr John Campbell:** Um, late 2021, the UK government announced that it was going to mandate, uh, COVID vaccines for all healthcare workers in the NHS, but then it backpedalled on that and it changed its mind. Um, so that was a vote in March, 2022, I think it was. Um, so there was no compulsion, very strong recommendations, of course, [00:35:00] but no, no actual, uh, compulsion in the National Health Service, but for Care home staff, um, between, uh, it was about November, 2021.

[00:35:10] **Dr John Campbell:** For about four months after that Care Home staff were mandated, uh, to have the COVID vaccine, which is really quite incredible. The Hepatitis B, um, hepatitis B is, is a nasty infection, and if you get it, it, it can cause, you know, significant liver damage. We really don't want to, to get Hepatitis B as healthcare workers.

[00:35:29] **Dr John Campbell:** And, and we are at risk because it's spread by, basically it's, it's it's bloodborne and it's blood, blood transmitted. It can be sexually transmitted as well. So what our occupational health departments, um, would advise everyone getting coming into health service, health, healthcare to get vaccinated against hepatitis B and that, that, that's what I did.

[00:35:51] **Dr John Campbell:** That's, that's what my students used to do. But it wasn't a legal mandate, it was an occupational health mandate. Now, if

someone, [00:36:00] um, didn't get Hepatitis B and they were not hepatitis B, um, they were not resistant Hepatitis B, they added no immunity to it, then that would put them at some degree of risk if they were working, say, in an A and E department or operating theatres where, you know, there's a lot of blood and things splashing about and despite, you know, your best, um.

[00:36:22] **Dr John Campbell:** Best infection control methods. You know, we do get exposed to things from time to time, even if it's just, uh, in the area, in Aerosolize aerosolization. So, um, that, that would be our occupational health department would sometimes say to someone that you can't work in a particular area if you haven't had, if you're not resistant to hepatitis B, which I can understand now in, in, in Claire's case, um, because she's, she's what would call a non-responder, um, as Professor k Clancy said, and don't, I don't fully understand this, but people don't always show immunity in the normal way.

[00:36:57] **Dr John Campbell:** So we would need occu. What, what should happen [00:37:00] in that case is occupational health, and they won't know either. I wouldn't have thought, because, you know, that they, they're doctors and nurses who specialise in Noki health. So I would've thought Claire should be recommended, uh, referred to the local immunologist, a senior physician, and that immunologist should say, look, uh, Claire in fact is immune.

[00:37:18] **Dr John Campbell:** She's not showing up on the standard test, but don't worry about it. She's immune there. I've said so, so, um, that that's really what should be done. The idea that she's not developing antibodies, so you just re-inject and re-inject and re-inject is very simplistic.

[00:37:33] **John Larter:** Yeah.

[00:37:33] **Dr John Campbell:** You know, so, um, it need, that needs a professional immunological opinion.

[00:37:37] **Dr John Campbell:** But th th the, this sort of, um, reflex to just con continuously revaccinated just seems very simplistic. And, uh, I I I, she should be referred to someone who really knows what they're talking about and can give that, and

[00:37:49] **John Larter:** that's the,

[00:37:49] **Dr John Campbell:** a complete adjudication,

[00:37:51] **John Larter:** that's the issue, isn't it? I mean, uh, you know, it's, it's ticking boxes and, and the reality is, I mean, this poor girl, she's actually working in the [00:38:00] same hospital.

[00:38:01] **John Larter:** So, you know, how, how can you, how can the health department make that, uh, assessment that she can't work in the same hospital on work experience in when she's already employed there? I mean, it makes absolutely no sense.

[00:38:15] **Dr John Campbell:** It, it, it does seem bizarre. But if, if someone, if someone's not converting after the vaccine, then there's probably a reason why they're not.

[00:38:21] **Dr John Campbell:** And, uh, you know, the best people to comment on that are immunologists and senior physicians. Um. That, that, that opinion should be taken. And, uh,

[00:38:31] **John Larter:** but it's just fine. Healthcare is healthcare's turned into a basket case, hasn't it? I mean, because like you, you've, you've just summed up there in, in 30 seconds, what should happen.

[00:38:40] **John Larter:** I mean, here we are in her case, and, and there'd be, there'd be thousands of others, uh, whether it be COVID or whatever. They just need a simple solution. But the red tape, the bureaucracy takes over and we, we don't see any outcomes. Healthcare in, in Australia has just turned into a basket case. It, it, it is, [00:39:00] as hoodie describes it, we are, we are just treating symptoms.

[00:39:04] **Dr John Campbell:** I think it goes back to what we were saying before. It is over algorithm driven. So, you know, ideally healthcare should be, uh, you know, we should assess, plan, implement, and evaluate individuals. And, you know, there was a big move towards this. We, we introduced what was called the nursing process in, in the, in the eighties.

[00:39:24] **Dr John Campbell:** In the eighties. And that was the whole point. It was individualization of care, individualization of intervention. So in, in the, in the past when, when I, when I was a student and a young, a young staff nurse, we would go round and everyone would have a cup of tea, then we'd go round and everyone would have the medicines.

[00:39:38] **Dr John Campbell:** Then we'd go round and everyone would have the dressings. Then we would go round and everyone have the pressure areas

done. And that was kind of good because, you know, when you're running a ward, you know, you know where you're up to. But the idea is no, that doesn't fit everyone. So someone might wanna lie in or someone might, might want the lunch later or someone needs a particular, a particular treatment.

