

THE MODEL HEALTH SHOW

EPISODE 489

Covid-19 Lab Leak Theory, PCR Testing Conflicts, & More

With Guest Dr. Joseph Mercola

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SHAWN STEVENSON: Welcome to the Model Health Show. This is fitness and nutrition expert Shawn Stevenson and I'm so grateful for you tuning in with me today. We're facing an incredibly challenging issue right now in our society. As of the CDC's last report, over 95 percent for the folks who've lost their lives in association with SARS-CoV-2 had an average of four pre-existing chronic diseases and/or comorbidities. The virus that's on everybody's mind, seems to act as a trigger for these pre-existing chronic diseases and leading to far worse health outcomes for folks with pre-existing chronic diseases. The question is why? Why is this happening? What are the underlying mechanisms and today we have one of the foremost experts in understanding what's happening behind the scenes with the human body, with our biology, and also what's happening behind the scenes with our treatment for these things and why time after time after time, they're not showing up to be as effective as what's promoted in major media.

And I'm bringing this up specifically, because a lot of folks don't realize that the message that they're receiving from our major media outlets is often in the same cookie-cutter vanilla version, and prior to the pandemic, many folks, there was a trend down, and there are many studies on this now, a trend down in folks believing the media, believing the narrative that's pumped out through our major news networks, but thanks to the pandemic, a lot of folks have latched back onto it and really created this lifeline by paying attention to what's going on in the news and not understanding how seductive it can be, and when I say seductive, I mean that literally.

Oftentimes, the news isn't giving you an unbiased, well-researched dissemination of data, oftentimes they're leveraging basic human psychology to really interact with parts of the brain that cause us to be illogical, that cause us to respond emotionally instead of rationally. And what I'm talking about is the interaction with more primitive parts of the human brain, like the amygdala, like the limbic system, and these are parts of the brain that are really more associated with survival of self, that are really triggered and manipulated very easily by fear and uncertainty. Now, these are hard-wired responses, we evolve to have these protective mechanisms because we don't want to get any news or any data from our environment that could threaten our livelihood and not be able to respond, and so we have heightened senses and awareness in parts of our brain that are primed for that fear trigger, not only does this lead to illogical reactions to what we see on the news, the thing is, it's very difficult to turn it off, and I'm not talking about the TV, I'm talking about the fear response in the body. A study cited in the International Journal of Behavioral Medicine, had people watch just 15 minutes of the news and found it directly increased levels of anxiety and total mood disturbance.

The most shocking part is that even after distracting the participants with another activity, after watching the news, they were still not able to return to their baseline levels of emotion they were at pre-watching the news. The news literally stuck with them and changed their mental and emotional state. And this process of inundating the public with fear has been 10X'd, 20X'd, 50X'd during this campaign, during this process and us dealing with this pandemic, and we have not responded oftentimes rationally and appropriately, we have not responded in a way that's advantageous to real human health. We've not responded in a way for us to really focus on targeting our underlying susceptibility and making sure that we're getting our citizens healthier, not just for this situation, but for the things that are imminent, that are surely to come, because what we're experiencing right now is really a practice run. There are many other things that are coming down the pike here and we need to accept this. I know that we're still in the midst of this and still seemingly coming out of it, but our society is changing in such a way, but we're not actually addressing our susceptibility, it's changing in such a way that is making us more susceptible, because right now as a society, we are far sicker than we were prior to when the pandemic started. I'm not talking about viral infections; I'm talking about our underlying health that makes us so susceptible.

Right now, we're more sedentary as a culture than we've ever been, much more than prior to the pandemic, we're more sedentary, we're eating more processed foods, we're sleeping more erratically, we're more stressed, more driven by fear, and all of this is making us less human, and really taking away our ability to grow and adapt and to be the best version of ourselves, to be what we can really be as a species, as humanity, and so today's conversation is really about bringing us back in touch with that, but also looking at the darkness. Taking a little bit of a look behind the curtain and see what's going on? Why is this happening? Who's making these decisions? Where is our news coming from? Because the reality is, as we're going to talk about here on this episode... Now, it's unfolding, as we're recording this episode, it's really finally coming forward that the pandemic that has shattered our reality that has shaken our society to its core, that has taken countless lives, not just directly from the virus itself, but from the conditions of unemployment.

A lot of folks don't realize that when we're unemployed, we don't just have high rates of suicide, we have higher rates of having a heart attack, for example, we might see a bump-up, statistically of 50 percent greater incidents of having a heart attack when someone's not able to work, not just from those issues, but also the exacerbation of our pre-existing chronic diseases and those... We have no idea right now how bad these things are going to be if we don't do something about it. We're going to see heart disease rates shoot up, we already have. The latest report, if you look at the numbers coming from the CDC for example disclose that we have an average of about 630,000 Americans lose their lives each year from heart disease in recent years.

This past year, 2020, almost 700,000, but it's just a footnote. Nobody's talking about it. It's as if it doesn't exist because that's not the hottest thing. They've already tried to tackle heart disease and have failed miserably, so they're just not going to talk about it, just going to tackle this thing. And the reality is, how did this all happen? Because we're not just dying in regard to COVID-19 directly, but it's all the other ramifications. With heart disease numbers shooting up, for example, we're going to see higher rates of cancer. We're going to see higher rates of diabetes, obesity. The list goes on and on. It's all going to unfold. I'm not trying to be Miss Cleo and tell the fortune. Alright, I'm not trying to... But it's imminent. It's obvious. But the question is why? Why did this happen? Why did this happen now? And now, the message is finally coming forward, that was...

Unfortunately, I couldn't even really talk about this on the show because of the censorship in the beginning, but the data existed. I had incredibly distinguished researchers out of Stanford, out of Harvard, for example, reaching out after they went and broke it down and looked at the make-up of this virus, and looking at statistics and epidemiology and all these different places, and coming together and sending me data because they know that we have one of the strongest platforms for health in the United States. Wanting to get this information out, that in fact, this virus that has come and shaken us to our core as a society, is not something that's originating in nature. The likelihood of that is greatly diminished and sharing the data that this was in fact something that originated in a lab. Now, this gets into the murky waters of, was it purposeful? Was it an accident? Those can be debatable. Alright, but the probability is that this wasn't purposeful. It's just a nature of Gain-of-function research. And folks doing research on viruses and experimentations to make them more lethal, to make them more infectious, that type of work is being done in our world right now, right now.

But it's done under the guise of being in an effort to protect us from these things. So, let's make these viruses more infectious, more deadly, so that we can come up with some treatments for us and more drugs. So, let's soup something up in a laboratory and then make something in a laboratory to treat the thing we make in a laboratory. Alright, and it's all going to turn out great. Now, there are multiple, multiple documented instances, and our special guest today has outlined many of these in his book, but there's many more of these lab leaks taking place and people getting very sick and even dying. Researchers, scientists, and this getting out to the general public and stemming from working on these different viruses, bacteria, pathogens in the laboratory to make them more infectious. This isn't just some random far-fetched idea. This is something that has happened multiple times, and in fact, very likely happened in this instance. I don't want it to be this way. It would have been cool if it came from a bat, alright.

Then we could just blame bats. Nobody even respects Batman that much as it is, alright. He's very disrespected in the superhero category. So, it's just like, "Okay, bats. Damn bats, stop

eating bats." But the data is really coming forward and what I'm going to play for you guys right now, is coming from the CDC director himself, at the time of the Coronavirus SARS-CoV-2 pandemic taking place. Now, he's not just going to say something. He knows things that the public at large does not know. And the crazy thing is, I put this out on media, first person to my knowledge, on social media, and it made its rounds three months ago as of when this is coming out three months ago. But it's just like it just gets brushed under the table because... There's multiple reasons why but we'll talk about that in a moment, but first and foremost, I want you to hear from the former CDC director himself.

So, Dr. Robert Redfield, the former CDC director, is speaking out for the first time saying publicly where he believes the Coronavirus that caused the pandemic came from. His extraordinary comments come in a new interview for a CNN documentary airing this weekend. Dr. Sanjay Gupta joins us now. And Sanjay, Dr. Redfield says he's giving his opinion, but I have to say, I think you're about to break some pretty significant news here.

Yeah, I mean, this was extraordinary, John, for certain. He is the former CDC director, he's spent his entire career as a virologist. I interviewed all six of these doctors sort of in the form of an autopsy, really to sort of meticulously dissect exactly what had happened here. Really no pre-agenda. Dr. Redfield, when we sat down to talk, he wanted to start at the beginning, the origins of this virus, what he believed actually transpired. Take a listen.

If I was to guess, this virus started transmitting somewhere in September, October in Wuhan.

September, October.

That's my own views. It's only an opinion. I'm allowed to have opinions. Now, I am of the point of view that I still think the most likely etiology of this pathogen in Wuhan was from a laboratory, escaped. Other people don't believe that. That's fine. Science will eventually figure it out. It's not unusual for respiratory pathogens that are being worked on in a laboratory to infect a laboratory worker.

It is also not unusual for that type of research to be occurring in Wuhan. The city is a widely known Center for viral studies in China, including the Wuhan Institute of Virology, which has experimented extensively with bat coronaviruses.

It is a remarkable conversation I feel like we're having here, because you are the former CDC Director and you were the director at the time this was all happening.

For the first time, the former CDC Director is stating publicly, that he believes this pandemic started months earlier than we knew, and that it originated not at a wet market, but inside a lab in China.

These are two significant things to say, Dr. Redfield.

That's not implying any intentionality. You know, it's my opinion. Right? But I am a virologist, I have spent my life in virology. I do not believe this somehow came from a bat to a human, and at that moment in time, the virus that came to the human, became one of the most infectious viruses that we know in humanity, for human-to-human transmission. Normally when a pathogen goes from a zoono to human, it takes a while for it to figure out how to become more and more efficient in human-to-human transmission. I just don't think this makes biological sense.

So, in the lab, do you think that that process of becoming more efficient, was happening? Is that what you are suggesting?

Yeah. Let's just say I have Coronavirus that I'm working on. Most of us in the lab, we're trying to grow a virus, we try to help make it grow better, and better, and better, and better, and better and better, so we can do experiments and figure out about it.

SHAWN STEVENSON: Again, that was from the CDC Director during the onset of the Coronavirus, the SARS-CoV-2 COVID-19 pandemic, Dr. Robert Redfield. Again, very prestigious, experienced immunologist himself, and you would think that that would just be a shocker, right? That everybody would just be scurrying to figure out like, "Why is he saying this? Is this indeed the case?" But I believe part of the reason why it didn't really make big waves at the time was, that our citizens unfortunately, we've really been pressed into a place of learned helplessness, where we might not even care at this point, where it came from.

We're just dealing with the ramifications, we just want our life back, we just want people to be safe. So, it could be that... This kind of fatigue from it all. And also, it's still... Another part of it can be that cognitive dissonance, it can be so difficult for us to believe that this information was censored, that our government that our health experts, would so readily ignore and push to the side the fact that this was coming from a laboratory, whether it's intentional, because of the vested interests in that research continuing, whether it's because of possible criminal charges, because we're talking about trillions, upon trillions, upon trillions of dollars lost, and millions of lives lost, and the ramifications that that would have on government bodies and organizations?