[00:39:55] **Dr John Campbell:** So care should be individualised rather than people going through as [00:40:00] cohorts. And that's the whole, that's the whole premise. Assess, plan, implement, and evaluate on the individual basis. And we talk about evidence-based medicine, we talk about bespoke medicine, that everyone's going to be slightly different.

[00:40:15] **Dr John Campbell:** So there's this, this algorithm. Um, drive really takes the individuality out of it and it means that, uh, people are scared to give opinions anymore or even really adapt the outcomes, the, the algorithms to particular individuals. So what we need to promote is individualization of care. I want treated the way that the good for me for Graham, that might be slightly different or it might be a lot different.

[00:40:43] **Dr John Campbell:** You know, I, I might be allergic to a particular drug. Uh, Graham might not, might not be. Um, you know, if I, I I, I would really struggle to get up in the next morning after a few beers these days, whereas other mates might age can manage it. No problem at all. You know, we're, we're, we're, we're all [00:41:00] different.

[00:41:00] **Dr John Campbell:** Um, and that just seems to not being taken into account. So, you know, Claire, Claire is, is, is different. Let's not just treat her as a stereotype. She's an individual human being. Let, let's take an individual medical opinion, not, not force her through some, um, algorithm. Let, let's get the individualization back.

[00:41:20] **Dr John Campbell:** And that means restoring autonomy to professional opinion to some extent. Taking into account the best available evidence, of course. But that's the whole point about evidence-based medicine. It should, it should be based on the best evidence, uh, theoretical evidence. It should also be based on, uh, expert opinion, but it should also be based on patient preferences.

[00:41:41] **Dr John Campbell:** It's what we call the three-legged stool. So we need this outside research we need, but we also need expert opinion because, you know, when you've been doing some, you know, I, I can look at a patient when I went back to work on an accident in emergency department, uh, after teaching for 30 years, but after a, you know, a 40 odd year [00:42:00] career,

um, if I said to one of the consultants there, you know, I'm not happy with that patient.

[00:42:05] **Dr John Campbell:** They don't look right. Then even if I couldn't exactly say why they didn't look right, they'd say, oh, well if you don't think they look right John, I'll go and do such and such a test. And then normally they would find something and, you know, you just, you over over decades, you just develop this, this feel.

[00:42:21] **Dr John Campbell:** Um, but you're not allowed to really implement that. So we, we need to get back the expert opinion while keeping the research, while, while, while taking into account the patient preferences. Because at the moment, evidence-based medicine, I would have to say the way that David Sackett first proposed, it isn't being carried out.

[00:42:39] **Dr John Campbell:** We have a bit of a one-legged stool rather than a three-legged stool.

[00:42:42] **John Larter:** Yeah.

[00:42:43] **Dr John Campbell:** Because the expert medical and nursing opinion is, is is basically poo-pooed and downgraded the patient. Patient's personal preferences don't really come into the picture too much. And we're left with this research, which is selective, but which is filtered through these national guidelines, [00:43:00] which everyone feels obligated to slavishly follow.

[00:43:03] **Dr John Campbell:** We need to get the three-legged stool back and stop having a one-legged stool. 'cause one-legged is a far too wobbly.

[00:43:10] **Graham Hood:** Well here on Bullseye everybody. We are extremely happy to be interviewing Dr. John Campbell from the uk. And, uh, as we progress any further, I would like to mention the politicisation of public health and, uh, medicine.

[00:43:24] **Graham Hood:** Clearly that is going on and how we, how we work out, to what extent that goes on, and to what extent we can bring remedy to this situation. We need to have a post-incident debrief. Now, aviation today is so much safer than it was in the sixties, seventies, eighties, and nineties even than it was 10 years ago, because whenever there's been an incident, there's a thorough searching and fearless investigation into what happened.

[00:43:52] **Graham Hood:** What could we have done better? How can we train people not to make those mistakes again? It's called good human factor management. [00:44:00] And that requires that we absolutely lift the lid on everything, put all the garbage on the table, work through what worked and what didn't. Now, in a political society, like the one we have in Australia, which is very hard to define at the moment, it's a, it's a crazy system.

[00:44:16] **Graham Hood:** We need the only vehicle we can use to, to, uh, bring that about. John Campbell is a Royal commission, which is announced by the government in power. The terms of reference are established, uh, and that the, uh, commissioners are normally selected by the Prime Minister, which in this case would be an absolute disaster.

[00:44:35] **Graham Hood:** So the fact that our prime Minister has refused to give us the promised Royal Commission that he promised he would give us at the last election rings alarm bells for all of us who want a good critical post-incident analysis.

[00:44:50] **Dr John Campbell:** Yeah.

[00:44:51] **Graham Hood:** If we're not getting that in this country, does Australia have a problem?

[00:44:56] **Dr John Campbell:** I think Australia does have a problem because you need to learn from your mistakes. If [00:45:00] you don't learn from your mistakes, surely you're destined to repeat them again. And, uh, you know, a Royal Commission hopefully would answer a lot of those questions. It would need to be done objectively. Uh, we, we've got a COVID inquiry in the uk, which has cost hundreds of billions of pounds and, uh, you know, doesn't really address the, the, the proper issues.

[00:45:18] **Dr John Campbell:** So we've got to be careful when we're dealing with these official things that is done properly. Um, there used to be a series in the UK called Yes Minister, which was basically a satire, a satire on politics. And, uh, the, the, the civil servant would say, uh, the, the, the, the politician would say, well, we, we need, we need a leak inquiry.

[00:45:38] **Dr John Campbell:** And the civil servant would say, well, do you want to know what happened? Or do you want a leak inquiry? You know, 'cause the leak inquiry was just a, just a whitewash, you know, rather than know, trying to find out what happened. So if we could have an honest Royal Commission in Australia with good calibre people.

[00:45:54] **Dr John Campbell:** Now in Australia, you've got some of the best doctors, scientists in the world. You know, if, [00:46:00] if they were independently, objectively apolitical, appointed, then they could derive some absolute truth. As happens in, as you say, in aviation, that happens very well. But, you know, in, in healthcare we've got this sort of blame culture.

[00:46:15] **Dr John Campbell:** We've got vested interests, we've got, you know, apparently unseen manipulation. Um. We've got, we've got people, you know, co covering their particular basis. We've got a great reluctance, uh, for people to admit that they got things wrong in the past, especially at the higher levels, at the political levels.

[00:46:34] **Dr John Campbell:** We've got a whole load of things that are against us. So something that cuts through all that would be absolutely brilliant. If you are a Royal Commission would do that, then that could derive a lot of proper scientific information. But that's not the point. The point is this is about human beings. So we have scientific methodology that can tell us about the way humans have suffered and prevent human suffering in the future.

[00:46:57] **Dr John Campbell:** Hopefully. Um, I mean, for COVID [00:47:00] vaccines for sure, um, for many other aspects of healthcare that are open to really quite serious question at the moment, you know, for sure, you know, when does human life begin? When does human life end? O other, other questions. And, but you're right that the whole, the whole what we might call political system with a small p has just gone a bit skew with, uh, what I find bizarre is it's gone a bit, uh, a bit, a bit cockeyed in all the English speaking countries pretty well at the same time to varying degrees.

[00:47:31] **Dr John Campbell:** You know, it's, it's as it is, as it is, as if we're being coordinated in some way. But of course, we're 12,000 miles apart. How could that possibly be? But it just seems, possibly, yeah. Yeah. It just seems that the same things has happened, uh, you know, in Canada, New Zealand, Australia, the uk, European countries, um, but particularly in the English speaking world that we've all gone a bit all, all gone.

[00:47:53] **Dr John Campbell:** A bit strange, some might say totally insane over the past, over the past 10 or 15 years. [00:48:00]

[00:48:00] **Graham Hood:** Given the revelations out of, uh, Washington recently with Anthony Fauci, where clearly his diaries and text messages and emails indicate that he had a private view on how to treat COVID, which was pretty much in line with hydroxychloroquine and ivermectin.

[00:48:15] **Graham Hood:** He admitted that that was gonna be a good prophylactic treatment, but publicly he had a very different view. Um, clearly there's evidence of corruption, either well, in, probably in both ways, either criminal corruption or ideological corruption. And we now have a situation where this is one of the most glaring, uh, errors, not errors, but uh, let's say conspiracies that has actually been brought to truth, I think in our living history.

[00:48:43] **Graham Hood:** I think this is one of the biggest things that's ever been uncovered. Are you surprised that legacy media aren't covering that or are they covering it in the uk? And if you are, if you're not surprised and they're not covering it, why do you think they're not?

[00:48:58] **Dr John Campbell:** Yeah, so, um, [00:49:00] I mean, just to give another example, um, Senator Johnson's just released a, an email from Janet Woodcock, you know, one of these, I think she's one of the FDA senior doctors, but way back in 2021, I'm not sure it was early or late 2021, saying, look, I'm seeing a lot of people reporting to me with vaccine side effects.

[00:49:18] **Dr John Campbell:** You know, why aren't we investigating this? And I don't know if Anthony Fauci replied to it, but certainly no investigation was, was taken up at the time. So the, these things were flagged up at the time. Um, the, the emails, I haven't sort of ploughed through all those, but I did cover in quite a lot of detail.

[00:49:34] **Dr John Campbell:** The, um, the Senate hearings where we had Angus Dow leash, uh, we had, uh, uh, Sabina Hassan, we had a smal HRA all giving, you know, very, very convincing, poignant to evidence to, to the republic, to the, um, Senate, Senate Committee, um. And I, I covered that in some detail. Um, I don't remember seeing [00:50:00] it on mainstream media at all in the uk.

[00:50:03] **Dr John Campbell:** Um, you know, really major things. And of course that's when Anthony Fauci, uh, pleaded the Fifth Amendment all the way through. You know, I'm, I'm not gonna say anything because it might incriminate me sort of thing. I don't think we have the equivalent in Australia or the uk. I suppose the UK equivalent would be no comment.

[00:50:20] **Dr John Campbell:** Uh, you just say no comment all the way through. So we had this situation where, where notable scientists were giving some science, we had senior, very well informed senators, Ron Johnson, Rand Paul, others asking scientific questions. And we had one of the government's leading scientists refuse to answer those scientific questions.

[00:50:43] **Dr John Campbell:** I mean, I mean, what are senior scientists? Therefore, it's not to answer scientific questions. It was utterly, utterly bizarre. And yet this was, I, I didn't see it covered at all in, in uk, in UK media. Um, so mainstream media basically seemed to ignore it. It was on [00:51:00] social media quite a lot. I, I, I covered quite a bit of it.