These are all reasons why this wouldn't just jump out as front-page news. And I give a lot of credit when the news does something right, but truly today, it is the exception and not the rule. There are a tremendous amount of great reporters out there who are doing great work, and their work is often censored and blocked from getting published and/or getting aired on television if it doesn't fit into the narrative, which again, our treatment for this thing, wherever it's coming from, is still to find a pharmaceutical injunction that's magically going to save us.

And so that media and health message is not about getting our citizens healthier, it's not about removing the underlying causes that make us susceptible to these chronic infectious diseases, chronic diseases and infectious diseases, it's not about those things. It's about moving the needle forward for the people who are really working behind the scenes, to give us the message and the news that we think, again, is unbiased news. Listen to this, I want you to think about, and ask yourself, how can our major news networks be honest, unbiased, and efficacious, when the industry itself receives billions of dollars each year from pharmaceutical companies? Every year, billions of dollars go into network media from pharmaceutical companies.

They're paying the bills there, how on earth are they going to rival or have any negative stories around these pharmaceutical giants? It is so rare when it happens. And often when it happens, it's here today, gone today. It's not constantly getting run over and over, and over again, like they do with so many other things to propagate fear. But it goes deeper than that, and this is a fact. Nearly every major news network in the United States shares at least one board member with at least one pharmaceutical company. I'll say that again, nearly every major news network in the United States shares at least one board member with at least one pharmaceutical company. So, who is controlling what you see and what you don't see?

This is what I want to spark today. I just want to encourage us to have more rational thinking, to look at the bigger picture, not just the parts, but to see how some of these things are orchestrated. I wish it wasn't like this. I wish that our media was unbiased. There are so many good people in it, it's so difficult to not realize that you fall victim to the environment that you're in. You often don't know what's happening. So it's not about the individuals, it's not about the people, it's about the systems, it's about the things that are happening behind the scenes that are creating the environment where things like this are possible. And so again, I want you to ask yourself, "How can any network go against the entities that are literally paying their bills?"

This is a blatant conflict of interest that puts censored versions of science on display for the public to consume. At no point should we as a people have allowed for science to be censored, for conversations around science to be censored by the public? Not just the public, but also distinguished scientific community. So many prestigious award-winning physicians and

researchers have had their work censored and silenced repeatedly throughout this pandemic. And it's just been one flavor of information. But this is changing and it's thanks to mediums like this, it's thanks to you, and it's thanks to people like our special guest who is truly a pioneer in this field, and really paving the way and making it possible for big conversations, important conversations like this to reach the people who oftentimes wouldn't have access to it. So really excited about this and excited to share this conversation and just for us to start thinking differently, to start to ask more questions, and again to take a peek behind the scenes and just get a good look at some of the pieces and some of the things that might be going on, whether or not we agree with it, and whether or not we want to believe it, but just for us to start to chew on it a little bit and to ask more questions, ultimately that's what it's all about.

Because at no point should any of us agree 100 percent with each, that is a cult, alright? But we should definitely honor each other, we should definitely have compassion and perspective-take, and most importantly, we should ask questions. This is a time to be more vigilant about questioning things, this is a time for us to be more vigilant about paying attention to where our news is coming from, this is a time for us to be more vigilant about looking at who's benefiting from these crises, looking at who's benefiting from all the changes that have taken place in our society, who's benefiting from this new massive campaign for every man, woman and child to utilize a brand new experimental drug, not to say that it can't be effective, but for us, we want to carry a sense of sovereignty and of medical freedom, and most importantly for us to be able to ask questions and to look at the data, and understand it.

True informed consent is when you understand that there is the possibility of these other things, those other things are the things that we're not hearing about. We're not hearing about the damages being done, we're not hearing about the lives lost as a result of the new campaign, of the new medication, but not to say that there can't be benefit there, but that benefit needs to be weighed with a simple cost-benefit analysis and for us to understand what is the true benefit and also what are the potential downsides, and even weighing that, what are the implications with this particular virus, knowing that it was possibly, maybe even probably designed to be very virulent and very infectious and also deadly and really creating a trigger again, that's most prominent in folks who have chronic pre-existing diseases. So, weighing all of these pieces, what is the best step to take here, and so we're going to dive in more on that today as well. So again, very, very excited to expand this conversation, for us to continue to ask questions, to look at the technology that we're faced with, and to also ask the question, "if this indeed did originate from a laboratory, when are we going to decide as a society that enough is enough?"

That this is no longer appropriate, that this is no longer going to be allowed, that this is no longer legal under any conditions, that we can have something, "accident" take place and harm billions of people, not just directly, again, from the virus itself, but the economic ramifications,

the education ramifications, the damage that has been done to our children, these are the questions to ask, and we have to keep everything on the table, because science is never definitive. It's always evolving, always changing, and that's how we need to be. We need to be much more fluid and flexible in our thinking, because at the end of the day, for all of us here, we want to be empowered, we want to be educated, and we want to be able to make decisions that are going to be advantageous for ourselves and our families and for that to take place, we need to know the full story, we need to know more than just the very small targeted bit of data that gets disseminated to us through mainstream media. Alright, so again, right now we're moving into a new paradigm, there's a lot of opportunity, a lot of possibility, but we've got to take action, we've got to stop sitting on our hands, we've got to speak up, we've got to stand up, we've got to start making some smart decisions so that these things don't happen again, because the track that we're on right now, it's just, again, this is going to just be a preview, it's just a warm-up.

I don't want to see a world like that, and I believe that we can change it. And so being that we're moving into summertime, we're now faced with an opportunity to extract more of this critical nutrient that is really showing over and over again in clinical trials to be a big player in reducing our susceptibility to SARS-CoV-2 and just increasing our resiliency overall and what I'm talking about is the D. Alright, the vitamin D. Of course, we did a vitamin D master class, which we will put for you in the show notes if you haven't listened to that episode, we go through a tremendous amount of peer-reviewed evidence on that episode, and it's just a gang of fun. But one of the things for me that I keep coming back to is a 2010 report published in Genome Research. So, this is a peer-reviewed publication really dedicated to looking at things that influence our genes, and what the study found was that vitamin D influences several hundred human genes, many of which control disease suppression or expression. Now again, this data has been known for quite some time, this is 2010, where are we at with the D today? Are we getting and giving enough of the... Nevermind.

So, in the context of COVID for example, this was a study published in the peer-reviewed journal, Scientific Reports, and they took a set of people with confirmed cases of COVID-19 who had no symptoms at all, that's Group A, and tested their vitamin D levels versus a group of people with COVID-19 who were suffering from severe symptoms, which is group B. And the scientists uncovered that the people with severe symptoms were significantly more deficient in vitamin D than the people without symptoms. The researchers stated that, "The fatality rate was high in the vitamin D deficient Group B. Vitamin D level is markedly low in severe COVID-19 patients, and inflammatory response is high in vitamin D deficient COVID-19 patients. This all translates into increased mortality in vitamin D deficient COVID-19 patients."

Now, this mirrors the conclusion of almost two dozen other peer-reviewed studies, and another study that I actually mentioned later in this episode, and this was published in the BMJ,

affirms that vitamin D isn't just helpful in prevention, it can also be helpful in treatment. And this is a randomized placebo-controlled study, they gave patients with SARS-CoV-2, short-term, high-dose vitamin D for seven days, and gave another group of SARS-CoV-2 patients, a placebo. Here's what they found. A greater proportion of vitamin D deficient individuals, with SARS-CoV-2 infection, turned SARS-CoV-2 negative, faster with a significant decrease in inflammatory biomarkers when given high dose vitamin D3. Now, this is a randomized controlled trial, showing that it's effective in treatment. Now, of course, more research needs to be done, but this should still put up our antenna a little bit like Mantis. Have you seen, "Guardians of the Galaxy?" Put your antennas up a little bit, like, "Hey, wait a minute. What? Vitamin D, is like... We've got some clinical evidence that it's effective in treatment?"

It's pretty amazing. The study I mentioned earlier, observational study, and this is the problem right now, is that so much of the data that we're being disseminated and inundated with, is based off of observational things, which can be accurate, absolutely can give us some good data, but they're open to massive biases, especially when we have a lot of other confounding factors, for example, with finding that vitamin D deficient folks were much more likely to have severe symptoms, what other things could be causative agents? And even if it's an observational study, they can do a good job of checking those other boxes. Like, what about their pre-existing chronic disease status? Age? The list goes on and on. The other things they can check off.

But the studies that we share, very well done, and even if they're observational study, being able to target and look at those confounding factors and then bring it to everybody, so that we can make some intelligent decisions. So now that we're moving into summer, it's giving us more access to produce more vitamin D... It's free, by interacting with the sun, and in the Masterclass episode in the vitamin D master class, we detail all... Because there is a lot of nuance there with how that process works, and how effective is it, based on the time of year, based on your location on the globe, so many other factors that we cover, but also, I mean, it's still a good idea for many of us, because we're so deficient. Even if it's summertime, a lot of us aren't getting outside, aren't getting enough exposure to sunlight. And we might have inhibitory factors that we talk about in the episode as well. So D3 can be something advantageous to add, but you want to make sure that you're getting it from high quality sources, people with integrity...

After I'm done with this episode, actually, one of the things that I do, even if I'm doing speaking events, and things like that... You know, speaking doing a lot of recording... Have a little Lozenge. But we want to upgrade the Lozenge, alright? We want to upgrade. We don't just want to have the Lozenges with all the sugar, and all the crazy stuff that can exacerbate the problem. If you're speaking a lot, and you're just trying to soothe, and relax and all that good stuff... But my favorite Lozenge has no artificial ingredients, no chemicals, no additives, no

fillers, it's called B.Soothed Honey Lozenges. Not only does it use Super Food honey, propolis, Zinc, and Vitamin D3, but it tastes good, and it's also tested for many of the contaminants that's often found in honey that a lot of folks don't realize.

And why propolis? For example, which is another very well-studied bee product? A study published in the peer-reviewed journal, Antiviral Chemistry, and Chemotherapy, revealed that propolis has significant anti-viral effects, specifically in reducing viral lung infections. Why? Why is propolis so remarkable like that? Well, a big part of the reason is that propolis has over 300 active compounds that we are aware of. The majority of these compounds are forms of antioxidants, specifically polyphenols, that are well documented to reduce inflammation and fight disease. Even more specifically, Polyphenols have been proven to inhibit the activity of coronaviruses, and this is according to recent data published in the peer-reviewed journal, Archives of Virology.

So propolis is about that life, Vitamin D3, about that life, zinc, same thing, incredibly important for our immune system function. And the honey, by the way, even outside of cold and flu season, we should still have efficacious medicines to go to. I looked at the ingredients of one of the most popular conditional cough medicines, I just couldn't believe... 'Cause I haven't looked at this stuff in... Almost two decades now, I haven't even looked at that stuff. But here's some of the ingredients: FD & C Blue 1, FD & C Red number 40, flavor, high fructose corn syrup, propylene glycol, saccharin. Are you kidding me? At this point, how is this even... We can do better, whereas even in the context of cough medicine, for example, we've got a randomized double-blind placebo control study revealed that honey was able to outperform placebo and significantly reduce cough frequency and severity and helped improve sleep quality at night. So for my family, not only do I love the B.Soothed Honey Lozenges, but I also love the B.Soothed Cough Syrup from Beekeepers Naturals.