[00:51:03] **Dr John Campbell:** Um. It utterly inexplicable. Really that so, so, you know, if you, if the only headline was that, you know, major government scientists refuses to talk about science, to me, to me that's a headline in itself. Um, but the, the, the emails there, there's probably been some coverage in, in The Telegraph and maybe the Mail and a few other, a few other outlets.

[00:51:26] **Dr John Campbell:** Um, but, um, I, to tell you the truth, you have to pay a licence to watch the BBC in the UK now, and I completely refuse to pay the licence. So I don't, I don't actually watch any live television, but, uh, you know, you get it on the radio, you get it on websites, and I have, I haven't been seeing it. Um, so why aren't the mainstream media covering this?

[00:51:47] **Dr John Campbell:** Is they seem to be following a particular narrative, uh, a narrative. Like, uh, don't worry about it. The vaccines might have had a few side effects, but they save millions of lives. Well, you [00:52:00] know, to keep trotting that out when it's based on the most ludicrous presumptuous modelling data is just utterly, utterly ridiculous.

[00:52:06] **Dr John Campbell:** So a complete lack of scientific rigour. Um, yeah. A complete, a complete, I don't know, a deliberate blindness, you know, I see No ships. Sort of.

[00:52:19] **John Larter:** Yeah.

[00:52:20] **Dr John Campbell:** Well, why aren't the mainstream media covering to me, which is a huge story, uh, in the States at all, not because it, okay. It's in the States, but it applies to us all.

[00:52:31] **Dr John Campbell:** But at least, at least in the States, they're having these hearings, you know, in the Well, that's right, UK we've got, in the UK we've got this COVID inquiry, which is costing hundreds of millions and doing, uh, not as much as I would like it to do. Um, so at, at at least they're making an attempt over there.

[00:52:48] **Graham Hood:** I was sitting right behind Anal Gian, those, uh, Senator Johnson hearings in Washington at the time.

[00:52:54] **Graham Hood:** Mm. And, uh, I have to say that the information being revealed was outstanding. And, uh, [00:53:00] even, even the counter argument that was to be presented by the head of the, uh, American Oncology, uh, college of Oncology.

[00:53:07] **John Larter:** Mm-hmm.

[00:53:07] **Graham Hood:** Um, they, they couldn't, they couldn't come up with anything credible to counter what Angus Dele and Sabine and, uh, and to see Mul HRA was saying, but what was the standing even to Senator Johnson was the only people there covering that was EPOCH News.

[00:53:21] **Graham Hood:** And so really that was the only coverage they got. I mean, this

[00:53:24] **Dr John Campbell:** is, yep, yep. There's an indictment, there's an official narrative that that cannot be contradicted. So, I mean, the question in my mind is, if there is such an official narrative who dictated this official narrative, it, it's almost as if there's a coordinated something going on here, but it's, I don't know.

[00:53:45] **Dr John Campbell:** It, it really is hard to explain without, without being conspiratorial. But we know when all the evidence is kind of pointing in that direction.

[00:53:53] **John Larter:** Yeah.

[00:53:53] **Dr John Campbell:** And when, when you have mainstream media, well, almost blackouts really in the UK and in Australia, [00:54:00] and, you know, um, it, it does make you ask why that is, why mainstream media in the UK and Australia, in my view, are making the same mistake, following the same stereotypical, non-negotiable narrative.

[00:54:17] **Dr John Campbell:** Why should that be? Almost as if it's choreographed 12,000 miles apart. That's it. It it, it's hard to explain. I don't pretend to have the answers. We could speculate and people in the comments will probably speculate, but, uh, we have to be careful what we say

[00:54:33] **Graham Hood:** we do. Johnny

[00:54:34] **John Larter:** and John, the, um, one of the real issues for me, I suppose was the, the, the lack of rigour around the, uh, advice to, uh, pregnant women.

[00:54:44] **John Larter:** Uh, I mean, that's always been, uh, you know, a go safe, go cautious first, do no harm, you know, area. But I mean, the Royal Australian New Zealand College of Obstetricians, uh, jumped on board very early, uh, and, [00:55:00] and said, no, it's safe. And, and, you know, there was really no, uh, background, uh, to, to support that. Uh, it, it wasn't known.

[00:55:10] **John Larter:** Uh, will this be one of the, uh, the Fauci stuff's been absolutely revealing on this, I think, but, uh, will this be one of those, uh, things where people will be really, really annoyed, uh, in, in future years because of the, the attack on, on mothers and their babies?

[00:55:27] **Dr John Campbell:** Well, I would say let's certainly hope not, but I suspect you're absolutely right.

[00:55:31] **Dr John Campbell:** And, uh, you know, I haven't analysed the, the, the miscarriage data in detail, but the, the, i, the idea that the vaccines would be approved or any new intervention would be approved. And as far as I'm aware, there was no pregnancy studies done during the trials at all. As far as I'm aware. Uh, pregnant women were excluded from the trials.

[00:55:51] **Dr John Campbell:** How you go from that to basically the official bodies for obstetricians in the UK and in Australia saying, [00:56:00] don't worry about it. It's okay. Carry on and vaccinate. What data was that based on, you know, given that there was no trial data on it, uh, and as far as I know, there wasn't even any animal experimentation on it pr prior to vaccine release on humans.

[00:56:17] **Dr John Campbell:** And yet you've got these official bodies saying, no, it's fine. We are the definitive experts on, on pregnancy, uh, and we are saying it's okay. What data did they base that on? Again, not well.

[00:56:28] **Graham Hood:** Data was presented by several, several gynaecologist obstetricians who were seeing in their vaccinated cohort, uh, a massive increase in failed pregnancies and infant mortality.

[00:56:40] **Graham Hood:** And when they raised that with their hospital boards, one in particular, Dr. Luke McLendon here in Australia, was head of obstetrics gynaecology at the Mata Hospital in Brisbane. And he said, look,

about 73% of my vaccinated, uh, mother cohort and I, and I'm just pulling that figure, I think it was about 73, John, correct me if I'm [00:57:00] wrong.

[00:57:01] **John Larter:** Yeah, something like

[00:57:02] **Graham Hood:** that, have suffered far pregnancies, and I think as a hospital we need to look into this. Now, he didn't go public. He went to the hospital board and within no time flat, he lost his job and he ended up selling pergolas and garden sheds. I mean, this is just absurd, but, you know, all these things need to come out now.

[00:57:20] **Graham Hood:** Now, John Campbell, the big thing that we've been pushing in this programme for a couple of years now is justice and remedy for the victims of the infected blood scandal. Now, we know that in the uk, and you're probably aware of it, that that scandal, uh, was the driving force behind the largest legal inquiry that ever took place in Greater Britain.

[00:57:41] **Graham Hood:** Um, and as a result of that recognition and compensation was made available to those survivors and victims of that scandal. Would it surprise you to know in Australia that absolutely none of that has happened here and they're still largely unrecognised?

[00:57:57] **Dr John Campbell:** Yeah, it would really, because the science is now in [00:58:00] place.

[00:58:00] **Dr John Campbell:** I mean, I remember this co coming up back in, in the eighties. Um, yeah, he, hepatitis B, hepatitis C-H-I-V-I mean n now, of course. And well, for a long time, blood's all been screened for that, but it wasn't for a while. And the, a lot of people did get these, these terrible diseases. We've had. We've had another one in the UK that there was a, well, there's a few examples.

[00:58:24] **Dr John Campbell:** The post office scandal was another one. Yeah.

[00:58:27] **Graham Hood:** Terrible

[00:58:27] **Dr John Campbell:** post, post. Andrew Bridge was very good at, uh, bringing this to light, actually. Um, you know, post office workers were being accused of criminality. Uh, because the computer system wasn't working properly and it was denied right up to the highest level.

[00:58:43] **Dr John Campbell:** And again, again, these things have been recognised, but both with what I mean the infected blood, I remember that being talked about in the eighties. So we're talking about what 30, 40 year delay in, in this maybe a 30 year delay in this coming out fully, you know, pe people were given infected [00:59:00] blood, people did suffer, HIV and hepatitis as a result of this.

[00:59:04] **Dr John Campbell:** Um, that that is now recognised science, that the, that this is a modality of transmission of these diseases. And for any country based on rationality that doesn't acknowledge, that just seems rather bizarre. I didn't know Australia didn't acknowledge that, but, uh, it just, that's terrible. Seem seemed quite, quite strange indeed.

[00:59:21] **Dr John Campbell:** Uh, the, the compensation in the uk I don't, I think, I think there's been problems with it and a lot of people have already died. A lot of the victims really didn't benefit from that. So, you know, what we, what we needed was complete transparency on this in about 1988 or something, you know. But, uh, we, we, we have this sort of.

[00:59:43] **Dr John Campbell:** I don't know. Is, is it a lack of, is it a blame culture that people don't want to accept something's wrong, whatev, whatever it is. We just need more transparency in public life and public decision making and public spending.

[00:59:56] **Graham Hood:** Well, we we're fed up on this, we're fed up on this programme, John [01:00:00] Campbell, with the fact that Australians are now prepared to leave the wounded on the battlefield.

[01:00:04] **Graham Hood:** And I, I see the victims of the infected blood scandal, uh, those vaccine injured. We saw it happen with thalidomide pelvic mesh scandals that have all taken place where we fall into a 50 year apology cycle, where, when all the survivors or victims have died, and when those who are responsible for that travesty of, uh, justice and policy Yeah, yeah.

[01:00:24] **Graham Hood:** Are too old to prosecute, then we do a public apology. We need, that's why we desperately need proper and thorough debrief type investigation so that we are getting remedy now for those people who are affected, those who are affected because they followed the government's advice all over the world and have now, have now been, have shown clearly that that advice was not in their best interest.

[01:00:49] **Graham Hood:** We've got a problem, Australia, the uk, New Zealand, Canada, or America, we have a problem.

[01:00:56] **Dr John Campbell:** Yep. Now, couldn't agree more. I, I mean, another example is, [01:01:00] is the mesothelioma thing. The compensation for asbestos workers. Again, by the time that came through, most of 'em had sadly, uh, it was too late for them to, to benefit from it.

[01:01:10] **Dr John Campbell:** We need something that is more immediate. And I, I think your example, Graham, of the aviation industry is a really good one there.

[01:01:16] **Graham Hood:** Mm-hmm.