Alright, pop over to Beekeepersnaturals.com/model. That's B-E-E-K-E-E-P-E-R-S-naturals.com/model, you get 15 percent off all of their incredible B. Products and also their B.Smart Nootropic is amazing, absolutely amazing. Based on royal jelly, but definitely, I love the B.Soothed Honey Lozenges that's something that I use after I'm recording and things of that nature, and it's just great things to have in your superhero utility belt. So, pop over there, check them out, beekeepersnaturals.com/model for 15 percent off. Now, let's get to the Apple Podcast review of the week.

ITUNES REVIEW: Another five-star review titled, "This Podcast Saved My Life" by TDHJR. "Firstly, I'd like to say that I'm a person who will listen to a thousand episodes of a podcast and never leave a review, so the fact that I'm writing one, please believe it's real. The information and education that Shawn shares on his podcast has truly been transformative for my life and family, I can only hope to be able to tell him in person one day to extend my gratitude and

appreciation. My wife teases me sometimes because I can be caught frequently saying, "Shawn said on his podcast," in relation to health and wellness practices, game and life changer."

SHAWN STEVENSON: Thank you so much, family, I appreciate that so, so very much. And listen, if you got to do so, please pop over to Apple Podcast and leave a review for the show, it means so very much. And truly, it shall be done, it shall be done all of us connecting, and again, the world is changing a lot right now, but we can get it to change if we come together right now and stand up, speak up in a way that's advantageous, that pushes our culture forward, that helps to bring about and unfold more goodness than we've ever seen. This is a possibility, we can write that story, but the time is now. And in that same vein, our special guest has been a pioneer, truly. And we're talking about the elite of the elite, the people who so many physicians have been turning to for their information, so many healthcare practitioners have been learning from, the craziest part about our special guest's work is that it's so well cited, there's so much peer reviewed data behind what he shares, but often times it goes against the popular narrative, and so it can be a struggle to get the information out there, but even with that, it's become the top natural health site in the world.

In the world, and our special guest today is an osteopathic physician, New York Times best-selling author and recipient of multiple awards in the field of health, and his primary vision is to change the modern health paradigm by providing people with a valuable resource to help them to take control of their health. And I'm talking about none other than Dr. Joe Mercola. So, let's jump into this conversation with the legend himself, Dr. Joseph Mercola. We have a living legend here on The Model Health Show today, Dr. Mercola, thank you for joining us.

DR. JOSEPH MERCOLA: Great to be here.

SHAWN STEVENSON: Awesome. Your book is phenomenal, it's required reading for this time in our lives...

DR. JOSEPH MERCOLA: It's a useful resource.

SHAWN STEVENSON: "The Truth About COVID-19". And I first want to ask you about underlying susceptibility to COVID-19, because in the book you mentioned that COVID-19 really appears to be a trigger for underlying pre-existing chronic diseases. Can you talk a little bit about that?

DR. JOSEPH MERCOLA: Yeah, most people are aware of now you're really... All these targeting very specific age groups, typically the elderly or the metabolically inflexible people who are relatively insulin resistant. So, when you have the combination, it makes you predisposed to getting COVID-19 and another big variable is a vitamin D sufficiency. So, it's not a big issue as much now, because we're entering summer, but generally 80 percent of the US population has

less than optimal levels of vitamin D. And because even if you were in the summer and you live in a place where the sun's available, most people are working. So, they're not outside, they're working inside and they're not exposing their skin to the sun... And even if they do, you almost have to go outside in a bathing suit to get enough sun exposure to raise your vitamin D levels to healthy levels. And actually, I used to write papers pretty regularly, but I hadn't written any this century until last year, I had a paper published on vitamin D, reviewing the benefits of vitamin D and susceptibility to COVID, and the evidence is pretty compelling. Yeah. So that's a big, big issue.

SHAWN STEVENSON: Yeah, there's a ton of studies on it now. A ton.

DR. JOSEPH MERCOLA: Well, they're even more, I haven't looked recently, but when I finished the paper, there weren't any published, randomized, control trials, which is... Or an RCT, which is the definitive proof, "proof", 'cause otherwise it's just correlation and correlation does not prove causation. But there's a lot of strong suggestions that it's really useful.

SHAWN STEVENSON: Yeah, precisely, precisely. We talked a little bit about that, of course, the susceptibility, underlying susceptibility and also using it in treatment, high dose vitamin D. There was one study recently that was done, we'll put that up for everybody to see on the YouTube version, but I didn't even know you were working on that, to put a paper out on it. That's great.

DR. JOSEPH MERCOLA: Yeah. It got published last October in a fairly good peer-reviewed journal called Nutrients.

SHAWN STEVENSON: Sweet, sweet. So, this is obviously a big underlying issue. But also issues like obesity, heart disease, diabetes, these things have been really exacerbated at a whole different level.

DR. JOSEPH MERCOLA: Yeah, those... Those are symptoms of an underlying issue, which is like insulin resistance. And I believe another variable that very few people talk about, even those who are relatively well-studied in natural medicine would be this excess of a very specific type of fat or fatty acids, specifically called omega-6 fatty acid called linoleic acid, and that's really common in vegetable oils. It's the most common fat in vegetable oils. And sort of it's a little bit of a propaganda there too, because people think vegetables, they think vegetables are healthy, so vegetable oils have got to be even healthier, right? And this is the baloney that was thrown at the American public starting in the '50s with Ansel Keys, and when we had this massive transition to introducing all these vegetable oils into the diet. And actually, it started in 1866, which all proceeded Keys, but there was... When we actually gained the industrial capacity to extract these seed oils and they're called vegetable oils, but they're more accurately called

seed oils like seeds and nuts, and they're so cheap compared to healthy sources of fat that they're put into everything. So, if you're having to process food, dimes or dollars are going to have lots of vegetable oils in there, and that's probably the single most pernicious metabolic toxin that you could put into your body food-wise, probably the overall one would be a COVID vaccine.

SHAWN STEVENSON: COVID shot.

DR. JOSEPH MERCOLA: We'll get to that.

SHAWN STEVENSON: COVID shot.

DR. JOSEPH MERCOLA: But these vegetable oils, they are what cause the symptoms that you suggested were putting you at risk: heart disease, cancer, diabetes, obesity, degenerative brain disease or Alzheimer's. So probably the single most important variable is your consumption of how much vegetable oils you're taking. So that's why you should not have any. It's an essential fat. Essential means your body can't make it, but if you eat food, if you eat any food, you get enough vegetable oil, you get enough omega-6, linoleic acid. So, anything else is excess and it's only going to make you worse and unhealthy. Because essentially, it increases oxidative stress in your body and it really disrupts your mitochondrial function, your body's... Their mitochondria's ability to seamlessly generate energy in the form of cellular energy in the form of ATP.

SHAWN STEVENSON: So basically, with COVID-19, for example, we see this as this kind of inflammatory response the body has, and it has a tropism towards the lung tissue, apparently, and it's kind of a pro-inflammatory thing. And then we've got the pre-inflamed state of the body, and you're saying that vegetable oil consumption in our culture is a big reason behind it.

DR. JOSEPH MERCOLA: Yeah, absolutely, and it radically increases the risk for these inflammatory markers and these cytokines, which are these inflammatory mediators, these little, tiny proteins that cause these cascades of a whole wide variety of these modulators of inflammation. Because inflammation isn't necessarily bad, you have to have some and that's where your body fights infections. It fights it acutely, with acute inflammatory processes, but the issue is when it gets chronic and then you throw acute on top of it and you've got a nightmare, and you get this spiraling cascade of biological challenges which your body just can't tolerate and it just succumbs to it.

SHAWN STEVENSON: This is the thing, of course, you've been in this field leading the way for so long and for so many of us, and so you can see a lot of this stuff coming and the underlying susceptibility. And in the book, you talk about... And the numbers have even changed since

then, but at the time, 94 percent of folks who lost their lives in association with SARS-CoV-2 had an average of 2.6 pre-existing chronic diseases. I just checked the numbers today, 95 percent of folks who passed away with COVID-19 on the death certificate had an average of four additional causes of death and/or pre-existing conditions.

DR. JOSEPH MERCOLA: Yeah, and it's just a mess. This whole thing has been a fabricated nightmare because even getting to the diagnosis of the disease... Is really more technically a SARS-CoV-2 infection, but the COVID-19 is the side effects of having that infection, but they skewed... First of all, the test itself was incorrect because they were using something called a PCR test, which amplifies the amount of material in there, so they have... Each application is called a CT or a cycle threshold. So, they put the limit initially at 40, which is like thousands of times higher than it's supposed to be, so you get all these enormous amount of false positives. So, you have all these people that are saying they have the infection and dying. Because there was a number of people who died with the false positive test, that had nothing to do with the infection, but they were labeled as dying from that test. Probably... More than likely, it could be as many as twice as many people or half the people really didn't die of this, they died of something else, but it was blamed on SARS-CoV-2, which is a big challenge.

SHAWN STEVENSON: Can you talk about that more? Because with the PCR test, basically, with the cycles being that high, you could find pretty much some of anything and everything.

DR. JOSEPH MERCOLA: Right, right.

SHAWN STEVENSON: And even Kary Mullis, the creator of the PCR test...

DR. JOSEPH MERCOLA: Who passed away right as this thing started. But yeah, there's many videos of him.

I want to ask this to Kary, how did they misuse PCR to estimate all these supposed Free Viral RNAs that may or may not be there?

I think misused PCR is not quite... I don't think you can misuse PCR, the results, the interpretation of it. See if you can say... If they can find this virus in you at all, and with PCR, if you do it well, you can find almost anything in anybody. It starts making you believe in the sort of Buddhist notion that everything is contained in everything else, right? Because if you can amplify one single molecule up to something that you can really measure, which PCR can do, then there's just very few molecules that you don't have at least one single one of them in your body, okay. So that could be thought of as a misuse of it, just to claim that it's meaningful.

It's not an estimation, it's a really quantitative thing, it tells you something about nature and about what's there, but it allows you to take a very minuscule amount of anything and make it measurable and then talk about it in meetings and stuff like it is important. See that's not a misuse that's just sort of a misinterpretation. PCR is separate from that, it's just a process that's used to make a whole lot of something out of something, that's what is. It doesn't tell you that you're sick and it doesn't tell you that the thing you ended up with really was going to hurt you or anything like that.

What is it about humanity, that it wants to go to all the details and stuff and listen, you know, these guys like Fauci get up there and start talking, he doesn't know anything really about anything, and I'd say that to his face, nothing. The man thinks you can take a blood sample and stick it in an electron microscope and if it's got a virus in there, you'll know it, he doesn't understand electron microscopy and he doesn't understand medicine, and he should not be in a position like he's in. Most of those guys up there on the top are just total administrative people, and they don't know anything about what's going on at the bottom. Those guys have got an agenda, which is not what we would like them to have, being that we pay for them to take care of our health in some way, they've got a personal kind of agenda, they make up their own rules as they go, they change them when they want to, and they smugly, like Tony Fauci, does not mind going on television in front of the people who pay his salary and lie directly into the camera.

You can't expect the sheep to really respect the best and brightest, they don't know the difference. Really, I mean, I like humans, don't get me wrong, but basically there's a vast majority of them do not possess the ability to judge who is and who isn't a really good scientist. I mean, that's the problem, that's the main problem actually with science I'd say in this century, because the science is being judged by people. Funding is being done by people who don't understand it.

And he got a Nobel Prize for that, so he wasn't some dumb cookie. He knew what he was talking about, and this test was being abused or used for nefarious purposes to... essentially support the narrative. And interestingly, when Biden was inaugurated, I think third, January 20, the third week of January, they changed the cycle threshold, they lowered it.

SHAWN STEVENSON: Right. So funny they would do that, the timing.

DR. JOSEPH MERCOLA: Yeah, and then even just, interestingly now... You can't die... If you have... What's the details? If you have a COVID injection.

SHAWN STEVENSON: If you have a COVID infection?

DR. JOSEPH MERCOLA: Injection.

SHAWN STEVENSON: Injection.

DR. JOSEPH MERCOLA: Injection. I'm hesitant to call it a vaccine because it really isn't a vaccine, so we call injection or jab or shot, but don't call it a vaccine because you're falling into their trap of getting sort of the benefit. I don't think there's much benefits of vaccine, but a lot of people do believe it. They especially described it as some of the first vaccines like smallpox and polio, which you know, are... Almost universally agreed upon to have enormous public health benefit, but if you dive deep into it, I know that's not a topic for this conversation, but you could find a lot of flaws in those arguments. So, you see, in my view, it's just bringing this whole fundamental flee flawed perspective on how you treat disease or how you prevent disease, and anyone who's objectively studies this, and if you haven't you can get the book 'cause it goes into... It gives you sort of a jumpstart primer on some of the basics, but if you seriously and carefully evaluate it and you're not biased, you can't not reach any other conclusion that this whole thing was staged. It was absolutely staged.

SHAWN STEVENSON: So, let's talk about that... Because it really starts off... When you talk about this in the book, there's... Some big issues around the... Let's talk about Event 201, for example. And by the way, when you hear about... I'm sure a lot of folks listening have heard about Event 201, but it sounds like it's some fairy tale. It's a mythical thing, but I just went and looked at major news sites like you know Forbes, Business Wire, it was all there prior to the pandemic, that this is a very real thing that's in place.

DR. JOSEPH MERCOLA: It was a pretty big event. And like any big event, and if you've been involved in them, you don't schedule those the week before, right? It takes about a year to plan something like that, so even though it was only about six weeks before, the pandemic hit... It was probably planned a year before, so what was it? It was in New York, it was sponsored by the World Economic Forum, the Bill and Melinda Gates Foundation, the Bloomberg's, John Hopkins School of Public Health. So, we've got all these... These forces that are really aligned with one specific narrative to support this whole pandemic, and it was basically an exercise, a trial, and they had... Newscasters say, "What are we going to do?" Or they talked about, "What do we do with the anti-vaxxers?" And then they talked about censorship, and they went through the whole drill, it was a drill, and they ran through it, and it was six weeks before, so no one had heard of this event and no one... Had any clue that this was coming, but six weeks later, we started to get a hint and by 12 weeks later it was full-blown, everyone knew this was an issue, and they shut the whole darn world down.

SHAWN STEVENSON: So, what was the purpose of Event 201? What were they doing?

DR. JOSEPH MERCOLA: It was a trial exercise to just make sure they fine-tuned their strategy.

SHAWN STEVENSON: For Coronavirus, they use a Coronavirus pandemic.

DR. JOSEPH MERCOLA: That actually was... Right, it was a lab bench exercise with the Coronavirus, and they... Vehemently denied they had anything to do with predicting this.

SHAWN STEVENSON: This is just super coincidental.

DR. JOSEPH MERCOLA: Just coincidental.

SHAWN STEVENSON: And it can be coincidental, you know...

DR. JOSEPH MERCOLA: I'm sure anything's possible...

SHAWN STEVENSON: I'm going to play the heavens advocate here... So, with that said, so we knew that there was a lot going on behind the scenes like "What if this situation happens? How do we deal with getting a vaccine to market as soon as possible?" But I think the big issue here is looking at truly, regardless of even this event tie-in and this is a big issue today and I know you see this, even we have reductionism, not just in medicine, but in our thinking. If we find one piece that doesn't fit, we negate the whole thing. So, let's get to another piece and hopefully everybody can look at the big picture, which is now, you wrote about this in the book, and you've been talking about this since the beginning that it's very unlikely that this was originated in nature. And now right here, as we're recording this, the CDC Director at the time has come forward and said that he believes that it was lab originated and now there's just more and more data coming in about that and it seemed very, very obvious at the beginning.

DR. JOSEPH MERCOLA: It was very obvious. I did an interview with Francis Boyle, who's an attorney who actually wrote the bio-warfare, a treaty that was signed by almost every country in the world and if anyone's convicted under this treaty, they actually go to prison for the rest of their life. He's rather than being an executed he's opposed to that. But anyway, I interviewed him in like February of 2020, and he spelled out the full story. That's just coming to be exposed now, like in Tucker Carlson and all these other sites and even the Wall Street Journal and New York Times that are exposing the things that we were talking about over a year ago. That was really, really clear. The evidence was very strong that there was Gain-of-function research funded by the NIH to the tune of millions of dollars and spun off through this other front groups like EcoHealth Alliance and Peter Daszak. And interestingly Daszak should be in prison too. This guy, but he just... They're so clever, they spun off these, basically, because they're so well planted in the academic field, they're able to get studies and letters published in very

prestigious journals that are then adopted and accepted by the whole conventional community.

So, they spin off some lies, they spin off this paper and it sounds respectable. But if you know any little bit of science, you could figure it out that it was just fatally flawed, it made no sense. But they got it published like in one of the most prestigious journals, Nature, and this was the paper that everyone that all the journalists and everyone pointed to, that there's positive proof that this never came out of the lab. But it did come out of the lab. It's really obvious. And now they're accepting it and Fauci is, I think he's going to wind up in prison, I mean, there's a good chance unless Biden rescues him or somebody gives him a pardon, but they had a freedom of information from I think BuzzFeed did it, and they have over 3000 of his emails, and it was really, really, clear that he was just lying. He was absolutely lying.

SHAWN STEVENSON: Can you take a step back and tell everybody what Gain-of-function is.

DR. JOSEPH MERCOLA: Yeah, Gain-of-function is a term used to describe techniques applied to viruses or infectious diseases to make them more infectious and more deadly. So, and the excuse for doing this research is that it's defensive. That we want to develop the resources and strategies to understand exactly what this is so we can defend against it. But then they... That's just an excuse 'cause they can use them for bio-warfare and I'm not suggesting that this was designed for bio-warfare agent, but it was a Gain-of-function. The evidence is so clear. It's beyond clear. It's irrefutable. They've got HIV proteins in there that never exist in nature, and the spike protein... It's all... The envelope's, it was just all done, and you can look a very... If you get into the molecular biology and genetics of it, it's really, really clear and you could read this stuff for hours, all the specific details, but the summary is, it's very clear it's Gain-of-function research.

SHAWN STEVENSON: Yeah, you went in the book and you shared multiple references on even the wet market nearby getting cleared, that was all tested, no trace of anything like this, and the evolution of a Coronavirus to be able infect humans so efficiently that quickly is so abnormal, and you go and break down so many different pieces of this, and I want to share a little snippet from one of these emails, because again, Gain-of-function is incredibly dangerous. It's a loophole around getting something that is illegal. It's outlawed by international law. Isn't it right to create? Biological weapons...

DR. JOSEPH MERCOLA: No, I don't know that it's... Technically it's not outlawed, the research isn't. At least it's to best of my...

SHAWN STEVENSON: But the creation of biological weapons is what I'm saying.

DR. JOSEPH MERCOLA: Yes.

SHAWN STEVENSON: Because that's what they're doing in the roundabout way.

DR. JOSEPH MERCOLA: Yeah, that is outlawed. The whole legal framework for that was developed by Francis Boyle, who was a professor of emeritus law.

SHAWN STEVENSON: And that's who you... Just referenced.

DR. JOSEPH MERCOLA: That's right yeah, yeah, yeah.

SHAWN STEVENSON: So, you talked to the guy?

DR. JOSEPH MERCOLA: Yeah, yeah, he wrote it.

SHAWN STEVENSON: That's... You're the guy. That's why you're the guy. So, this is it. So, this is one of the emails from Fauci and we don't like to name drop here, we don't like to make these people more famous. But at this point...

DR. JOSEPH MERCOLA: Who doesn't know Fauci?

SHAWN STEVENSON: Yeah, at this point, truly, we're not just talking about people, we're talking about larger entities that we really need to take a good look at so that we can make sure this doesn't happen again. Now, this was from an email correspondence with Fauci's Deputy Hugh Auchincloss and Fauci says to Auchincloss, "Read this paper, as well as the email that I will forward you, right now." Now, Hugh Auchincloss replies to Fauci saying, "The paper you sent me says the experiments were performed before the Gain-of-function pause but have since been reviewed and approved by NIH." Now, he says that this Gain-of-function research was on pause, not that we ended this... It's just paused.

DR. JOSEPH MERCOLA: No, that's not disputed that was definitely... They did that, the NIH funded it, and I figured when it was like 2014 or 15 and then they put it on pause 'cause they got this lapse of consciousness and that they shouldn't be doing this, and then it went right back forward. I think it was... I can't remember, it might have been during the Obama administration where they restarted the funding for it.

SHAWN STEVENSON: That's crazy. So, we've got folks in labs who are making viruses more infectious. More... More deadly, more virulent, more deadly to find a way to stop them in case it happens. But the issue is we're dealing with humans and human error. So, this is probably...

This is more likely what we're dealing with here and looking at and you cite in the book how the Wuhan lab had all of these issues prior.

DR. JOSEPH MERCOLA: Yeah.

SHAWN STEVENSON: That were noted by multiple countries that this type of work is probably going to end badly coming out of this particular location.

DR. JOSEPH MERCOLA: Yes. It's the bio safety labs get this BSLs, Biosafety Levels, I think is what it's called it categorize them by one through four and I think that Wuhan virulence was a category four. I think it's the only one in China, they're not just ready. Earlier this week, they're planning on having 25 more. It's just... China is.

SHAWN STEVENSON: Come on.

DR. JOSEPH MERCOLA: We've got plenty in this country, we've got probably more than 20, we have hundreds actually from one to four. Plenty of category four, Fort Detrick is the primary one and that was the BSL lab that was responsible for the Anthrax, were all the Anthrax scare came out in 2001. But there's... It's very common for these outbreaks to occur.

SHAWN STEVENSON: Right. Even swim-flu, there's good evidence that human error is involved there as well.

DR. JOSEPH MERCOLA: Yeah. Swine flu that brings up another one when get that talk, when we talk about the jab or the vaccine.

SHAWN STEVENSON: Let's talk about it. Let's talk about it in that instance.

DR. JOSEPH MERCOLA: Yeah. So, swine flu vaccine.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: Your probably... I would say not old enough to remember that. It was in the middle late 70s.

SHAWN STEVENSON: Yeah, I wasn't a thought yet.