[01:01:17] **Dr John Campbell:** You know, when, when there's an air crash, the, the, the investigators are there, well, the next morning, aren't they?

[01:01:23] **Graham Hood:** Yeah. They're, they're straight away. Yep.

[01:01:25] **Dr John Campbell:** Yeah. And if they, if they need the explosives experts, if they need the, whatever experts they need, they'll, they'll get them there that day.

[01:01:31] **Dr John Campbell:** Um, they don't say, oh, there's been an air crash. Let's, well, let's wait 20 years and think about doing something about it. You know, we need ate feedback, you know, this is the assess plan, implement and evaluate. We've got to evaluate our interventions. You know, we assess what the need is. We, we plan what we're gonna do about it.

[01:01:48] **Dr John Campbell:** We carry out the intervention, but then we say, did this flipping intervention work or, or not, or was it more harmful than beneficial? And that needs to be done in a very timely manner. Otherwise, we're gonna carry on repeating the [01:02:00] same mistake for years, if not decades into the future. It's, uh, it's, it's a dysfunctional system.

[01:02:06] **Dr John Campbell:** Totally.

[01:02:06] **Graham Hood:** Well, Johnny Larder, Johnny Larder, we, uh, we know for a fact that people can have confidence in aviation more than they used to because investigations happen and they're thorough and searching and they're ruthless because they have to be. Um, and that's what we desperately need in

health because the restoration of confidence in, in the airline industry has been hand enhanced by that.

[01:02:29] **Graham Hood:** But will our confidence ever be restored in the medical and the health industry unless we have these searching and fearless moral inventories of what's going on?

[01:02:39] **John Larter:** Well, I don't think so at the moment. Yeah. Sorry, go at the moment. Yeah. Well, I mean, the problem is, I mean, let, let's just take one example, uh, from, from this latest, latest COVID thing.

[01:02:48] **John Larter:** I mean, is it any coincidence that, uh, these doctors that were associated, uh, with the blood scandals surfaced again during COVID? I mean, is that just me or, you know, it seems odd, doesn't [01:03:00] it? Uh, uh, and, and then look at the blood scandal. Uh, I mean, we spoke about this with Jim Thorpe, uh, only a fortnight ago, uh, in America, one of the most highly decorated obstetrician, uh, gynaecologist.

[01:03:14] **John Larter:** He's a neonatologist. Uh, he's a veteran. And he said that, uh, he, he'd basically been fooled by all this for, uh, for nearly 50 years. Uh, and, and, and it's only just COVID that's really, uh, woken him up to what's, uh, going on in relation to these pharmaceutical companies. And now we've got this situation, and he, he, he was right to bring it up.

[01:03:35] **John Larter:** The, the blood tainted blood is going to reemerge because we just don't know what's going on in relation to the blood products that are being donated. After, uh, the, the injections of these, uh, gene therapies, uh, anything could be happening. Uh, we know that these, uh, these blood products are, uh, uh, spike proteins that are, are active, uh, [01:04:00] a lot longer than what, uh, the authorities were telling us was going to be the case.

[01:04:05] **John Larter:** And so, who knows what's going on. John Campbell.

[01:04:10] **Dr John Campbell:** Um, yeah. Um, specifically in terms of blood donations and COVID vaccines, I don't have any specific information on that. Uh, you're right. We do know that in some cases, uh, spike protein has been detected, I can't remember what the record is now. Is it two, two or three years after vaccination?

[01:04:29] **Dr John Campbell:** So there's something, there, something very, yeah, there's something very strange going on there, quite how that works. I don't know. Is it, is it the, is it the, uh, is it the pseudo uridine that they put into

the, the vaccines? That means ba basically that I see pseudo uridine as a, as a, as a preservative. It means it, it hangs around for much, much longer.

[01:04:51] **Dr John Campbell:** Yeah. Um, so is it that, is it hanging around for this amount of time or is it, as myself and Gusto gle both [01:05:00] suspect that it's somehow going back into the genes that the RNA information is going back into the genes causing mutation? At the moment, I don't think, I don't think we know about that. Um, you, you would've thought that if there was a small amount of spike protein in the blood, if that was given via blood infusion, you wouldn't, you wouldn't expect that to have too many adverse events.

[01:05:20] **Dr John Campbell:** But I, I, I simply, I simply don't know, you know, if the, if the question is legitimately raised, it should be studied. And of course, you know, we, we should do it on the side of caution until thank, it's always a risk benefit analysis in healthcare, John, as you know, you know, it depends. It depends how Ill you are.

[01:05:36] **Dr John Campbell:** You know, if, if I was bleeding to death and I'd have whatever blood was around, really, because the alternative is dying. So, you know, we've always got to look at a risk benefit analysis and, um, I dunno what it's like in Australia, but in the uk we don't give blood lightly. We always give it for very specific indications.

[01:05:52] **John Larter:** Well, I think people should be able to donate their own blood. And I, I draw back to that poor baby in New Zealand where the authorities, the, the, the justice system [01:06:00] ordered that the, uh, the parents of the baby couldn't, couldn't donate blood for the, uh, the lifesaving, uh, uh, operation that it needed. And, and for

[01:06:10] **Dr John Campbell:** baby,

[01:06:11] **John Larter:** for the baby, for the, and so, you know, during COVID, I mean, it was absolutely mad what, what went on.