DR. JOSEPH MERCOLA: Yeah. So that... It was interesting because there wasn't as much brain washing and the media had some more credibility, than they do today. You could think of CBS News which was just a total propaganda machine now probably for the last 20 years but at the

time in the mid-70s they had Mike Wallace with 60 minutes. And they did a really epic piece that is still a big... You can find it on YouTube.

SHAWN STEVENSON: Yeah, we'll play it for everybody.

The flu season is upon us. Which type will we worry about this year and what kind of shots will we be told to take? Remember the swine flu scare of 1976? That was the year the US government told us all that swine flu could turn out to be a killer, that could spread across the nation. And Washington decided that every man, woman and child in the nation should get a shot to prevent a nation-wide outbreak, a pandemic. Well 46 million of us obediently took the shot and now 4000 Americans are claiming damages from Uncle Sam amounting to three and a half billion dollars because of what happened when they took that shot. By far the greatest number of the claims, two-thirds of them are for neurological damage or even death, allegedly triggered by the flu shot. We picked up the story back in 1976 when the threat posed by the swine flu virus seemed very real indeed.

This virus was the cause of a pandemic in 1918 and 1919 that resulted in over half a million deaths in the United States, as well as 20 million deaths around the world.

See how easy it is...

Thus, the US Government's publicity machine was cranked into action to urge all America to protect itself against the swine flu menace.

Influenza is serious business. During major flu epidemics, millions of people are sick, and thousands die. Well, this year you can get protection. The vaccines are safe, easy to take, and they can protect you against flu. So, roll up your sleeve protect yourself.

One of those who did roll up her sleeve was Judi Roberts. She was perfectly healthy, an active woman when in November of 1976 she took her shot. Two weeks later she says, she began to feel a numbness starting up her legs.

I joked about it that time, I said, "I'll be numb to the knees by Friday if this keeps up." By the following week, I was totally paralyzed.

So completely paralyzed in fact, that they had to operate on her to enable her to breathe and for six months, Judi Roberts was a quadriplegic. The diagnosis a neurological disorder called Guillain-Barré syndrome, GBS for short. These neurological diseases are little understood, they affect people in different ways. As you can see in

these home movies taken by a friend, Judi Roberts paralysis confined her mostly to a wheelchair for over a year. But this disease can even kill, indeed there are 300 claims now pending from the families of GBS victims who died, allegedly as a result of the swine flu shot.

The rationale for our recommendation was not on the basis of the death of a single individual. But it was on the basis that when we do see a change in the characteristics of the influenza virus, it is a massive public health problem in this country.

Dr. David Sencer, then head of the CDC, the Center for Disease Control in Atlanta, is now in private industry. He devised the swine flu program and he pushed it. You began to give flu shots to the American people in October of 76.

October 1st.

By that time, how many cases of swine flu around the world had been reported?

There had been several reported, but none confirmed. There had been cases in Australia that were reported by the press, by the news media, there were cases in...

None confirmed. Did you ever uncover any other outbreaks of swine flu anywhere in the world?

No.

Now, nearly everyone was to receive the shot in a public health facility where a doctor might not be present. Therefore, it was up to the CDC to come up with some kind of official consent form, giving the public all the information, it needed about the swine flu shot. This form stated that the swine flu vaccine had been tested. What it didn't say was that after those tests were completed. The scientists developed another vaccine and that was the one given to most of the 46 million who took the shot. That vaccine was called X53A.

Was X53A ever field tested?

I... I can't say, I would have to...

It wasn't.

I don't know.

Well, I would think that you're in charge of the program.

I would have to check the records. I haven't looked at this in sometime.

The information form, the consent form, was also supposed to warn people about any risks of serious complications following the shot, but did it?

No, I had never heard of any reactions other than a sore arm, fever, this sort of thing.

Judy Robert's husband, Gene, also took the shot.

Yes, I looked at that document, I signed it, nothing on there said I was going to have a heart attack, or I'd get Guillain-Barre, which I've never heard of.

What if people from the government, from the Center for Disease Control. What if have they had indeed known about it? What would be your feeling?

They should have told us.

Did anyone ever come to you and say, "You know something, fellas, there's the possibility of neurological damage if you get into a mass immunization program."?

No.

No one ever did?

No.

Do you know Michael Hattwick?

Yes.

Dr. Michael Hattwick directed the surveillance team for the swine flu program at the CDC. His job was to find out what possible complications could arise from taking the shot and to report his findings to those in charge.

Did you know ahead of time, Dr. Hattwick that there had been case reports of neurological disorders, neurological illness apparently associated with the injection of influenza vaccine?

Absolutely.

You did?

Yes.

How'd you know that?

By review of the literature.

So, you told your superiors, the men in charge of the swine flu immunization program, about the possibility of neurological disorders?

Absolutely.

What would you say if I told you that your superiors said that you never told them about the possibility of neurological complications?

That's nonsense. I can't believe that they would say that they did not know that there were neurological illnesses associated with influenza vaccination. That simply is not true. We did know that.

I have said that Dr. Hattwick had never told me of his feelings on this subject.

Then he's lying.

I guess you would have to make that assumption.

Then why does this report from your own agency dated July 1976, list neurological complications as a possibility.

I think the consensus of the scientific community was that the evidence relating neurologic disorders to influenza immunization, that they did not feel that this association was a real one.

You didn't feel it was necessary to tell living people that information?

I think that over the years, we have tried to inform the American people as fully as possible...

DR. JOSEPH MERCOLA: Yeah. It's a classic piece 'cause it was a really great piece of investigative journalism. But anyway, I believe... I think it might have been Ford, that was the president during the time. I think it was, but I could be wrong, I might be, might be Carter. But they had this epidemic of swine flu, and they were really nervous, they thought millions of people were going to die. So, the president or the government authorized the... Encouraged the use of everyone getting this vaccine. And about 50 million people got the vaccine. Now, this was in the late '70s, I think 76, 77. And this was years before they passed the 1986 Acts, which essentially provided liability from, immunity from prosecution for the vaccine manufacturers. So, there was... They were still liable, but they said, "No problem, the government will pick up the bill," if there's any problems, we'll pay for it right. It's an important point, so they did. Now, they had immunized 50 million people, and then they stopped it, because how many people do you think died from it?

SHAWN STEVENSON: How many tell me.

DR. JOSEPH MERCOLA: 50.

SHAWN STEVENSON: 50 people?

DR. JOSEPH MERCOLA: 50 people. Now, that may not seem like a lot, but it's still 50 people. And there were, I think, hundreds, if not thousands of people came to develop neurodegenerative diseases like Guillain-Barre syndrome. Which is happening now from the swine... Or the Covid jab. So, 50 people died and what did the government do? They stopped the program; they immediately stopped the swine flu immunization program. Paid out over three and a half billion.

SHAWN STEVENSON: Billion, billion.

DR. JOSEPH MERCOLA: Dollars in damages. The government payed, taxpayer money.

SHAWN STEVENSON: Right.

DR. JOSEPH MERCOLA: Alright. And if you watch that 60 Minutes interview with 60 Minutes. I mean he did an enormous job of investigative journalism and really chastised the people in the CDC, and the people who were in charge of this, and just showed how fraudulent the whole thing was. Alright, so that was '75... So fast forward it like 50 years, right. Just about 50 years.

SHAWN STEVENSON: Look, very different.

DR. JOSEPH MERCOLA: We have this threat, and this immunization program comes up about this shot. They... As we're taping this or recording this, we have 6000 deaths reported into the Vaers database. The Vaers database is notoriously under-reported, estimates are from 99 to 90 percent. So that means not 6000, but 60,000 to 600,000 deaths. Do you think they're stopping the program? No.

SHAWN STEVENSON: No.

DR. JOSEPH MERCOLA: You know what they're doing? They're bribing the public. They're giving lotteries of 5 million dollars to get the vaccine.

SHAWN STEVENSON: Yep, yep. Here in California, there's like 100 million in lottery and gifts and all these different things.

DR. JOSEPH MERCOLA: Yeah, yeah.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: And the government's paying... Interestingly about the same amount that they want to pay to damages for the swine flu. \$3.5 billion is being paid by the government, taxpayer money, for commercials for the COVID jab.

SHAWN STEVENSON: Because the pharmaceutical companies can't legally do ads for it. It's not FDA approved.

DR. JOSEPH MERCOLA: That may be the case.

SHAWN STEVENSON: But there's loopholes they use, like you talk about in the book as well. They use marketing firms to be able to do the work for them.

DR. JOSEPH MERCOLA: So, this is important to know, and we can go into a lot more details. I believe I'm well studied on the vaccine, so I can tell you the molecular biology of the concerns, why this is such a tragic thing, because there's no question. There is not a micro doubt in my mind this will inevitably kill far more people than COVID ever did. There's no way. And in as we've already had the 6000-60,000 at a bare minimum, maybe over 100,000. And that's acutely, but we're talking... That's acute deaths, but then you got near-term, which is going to come this fall. You're going to have another wave of people dying from it, and then the long-term deaths, because this is a prion disease that they are injecting. This injection is essentially a metabolic poison, probably worse than vegetable oil, and they're causing your body to continue to make it. They're giving your body a set of instructions to make a toxic protein. They

think that it's a SARS-CoV, this Coronavirus... COVID protein. Not COVID protein, the Coronavirus spike protein is a poison. Why would you want this put in your body, let alone give your body instructions to make this thing maybe for years, if not the rest of your life?

SHAWN STEVENSON: We don't know. That's the thing, we don't know.

DR. JOSEPH MERCOLA: No one knows. No one knows.

SHAWN STEVENSON: But we... There's this sense of certainty, out there in the media and with health professionals, that we know.

DR. JOSEPH MERCOLA: Well, it's because it's all been engineered, 100 percent, this is an engineered process. And you know why did we have this pandemic? There's some really strong, compelling arguments. The only intention for it was to get everyone to take the vaccine. That was the purpose.

SHAWN STEVENSON: We've got a quick break coming up. We'll be right back.

Our microbiome plays major roles in regulating our metabolism, literally playing a role in determining how many calories are absorbed from our food, for example. Our microbiome also controls so much about our mood, with the vast majority of our body serotonin being produced in our gut. And our microbes interact with these Enterochromaffin cells and Enteroendocrine cells that produce our hormones and neurotransmitters in our bellies. And one of the biggest issues we're seeing today is gut dysbiosis, where friendly microbes are getting overrun by opportunistic bacteria.

One of the few amazing sources of nutrition, that's been found clinically to reverse gut dysbiosis, is highlighted in a study published in the Journal of Agricultural and Food Chemistry. It discovered that the traditional fermented tea called pu-erh may be able to reverse gut dysbiosis, by dramatically reducing ratios of potentially harmful bacteria, and increasing ratios of beneficial bacteria. Another peer review study, published in the Journal of Nature Communications, uncovered that a unique compound called theobromine, found in traditional fermented pu-erh has remarkable effects on the microbiome as well. The research has found that theobromine positively alters gut microbiota and directly reduces hepatic, aka liver fat, and reduces lipo-genesis which means the creation of fat.

Pu-erh is absolutely amazing on so many levels. It's also a powerful adjunct to any fat-loss protocol, because it's been found to support fat loss, while protecting muscle at the same time. And this was documented in a recent study featured in Clinical Interventions in Aging. Now, the key is the source of the pu-erh matters a lot. And the only pu-erh that I drink uses a

patented cold-extraction technology, that extracts the bioactive compounds in the tea at cold to low temperatures for up to eight hours. And this process gently extracts natural antioxidants and vital nutrients, and preserves them in a whole bioavailable form. And this is the purest way to extract the vital nutrients for maximum efficacy. This pu-erh is also wild-harvested, making it even more concentrated in the polyphenols that we see having benefits in those clinical trials.

Also, Triple Toxin Screening for one of the highest levels of purity tested for pesticides, heavy metals and toxic molds, and making sure that it is not in your tea, which is common in most other teas. This is why I'm a massive fan of Pique Teas. Go to piquetea.com/model. That's P-I-Q-U-E-T-E-A dot com, forward slash model, and you get 10 percent off their amazing fermented pu-erh and all of their other incredible teas. These teas are in a league of their own. Their pu-erh is amazing. I'm a huge fan of their ginger tea as well. Go to piquetea.com/model, again get 10 percent off everything that they carry. One of the best investments in your health, supporting your microbiome, supporting your metabolism, it is absolutely amazing. Head over to piquetea.com/model and now, back to the show.

So around the mid-1970s, swine flu hit the scene. The vaccine hit the scene shortly after. Then it was stopped after just 50 folks lost their lives and eventually...

DR. JOSEPH MERCOLA: About 50.

SHAWN STEVENSON: Panned out to be a couple hundred who lost their lives in association, billions of dollars paid out. Now, we've got thousands of people who've lost their lives in association with the vaccine, and...

DR. JOSEPH MERCOLA: Well, I don't call it vaccine, the injection, COVID injection.

SHAWN STEVENSON: The mRNA injection and everything is rolling as strong as ever and there's no... I think a big issue and why I'm so grateful to have you here is that we don't have that other reference point for folks to realize that, "Yeah, wait a minute, there is a risk associated with this." But I think folks, before we get back into the vaccine, they're more concerned about the risk associated with covid versus the vaccine. It's just like, "Well, if I can reduce my risk... "

DR. JOSEPH MERCOLA: Yeah.

SHAWN STEVENSON: So, talk about that.

DR. JOSEPH MERCOLA: It's the visible boogeyman. So, and that's... And there's... If you're a rational, logical individual, a human being living in this 21st century in the United States, then that's an understandable response because they've been... You've been brainwashed. Everything you hear on conventional media is to drive one of the most powerful limbic responses in your body, which is fear. Everything supports that. That's why you're afraid of this. They know what drives you to action is fear, the most powerful limbic emotion. So that's why you're afraid of it, because you've been brainwashed with propaganda. You have not... And anything, anything the counters that narrative is removed, it's censored, it's eliminated, and if you do it persistently, then you're de-platformed, you're buried. That information that you need to tell you the other side is absolutely suppressed. You cannot find it in the search, the Google search engine, which is, 92 percent of the searches on the planet are Google. Anything that supports telling in a different view, you cannot find it. It doesn't exist. It's the perfect strategy because it used to be the best search engine on the planet, and it still is for many searches. It provides incredibly useful, powerful information that can change your life. But when they want to promote something, they manipulate it in a way that essentially continues with the brainwashing.

SHAWN STEVENSON: So, the same thing as you mentioned... We can get into the censorship of information in a moment, but I want to talk about some...

DR. JOSEPH MERCOLA: It's important.

SHAWN STEVENSON: This is important, of course.

DR. JOSEPH MERCOLA: Yeah, and it's not because of individuals that are... It's just the information, the truth is suppressed, and you can't find it.

SHAWN STEVENSON: Yeah, so again, you just said it. Rational, concerned citizen here in the United States being exposed to what we're exposed to, we would obviously lean towards, "Let me get this vaccination because it's going to protect me" versus this very virulent thing. But in the book, you really bring forth the real numbers on this. So can you talk a little bit about that because... So, for example, the risk and where this is really being pushed, even in younger populations the risk there is substantially lower than what the environment would lead us to believe.

DR. JOSEPH MERCOLA: Yeah, and if you carefully review even the propaganda, they won't deny that.

SHAWN STEVENSON: You're right.

DR. JOSEPH MERCOLA: But it's phrased in a way to confuse you. But there's very little risk for younger people and certainly children, and this is... There are so many crimes against humanity being committed here. To half out, she stated, by the end of the year he wants kids six months old being injected, when there is virtually no risk. There may have been a 100, maybe 200 kids in the entire country that have died from this. It is so far down the list, there's like 20 more higher causes of death than that. It's a non-significant issue. The odds are... It's all about a risk to reward ratio. What's the risk, what's the reward? The risk is almost insignificant from the disease. The reward or the benefit for protecting it is almost non-existent. So why would you give them... What's the risk of the injection? It's enormous. It's crazy. It's through the roof and they can't... They have no evidence, no proof. There's never been any safety study. They divide vaccines in a number of different categories. And this injection that they're calling, that they classify as a vaccine, which it isn't, but it is in the category of an unprecedented vaccine. That means it never existed before.

Other examples of that would be HIV and malaria, okay? So, the normal... And this is well established, right into literature. Normally it takes 12 to 15 years to bring an unprecedented vaccine to market. 12 to 15 years. They did this in less than a year. There's virtually... There are no safety studies. They're fake safety studies that have been destroyed because even the fake safety studies that they did had... They cancelled the control, so they don't exist anymore. They're burying the evidence so that they can't ever claim that they knew. And even in these fake studies that they used, there were no pregnant women involved in the trial. None. Zero. Why? Because that would be foolish. Why would you ever think of exposing a pregnant woman to some experimental process? You couldn't do that. You couldn't do that in all good conscious. But what did they do like a month ago or so? CDC came out and said, "Oh, we think the risk outweigh the rewards... The benefits outweigh the risk, and all pregnant women should be given the covid jab," which causes a lot of premature deaths and miscarriages.

SHAWN STEVENSON: The question would come up; how would pharmaceutical companies do this? Why would they do something like that? That's... We should have laws against that. Well, here we've got Johnson and Johnson...

DR. JOSEPH MERCOLA: It's called Nuremberg Code.

SHAWN STEVENSON: We'll put this up for everybody to see on the screen, but here we've got a report, Johnson and Johnson and three other companies close in on a \$26 billion deal on opioid litigation. We've got Johnson and Johnson to pay more than 2.2 billion to resolve criminal and civil investigations. This was reported by the Department of Justice. We've got another report from the Department of Justice with Pfizer to pay 2.3 billion for fraudulent marketing, and that's the largest healthcare fraud settlement in history of the Department of Justice. Then we've got Pfizer paying about 75 million over illegally testing drugs on Nigerian children. We've

got Pfizer paying over a billion dollars to settle Prempro for causing breast cancer in women. We've got study after study after study.

DR. JOSEPH MERCOLA: They're criminals. They're convicted criminals. These are criminal organizations, why would you... Would anyone, that's rational believe, that these criminal organizations who've been... You've just cited, billions of dollars in, in awarded fines and penalties for doing this. Why would we believe them, you know, they look at this as just a cost of doing business.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: And I believe Pfizer is targeted to make somewhere between \$25 and \$30 billion dollars...

SHAWN STEVENSON: Right...

DR. JOSEPH MERCOLA: In 2021.

SHAWN STEVENSON: Just alone... Just them alone.

DR. JOSEPH MERCOLA: Yeah.

SHAWN STEVENSON: The entire market, they're looking at, at least a \$100 billion.

DR. JOSEPH MERCOLA: Yeah.

SHAWN STEVENSON: For all these different companies, so Johnson & Johnson's "debt that they got to pay for the opioid crisis they contributed to", they're just going to wipe that right from their, from their ledger with these vaccines, and without liability, and that's the big thing.

DR. JOSEPH MERCOLA: Yeah, and they did, there's...

SHAWN STEVENSON: It's a cash cow.

DR. JOSEPH MERCOLA: Actually, several layers of it, they had the 1986 Act, which provided them immunity, but then they got, I think the Prep Act, which further insulated them, and you just can't, there is, there is... You have no resource. There's a woman who was, I read about, who nearly died from the Johnson & Johnson's vaccine, had a whole wide variety of... And she's going to be permanent crippled. Million dollars, a million dollars in medical bills... She has to pay for it.

SHAWN STEVENSON: That's crazy.

DR. JOSEPH MERCOLA: She has to pay for it.

SHAWN STEVENSON: That is so crazy.

DR. JOSEPH MERCOLA: When you hear about a single individual, think about it, your relative, your loved one comes out, almost dies, and has a million dollars in bills, no liability, nothing, just so they could make \$100 billion dollars.

SHAWN STEVENSON: Yeah... The worst part about this, and it's a consistent behavior... So, I just shared some of the reports...

DR. JOSEPH MERCOLA: Yeah.

SHAWN STEVENSON: There's so many of these, is how difficult it is, and these are the... These are the rare moments, these are the one in ten-thousand or one in fifty thousand, where they get caught, because it's so hard to prove that they committed a crime because they've got the most powerful legal team on planet earth who are able to really sweep so much of this stuff under the rug, that you never even hear about. And so, when I'm sharing these big numbers and billions of dollars, it's literally a cost of doing business, it's scraps to them, they put it into their accounting like, "Yeah, we're going to kill some people, it's all good, but we're going to focus on getting these drugs into as many people bodies as possible", and with the vaccines, it's really a cash cow because there's no liability. So, they already had some immunity, but now with the Perp you just mentioned... It's a Prep, I'm sorry, with the Prep, now they have further immunity, and I think it's until like 2024, when any kind of litigation can even be attempted, towards any kind of harm that they've done... And you just mentioned this. So, we've got at least 6000 folks have lost their lives. People need to know that.

DR. JOSEPH MERCOLA: And that's right now.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: We're not even...

SHAWN STEVENSON: At least.

DR. JOSEPH MERCOLA: We're not into the summer yet...

SHAWN STEVENSON: And that's not even talking about the injuries...

DR. JOSEPH MERCOLA: Right.

SHAWN STEVENSON: Potentially, devastating...

DR. JOSEPH MERCOLA: And Death's to come... In the fall... And down on the road.

SHAWN STEVENSON: And this is what I want to ask you about next. There's actually two things. So, let's talk a little bit about the... Because you keep on hesitating and shifting away from calling this a vaccine, so let's talk about what it is, and let's talk a little bit about what it can potentially be doing in our bodies, because I know that there's new data and it's not out, that the spike protein appears to be, a big causative agent in negative reactions, in the first place, and this is causing your body to make that spike protein.

DR. JOSEPH MERCOLA: Yeah. Yeah. I mean, this is what the whole issue is about... So, well as everyone's heard of, it's messenger RNA, there's two different versions though, in Moderna and the Pfizer version, then the Johnson & Johnson is a different, it's a... Essentially it is a genetic construction set, but it's administered through an adenovirus vector. So, it's a little bit different, some people thought it's safer, but it depends on your clinical history. It could be a lot more dangerous, a lot worse, but essentially, they've changed the whole definition, because this would have never been considered a vaccine. It is a gene treatment and essentially, messenger RNA is similar to DNA, except there's some fine differences, but essentially the instruction set that is generated by the DNA to cause your body to make specific proteins. Now it's not just spike proteins, it's every protein in your body that is made through this process, but this messenger RNA is very fragile. Highly fragile. People know these vaccines had to be refrigerated like really cold temperatures, colder than it was at the Poles, because it's so perishable, but this spike protein that they're causing your body to make, the spike protein, it's not the same protein, as the SARS-CoV-2 makes.