[01:06:16] **John Larter:** And people's mental health, I mean, people are very anxious about this stuff. Oh, yeah. Uh, and, and that's gotta be, uh, that's gotta be fixed up. I mean, people running around stressed is not good for people's health.

[01:06:28] **Dr John Campbell:** Yeah, I mean we do do auto transfusions in the uk so people that are going to, we do do people that are going to have surgery,

uh, where blood loss is, is a possibility or, or even expected, they can donate their own blood beforehand.

[01:06:44] **Dr John Campbell:** And that can be done very often when we give blood. It's not an emergency situation or an unexpected situation. So that's just not that, that's just not possible. You can, you can only keep blood for a particular period of time. I dunno what it is, but it is certainly not years. So like, if [01:07:00] I gave a few units of my blood this year and I needed them in four years time, that, well, that's simply not gonna work.

[01:07:05] **Dr John Campbell:** We, we couldn't possibly store that amount of blood in terms of parents giving blood to children. Um, the, the, the transfusion people in the UK check for about eight, I think eight or 10 blood groups, subfactors of blood groups. And, um, you know, it, it, it, the probability of one first order relative being able to donate blood to another first order relative isn't that high.

[01:07:30] **Dr John Campbell:** So, um, it could well be that there's completely legitimate transfusion lab reasons why parents can't give blood to their, to their children. That, that, that's, that's quite possible without knowing the details of that case. Um, but I, I, I think the, the broader issue about trust is, is the main thing. Um, as a result of the portray, what I, what I perceive as I, I feel I've been personally betrayed [01:08:00] during the pandemic.

[01:08:01] **Dr John Campbell:** Um, as a result of that, I've certainly lost trust in, uh. Governments very cynical of government now and politicians with, with notable exceptions. Um, but it, it, it, we've got to differentiate between the individuals. So, you know, I mean, I saw a doctor a couple of weeks ago, and he is a wonderful guy. You know, he's really trying his best to help me.

[01:08:23] **Dr John Campbell:** We, we, we've got, we've got to distinguish between the individuals and the way that the systems work. Uh, smal Horas said this, he said, you know, the people that work for individual systems are often very good people, but collectively, the systems can work in a psychopathic way. So, so we have to differentiate between the psychopathic emergent behaviour that we can get from, you know, say, say a particular company that produces a particular product and, and, and the individuals.

[01:08:49] **Dr John Campbell:** But this lack of trust is a problem. I think at the moment it's probably gone too far. You know, in medicine there's a lot of things that can be really useful, can be really [01:09:00] lifesaving. Um, you know, if you've got particular conditions, then, you know, the, the, there's, there's lots of,

lots of time I've taken, you know, I took some antibiotics not long ago and I thought, oh, praise the Lord for big pharma.

[01:09:12] **Dr John Campbell:** You know, we've got these antibiotics when you've got an infection. Exactly. So, you know, we have to be careful not to throw the baby out with the bath water. And I think that's being done a lot. A lot of people have lost too much trust in a way.

[01:09:23] **Graham Hood:** Yeah.

[01:09:23] **Dr John Campbell:** So we, we, we have to look at the risk benefit analysis, and we have to have individuals that we trust and they will act in our best interest.

[01:09:32] **Dr John Campbell:** But as we've said, they're constrained by, by things like algorithms and guidelines and, you know, government limitations. That's the problem.

[01:09:41] **Graham Hood:** I've gotta say. Uh, yeah, I've gotta say that in the last couple of weeks, my wife and I have been in the system, in the health system gladly, um, with, uh, with some heart issues.

[01:09:51] **Graham Hood:** And we have enjoyed thorough and, uh, and thorough and practical medical, medical advice and, and, uh, and patient care. And [01:10:00] we've seen the doctor patient relationship upheld to the highest standards. And that is true of so many. And it's like in aviation, uh, John Campbell, I know thousands of great people who fly aeroplanes for living, but when you put 'em together as a group, I wouldn't give them the steam off a cup of tea, to be honest with you.

[01:10:18] **Graham Hood:** You know? I mean, that's, that's the way it is, sadly. But, you know, we have a lot of really great people in our health professions in Australia, and they're being slandered by all of this, which is a great pity. It is a great pity. But

[01:10:30] **Dr John Campbell:** look, it really is.

[01:10:32] **Graham Hood:** Would

[01:10:32] **Dr John Campbell:** go. Yeah. The trust, the, the, the, the trust issue is so important because, you know, there's so many things, you know, if

someone develops acute chest pain and they get the appropriate medical care that, that, that is literally life and death, you know?

[01:10:44] **Dr John Campbell:** Yeah. There's so many things that healthcare can do that are absolutely essential. You know, if you've got a bit of a lump in your breast or testes or whatever, you're not quite sure what it is, go to the doctor that day. And you might, you know, if you spot a cancer early, you know, we keep [01:11:00] saying this, you know, go to the doctor early.

[01:11:02] **Dr John Campbell:** Go early. And if people are saying, well, doctors are no good anyway, you know, but that's not true. You know, doctors are remarkably useful people. It's just that the systems that they work in could be improved dramatically. Is is the problem. So professionals, the idea that people would be scared from accessing healthcare, that, that, that's a pretty terrifying idea that people will be scared to do this.

[01:11:24] **Graham Hood:** Health professionals sadly, have been, uh, their profession has been denigrated by policy writers and administrators who, uh, who don't think in accordance with the first do no harm principles. John Campbell, I, we knew that this interview was gonna go longer than we normally would have it.