SHAWN STEVENSON: Right...

DR. JOSEPH MERCOLA: It's not.

SHAWN STEVENSON: It can't be...

DR. JOSEPH MERCOLA: It is not!

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: Hardly anyone understands this, they engineered... This is a genetically engineered, similar to SARS-CoV-2, but completely different. How is it different? Well, at the most fundamental level, one of the... There's four Nucleotides in messenger RNA, or RNA in general. One of them is Uridine, it's a substitute for Thymidine, which is in DNA, the other three are the same... So, they took this Uridine, they swapped out all the Uridines in this RNA, to Pseudometho... Or Methylpseudouridine, because it's more resistant to breaking down by these RNases, RNases these enzymes that destroy RNA.

So, totally different from that perspective, but here's another one that's perhaps even more important, the spike protein. One of the reasons why it's so dangerous, is it attaches to this receptor on your cells called H2, and when it attaches, it kind of knocks it out of commission, which causes a lot of problems in your body. Just when you... The regular SARS-CoV-2 protein, it goes, the spike protein, it goes in attached to the H2 receptor and then it collapses, the protein collapses, and it gets engulfed into the cell, and it causes his own challenges. But this engineered one, they substituted two different Amino Acids, two Prolines, which makes it really firm and rigid, so that when it attaches to the H2 receptor, it doesn't collapse. It just stays open, essentially knocking out that H2 receptor, which radically increases its toxic... Toxicity and damage. Increases the things... Things like primarily, clotting disorders, blood clots, ITP, Idiopathic Thrombocytopenic Purpura and all these other clotting challenges that really lead to many of these complications like strokes...

And can cause heart inflammation, myocarditis, a whole variety of other things. But anyway, so this spike protein gets set in. And then you would think, Well, no. It's going to just come in and make it and it disappears. No. We have no idea how... No one knows how long it is. They're guessing six months, but because it's so genetically modified, it may stick around for a lot longer in your tissues, continue in your body to produce these spike proteins. But it gets even worse. It gets even worse. Because normally, RNA is now transmitted down to your progeny, but... And so, I think there's not an issue. But it turns out that your cells have this reverse transcriptase enzymes which actually converts that RNA back to DNA. And you've got the DNA floating and it gets integrated into your own DNA. So now you have the code in your DNA to make spike proteins that you can pass on to all your kids. If that doesn't want to make you...

SHAWN STEVENSON: But that, Dr. Mercola, that's been debunked.

DR. JOSEPH MERCOLA: No, it hasn't.

SHAWN STEVENSON: That's been debunked.

DR. JOSEPH MERCOLA: It has not been debunked. That is not true. The evidence is really clear. There's...

SHAWN STEVENSON: The fact checkers say it doesn't affect your DNA.

DR. JOSEPH MERCOLA: Yeah. That's baloney. That is absolute baloney.

SHAWN STEVENSON: It's like this is basic stuff too. It's basic stuff. And it just seems like, again, it's fact-checked as if it's not... Even if we talk about... So, it doesn't affect your genes. What about all that we know about epigenetics and epigenetic influences? Of course, it affects you.

DR. JOSEPH MERCOLA: But that could be... There can be huge epigenetic influences. But this is at the genetic level.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: It's funny...

SHAWN STEVENSON: Oh, just... Every single level, there's things that we know that are just being ignored, is my point. And so, with this being said, and the big takeaway here, and I just want to reiterate this, we don't know long-term, we don't... We simply don't. It doesn't exist. There's no long-term evidence. And this getting pushed to market so quickly with this emergency use access, it's something that was also put in very recently into litigation to be even available for the public to do in the first place, but... So now there's a major campaign, a lot of folks just trying to get back to some form of life again, to be able to see their loved ones, to be able to work. But now, and you know this very on, and you've even shared data on this, prior to the vaccine even being in existence, it was leading towards making it mandatory, making it so that you're going to need this, quote, passport in order for you to travel, in order for you... And it seemed even when it was all happening, when it's coming out, a lot of people in the health space were like, no, that would never happen. They would never require you to do that just to go to a concert. But it's unfolding like that.

DR. JOSEPH MERCOLA: It seems to be. I think there's... Thankfully, there's been some very... I don't know if the best term, progressive, but open-minded governors in the United States. There's been 11 that actually passed legislation, Florida being one of them. Not California...

SHAWN STEVENSON: Where you live. Yeah.

DR. JOSEPH MERCOLA: Where they banned these vaccine passports.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: So that's put, I think, an unexpected hurdle in their face. And I don't see it rapidly going forward. I was really concerned and dismayed that it was going to, but it looks like it put a real hurdle in their path. And it doesn't seem to be going like we thought it was going to, which is good. That's one good thing. But I want to get back to the issue with the financial incentives in the drug companies. Well, you got to wonder, 'cause this gets into deeper reasons, and I didn't really appreciate this till recently. Who owns the drug companies? Who owns the drug companies? Like no one knows this. There's two organizations that own the vast majority of everything. You know what those two organizations are? BlackRock and Vanguard. They own almost all of it.

So, then who's behind BlackRock? That's pretty much... It's a public organization, so you can see who those people are. But one of the biggest shareholders of BlackRock is Vanguard. That's private that we don't know who those are. But those people in Vanguard, those are the people that are calling the shots. That's behind this whole mess. Because, yeah, these drug companies are making money, but who collects the money? Who collects the money? It's not like there's Mr. Pfizer is getting... Mr. Moderna. So, it's owned by these other organizations. And now Gates is clearly one of them. There's no question. Fortunately, he's being in the process of being exposed. His halo has... Is rapidly disappearing, as is Fauci's. He's being exposed, so... His divorce didn't help.

SHAWN STEVENSON: Yeah. Bill and sort of Melinda Gates Foundation now, it's going to... Is going to change.

DR. JOSEPH MERCOLA: Yeah. Well, I think that may have been a strategic move on his part to transfer the halo to Melinda and save what his strategy was.

SHAWN STEVENSON: One of the most revealing things that I took away from your book, I didn't know the magnitude. And you really broke down, because obviously, we know Bill Gates is being like... We just think he is this super nerd who's smart, and he's got his sweater vest on, he's behind computers. But there was a shift that took place, and he became really big in philanthropy. But you detail all of the financial benefits that likely encouraged that change to take place in the very beginning.

DR. JOSEPH MERCOLA: Well, it's a very effective strategy. I live in a place in Florida where John Rockefeller spent most of the end of his life, and he wanted to die in there. It was literally about a mile from where I live. And he was absolutely villainized even more than Gates was, and I'm talking about Gates pre... 2000, when he was running Microsoft, and he was on trial by the Department of Justice for things, and you just watch his testimony it's just, it's virtually no one like that guy, but then he followed the strategy of what Rockefeller did, and they were pretty similar, and it's a very effective strategy to become philanthropist, and you know ostensibly

donating this massive amounts of wealth and changing the public perception, and you're right, what you said is the view that most people have, cause after two decades of doing that, it really was effective, but when you dive deep into what he's doing, you'll see that many of these ostensibly philanthropic humanitarian benefits are only for his benefit and wind up killing tens, hundreds of thousands of people have had these immunization programs in India or Africa that decimated the population, and I think...

SHAWN STEVENSON: Is he essentially been like an outlawed in some places?

DR. JOSEPH MERCOLA: Yeah, he has been banned.

SHAWN STEVENSON: It's so crazy. People have no idea about that.

DR. JOSEPH MERCOLA: Yeah. No, aside from the Vanguard and BlackRock, this is a tangent to the reason why people don't know, because there's two advertising agencies. Publicis and Omnicom they have over 95 percent of all the advertising runs through them, which controls in large part what you're hearing in the media, so if you got two big organizations running everything it is the epitome of centralization, which is just a tragic disaster when you put all the power in one place, you can't have anything but a bad effect, and unfortunately, that seems to be the tendency and the trajectory that most countries and sources of power kind of go to... And it's one of the reasons why we get into this, I mean, we have such a massive financial bubble that's going to explode and collapse at some point, because it's all centralized, all these central banks in the world who's printing money like there's no end in sight. And you can do that for a while, but eventually it just collapses.

SHAWN STEVENSON: Yeah, so you shared his, you know... Using the Bill and Melinda Gates Foundation being a great shield for his wealth and being able to just kind of strategically move money around, and also the tax protection, the list goes on and on, you detail that. But one of the things that jumped out at me, and this is what I want to ask you about. I was shocked to find out how many grants they give to the media, I could... Just like in the end it all made sense.

DR. JOSEPH MERCOLA: Like the BBC, the guardian, all these relatively...

SHAWN STEVENSON: How is that even possible like how's that even alive?

DR. JOSEPH MERCOLA: Well, it's a tremendous. It's a tremendous leverage, so a relatively minor investment, he can control the media and the perception, so they're never going to print anything adverse to counter to what he wants them to do.

SHAWN STEVENSON: Unless, when you think all of this stuff is coming up, then you think also for me, I was just like, what is already strategic, what are they allowing for them to put out in the media about him and his character... Whatever. So, we got that piece, and also the pharmaceutical industry invest somewhere around five billion a year on major media as well, at least.

DR. JOSEPH MERCOLA: Yeah.

SHAWN STEVENSON: So again, you think... Who's controlling the messaging, it might be...

DR. JOSEPH MERCOLA: It's called DTC or Director Consumer Advertising, and I think it's supposed to be 15 or 16 billion under right to consumer, and then another five or ten goes to doctors to brain wash them. Now, being a physician, and I was part of that process. I mean, I haven't seen patients in over a decade, but when I was practicing, they would come give you dinners and all these bribes and pizzas and everything else, to try to influence you and they give you honorary and have you speak. I was a paid speaker for the drug companies in the mid-80s, they used to fly me around, and at the time my focus was on estrogen replacement therapy, which I thought was so great because it was like preventing osteoporosis and stuff and little did, I know that it was just the most crazy thing is probably it's killing more people than helping them, but... So, I learned my lesson, I finally understood it a little bit later, well, before the more definitive trials were published in the early 2000s, it kind of tore open the fantasy on that thing.

I'd mentioned that they are Prempro, I don't know who, but you mentioned the statistics on the one earlier.

SHAWN STEVENSON: It was Pfizer.

DR. JOSEPH MERCOLA: Pfizer with a billion dollars.

SHAWN STEVENSON: Yeah, and also with the Moderna, for example, that's the other one, those folks don't realize they've never had a profitable quarter in their history, they've been trying to make vaccines for years, and because of this open, this opportunity opening up, they're now, of course, they're on track to makes billions, and they're turning their first profitable quarter ever, and a little fun fact here, which is not so fun, one of the board members of Moderna... "Moncef Slaoui", is that right "Slauey"?

DR. JOSEPH MERCOLA: Close, it's not correct, but it's close.