[01:11:40] **Dr John Campbell:** How, how, how long are we on?

[01:11:42] **Graham Hood:** We're an hour and a quarter and, uh, it's been thoroughly enlightening. There's another area and a quarter we could easily do, easily, easily, but we're gonna come back to you. Thankfully, you've agreed to, uh, come back and do follow up with us. Um, all I can say is that it's, it's been timely given the, uh, the, uh, the inquiry that we're [01:12:00] trying to force here in Australia, not only for yeah, uh, vaccine injured, but also for infected blood, uh, survivors and victims.

[01:12:06] **Graham Hood:** Uh, I always have a bit of a prayer before we close. I hope you don't mind.

[01:12:10] **Dr John Campbell:** Please do.

[01:12:11] **Graham Hood:** Lord, father in heaven, we thank you for the likes of Dr. John Campbell and all those people who are working tirelessly to bring reasonable, rational truth so that we can do a proper debrief and fix the issues for remedy here and now, Lord, we know that's the way you want it done.

[01:12:26] **Graham Hood:** You don't want deception, you want faith, honesty, integrity, and truth. So help us to find that in abundance. We ask in Jesus' name, amen.

[01:12:34] **Dr John Campbell:** Amen. The truth will set you free, we hope.

[01:12:37] **Graham Hood:** Amen. The truth will set you free. Now, Johnny Larder, this event is gonna be a cracker one on Thursday. We can advise you, I think, uh, as of an hour prior to recording.

[01:12:46] **Graham Hood:** There are only seven seats left of venue is pretty much sold out. Give it a try. Anyway, go to the website, have a try, we'd love to see you there. The guest lineup is amazing and I can tell you there's some secret guests going to be turning up [01:13:00] that we're keeping up our sleeve. That is, is just gonna blow the socks off this, it's gonna be broadcast livestream through, uh, Rob McKnight and the great work he's doing in our production team.

[01:13:10] **Graham Hood:** It'll be live stream and carried by some incredible, uh, groups around the world. So this is really going to kick some butt. People are saying, what's the point? Royal Commissions, they don't work anyway. Look, we agree. Often the recommendations of Royal Commissions aren't implemented because politicians don't have the guts to do it.

[01:13:29] **Graham Hood:** Well, we're gonna call 'em out anyway and we're gonna call the Legacy Media out because this is happening on their watch. And the fourth estate is anything but the fourth estate. So they're to blame as well. And that's what we're about to do. So,

[01:13:42] **Dr John Campbell:** and if, if, if you're listening in the States, it will be available, uh, on the YouTube thing the next day as well.

[01:13:48] **Dr John Campbell:** 'cause it's the middle of the night in the States when it's on. So

[01:13:51] **Graham Hood:** that's right. It's gonna be, it's gonna be all

[01:13:53] **Dr John Campbell:** around. I've been told it's gonna be available, it's gonna be available for some time after the conference.

[01:13:58] **Graham Hood:** It will be. And there'll be some great video [01:14:00] grabs out of it as well. So, uh, we just thank you all for those of you

who've booked in who are, uh, deciding to, uh, put your, your bums on the seats to make this count.

[01:14:10] **Graham Hood:** We thank all those people who are reaching out to be part of the, the broadcast and part of the event. Uh, we, we actually need, probably need five or six hours to be able to put up the people that have actually expressed interest in this. It's been incredible. I wanna thank our amazing team, Tanya Danno, uh, Suzanne Burns, um, Stuart Robertson, and of course, um, uh, Rob McKnight and the crew for working so hard to bring this event together.

[01:14:35] **Graham Hood:** We look forward to bringing it to you, but in the meantime we'll be back. Um. I guess soon after the event with another, uh, bullseye programme and Johnny la you've often been heard to say,

[01:14:47] **John Larter:** well, you just couldn't make this stuff up. But, uh, just before we, I, I'd like to thank John because, you know, I think, uh, hoodie, uh, John has been someone like us that's sort of been thrown into [01:15:00] this, uh, probably unwillingly.

[01:15:02] **John Larter:** Uh, and, uh, he's found, uh, you know, himself in this position. And, uh, so many people I know, uh, including myself, have watched what, what John has done over the past five years. And it brings a level of comfort, a level of, uh, uh, you know, warmness, uh, having somebody so sensible. And so, uh, uh, like you're just talking to your grandfather, uh, incredible.

[01:15:30] **John Larter:** And it's, it's wonderful mate. You've done a, you've done a wonderful job. And you know, I know people contact us and they say, you've got us through some hard times. And I'm sure that, uh, you know, you've got so many people through hard times as well with your, with your very hope. Hope, yeah. Hope. Good on you.

[01:15:47] **Dr John Campbell:** Alright,

[01:15:47] **Graham Hood:** thank

[01:15:48] **Dr John Campbell:** you. Thank you, John. Thank you very much.

[01:15:50] **Graham Hood:** Well, as we say, everybody stay outta the trees. Don't forget, it's a great country because you live in it and people only drive you crazy if you give them the keys. Stay true to yourself, stay true to your

[01:16:00] country. But we'll see you, we'll see you next time on Bullseye, and we'll see you Thursday night.

[01:16:04] **Graham Hood:** God bless you all, and bye for now.