SHAWN STEVENSON: He resigned from Moderna to head up the US government's project "Warp Speed". While, hanging on to about ten million dollars in stock options with Moderna, clearly a conflict of interest here, and now he's just made a butt load of money, and more recently, Moncef was fired from his position at GSK for sexual harassment allegations, and just like... You see this kind of consistent behavior, but also you see folks getting in on government opportunities and just being able to rake in a lot of money, basically writing their own checks. And again, if we look at the actual effectiveness of the vaccine, we talked about this prior to us getting rolling, and the title of the paper, and we'll put this for everybody to see on the video and in the show notes, the title of the paper... "Peer Reviewed Journal Outcome Reporting Bias in Covid 19 mRNA Vaccine Trials", finding that Pfizer's absolute risk reduction is point seven percent. Not 7 percent, not 70, less than one percent absolute risk reduction.

DR. JOSEPH MERCOLA: They claimed it was 95 percent. Because they're using...

SHAWN STEVENSON: Right, the relative risk which is used... That's just a clinical number. Kind really using trial against trial.

DR. JOSEPH MERCOLA: They're doing the same thing with statins too. Same darn thing.

SHAWN STEVENSON: And so, with Moderna 1.1 absolute risk reduction. 1.1 percent absolute risk reduction. Absolute risk reduction is your risk reduction as an individual in the world...

DR. JOSEPH MERCOLA: For what? The risk, what was the risk? The risk wasn't of dying, the risk was having less symptoms...

SHAWN STEVENSON: Mild symptoms, you have a 1.1 percent mild symptoms.

DR. JOSEPH MERCOLA: Having less symptoms.

SHAWN STEVENSON: And yet, this is glorified as the saving grace, this genius invention by humans all coming together, but it's coming together under the guise that, health can be found through this synthetic modality, matter of fact, new experimented, and I'm going to ask you about this because a physician friend of mine was like, Well, "this isn't new the mRNA tech..."

If everybody's now watching to video, you can see Mercola's eyes looking at me. They said that "this is not a new technology, this has been done for years." What do you say to that?

DR. JOSEPH MERCOLA: It has never been done in humans.

SHAWN STEVENSON: Here you go.

DR. JOSEPH MERCOLA: Just for damn sure. So, it's just a nightmare 'cause here's the whole thing, we didn't talk about it much, but other than that, everyone's afraid because of the risk they're perceived risk, the propagandized risk, well, you don't have to be because your body is more than able to take care of this thing... And effectively, so you can prevent it by being insulin-sensitive, which means that... What do you do?

Well, you use something called time-restricted eating or TRE where you're not eating more than 12 hours a day, you're getting like six hours a day, you kind of work away slowly to that, and that just doing that, not even changing the food you're eating will help tremendously. Getting rid of vegetable oils, making sure your vitamin D level is good. So ideally instruction I'd swallow vitamin D over 10 years, my vitamin D level is in optimal range. But most people aren't going to be able to walk on the beach every day like I do, so then you got to swallow some vitamin D. Take eight thousand units is one of the least expensive supplements on the market, and you get your blood level test, so you do those three things you're going to be immune, so what if you still do those things and you get sick? What the heck are you going to do? Take the vaccine? No, no, there's something called nebulizer hydrogen peroxide, that I think I talked about in the book.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: Yeah, so that's my favorite. And sadly, there's many, many really good natural medicines physicians who don't really appreciate or understand this, but I think it's the most potent intervention, not only for SARS-CoV-2, but for any viral or respiratory infection.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: And even more importantly, If done on a regular basis, can I help optimize your gut microbiome... Is a simple thing you get a nebulizer, a nebulizer about 70-80 bucks, and you've got it and maybe last a decade or 20 or 30 years. I don't know, it's not something you have to buy every year, it's not a big consumable, and the consumable is hydroxide food grade, ideally, without stabilizers, and you probably pick up a bottle like a pint for 20 bucks, you put it in your fridge and it's good for the whole year, and you just make a little solution out of that to dilute it down because it's what 12 percent to 0.01 percent is virtually no side effects... There are no side effects, if you take the right dose and it obliterates the virus and up regulators your immune system, so you've got this magic bullet that you can use, and if that doesn't work, there's a lot of other things you can use. If you want to use the drugs, hydroxychloroquine we got Ivermectin, but you got other things like Quercetin, zinc, melatonin, those are really powerful...

SHAWN STEVENSON: Let's just talk about melatonin.

DR. JOSEPH MERCOLA: Yeah...

SHAWN STEVENSON: How does that playing into this?

DR. JOSEPH MERCOLA: Well, it seems to decrease the inflammatory components and optimizes your circadian rhythm and taken at the right time, so it seems to be a powerful strategy, and virtually no side effects with that either, you can't... It's kind of like it Vitamin B12 the way that you die from Vitamin B 12 is you drown in a bathtub of it. You just can't overdose on it.

SHAWN STEVENSON: So, I want to make sure that because I'm hearing that the nebulizer might be... The top thing for you.

DR. JOSEPH MERCOLA: From my perspective it is. And I've got... "so how are you going to do it?" 'cause I've done hours of video interviews on this, and so unfortunately were forced to take down the information from our site for some personal threats, but we got it up on BitChute, so you can just go to BitChute, which they don't sensor. And you can just type in my, the last name, Mercola and peroxide, and you come up with a bunch of videos and shows you how to do it.

SHAWN STEVENSON: Great, that's great, thank you. We'll put that in the show for everybody too. I want to ask you about this because I just mentioned... And again...

DR. JOSEPH MERCOLA: When you do that, you don't have to worry.

SHAWN STEVENSON: Yeah.

DR. JOSEPH MERCOLA: So, there's fear, okay. It's okay to be afraid. It's a totally normal response, from what they've been told, but then you have these tools that can address the fear far more effectively than anything that the conventional people can throw at you.

SHAWN STEVENSON: Yeah, you want people to be empowered and you've been such a pioneer in helping us to do that to take back control of our health. Is your mantra... I want to ask you about this because I get to ask you and I'm so grateful to have you here. About the things that pop up in people's minds, there is a big... I think the biggest issue that we're facing today is missing the point, that's the biggest epidemic, and so when we have numbers, for example, I just shared that the absolute risk reduction for the Pfizer vaccine, you as an individual is less

than 1 percent, but we are guaranteed 100 percent that that vaccine is going to do something to you that you have no idea what's going to happen...

DR. JOSEPH MERCOLA: No one does.

SHAWN STEVENSON: Right so...

DR. JOSEPH MERCOLA: No one...

SHAWN STEVENSON: We know this for certain.

DR. JOSEPH MERCOLA: Honestly, they have no concept of what it's going to do?

SHAWN STEVENSON: So, with this being said, and we know that again, and by the way, that risk reduction is for mild symptoms, not a risk reduction in death, not in risk reduction... Any of that, so...

DR. JOSEPH MERCOLA: Okay, are you even getting the infection? Which there's a lot of confusion on that?

SHAWN STEVENSON: Now, since the campaign has started, and this is what I want to ask you, we've seen a drop in cases. And I want to ask you a couple of things. Because for me, it just so happens that this is towards the end of the cold and flu season, when all of this is taking place, it's a natural drop, the virus being more endemic at this point, and also is there anything else or like why is it... Because I... A physician, friend of mine was like, well, clearly it's working because the cases have dropped."

DR. JOSEPH MERCOLA: Oh yeah. The same thing with other vaccines too, if you look at the instance many of these, infectious diseases of childhood the incident was already down by 90 percent, they throw the vaccine on there... Oh yeah, it's the magic of the vaccine, same thing here, but interestingly, it's not the same because if you look at the distribution of the cases after the vaccine was implemented, the cases actually increase for a few weeks, so the vaccine, the injection, the covid injection, the covid jab cause an increase. Then it started coming down.

SHAWN STEVENSON: Mhmm.

DR. JOSEPH MERCOLA: So, it actually made it worse.

SHAWN STEVENSON: And also, coincidentally the change in the PCR.

DR. JOSEPH MERCOLA: Oh yeah, they change the definition. Right.

SHAWN STEVENSON: So, all of these things coming in together because...

DR. JOSEPH MERCOLA: I don't think...

SHAWN STEVENSON: That's also, this is observational data too, when we say, "Okay, this happened, so like clearly this thing is working", that's not clinical evidence, that's observation, and that's not... That shouldn't be used to justify our behavior at this point where we are with science. Well, there's another... Again, I think that probably the biggest takeaway for me from your book, and I think it should be the biggest take away for all of us, is what do we do when we're faced with these kind of challenges? So, you already mentioned some things we do as an individual, but some of the things that were put in place are potentially creating far lasting damage that not potentially they are... That we don't even know that scale of yet.

DR. JOSEPH MERCOLA: Yeah.

SHAWN STEVENSON: So, when all of this took place, our constitutional rights, we gladly forfeited them, many of us, now... Initially, initially... Let me say this, initially, for a couple of weeks, you know we distanced, wore masks, you know stayed away from our loved ones, but then that behavior has been widespread, and it's lasted for well over a year, things are not even "officially opened up here in the state of California, yet". So, I want to ask you about this, about the things that were implemented, the mandates with the physical distancing, for example. What are the ramifications of that? Was that the right thing to do?

DR. JOSEPH MERCOLA: No way, there was no scientific justification at all. None, zero, nada. Either for mask or for social distancing.

SHAWN STEVENSON: Then why did we do that?

DR. JOSEPH MERCOLA: Because it was part of the narrative to create more fear, fear sales the vaccines or the desire to get the vaccines. So, this part of the whole strategy and gradual elimination of personal freedoms and liberties and the shift towards more global tyranny.

SHAWN STEVENSON: You know this as well, because the reason that this was implemented, it was the WHO had some influence in this as well, but China shut everything down and their case plummeted right? Everybody, nobody, the cases and deaths just stopped, but they changed their case definition as well. And we changed ours to make cases easier, they change theirs for the cases to be harder, so can you talk about that a little bit because that was what we used as a reason for it, to shut everything down.

DR. JOSEPH MERCOLA: Yeah, it was all engineered to change the definitions, they changed the definitions of what... And once the deaths started dropping last year, then all of a sudden there was a transition, it wasn't about deaths anymore, it was about cases.

SHAWN STEVENSON: Right.

DR. JOSEPH MERCOLA: And they made... Cases seemed like that was a new death. Oh, the cases are up... They just seamlessly transition between the two because they were already hyped up about death. Deaths were really the only thing that matters, and the deaths were seriously inflated as we discussed earlier, because they were... There were so many false positives and all the co-morbidities, even the CDC said 96 percent of the people who die with covid-19 had existing comorbidities, so it means only 4 percent.

SHAWN STEVENSON: An average of four comorbidities and, or additional cause of death?

DR. JOSEPH MERCOLA: Four, right, four comorbidities. So, it's not surprising, actually. Even if they were, there wasn't this misrepresentation and a vascularization of reality, you're still going to have a lot of that, but they just exploded it beyond belief and it's all about changing... Changing the definitions. Changing from the definition of a death to the definition of a case, you know which it doesn't matter, because that's sick, and then this whole concept of you know the... Asymptomatic positive carrier is a threat. Really, really? And we have to lock them down. It's never been done in the history of the world before. Where you're isolating asymptomatic people. They were only supposed to isolate symptomatic people, because that's when you're infectious, bearing symptoms.

SHAWN STEVENSON: Yeah, it's crazy. So, what do we have to look forward to here now? You know we've got a lot to change, I believe in miracles, I think is going to take a miracle to fix some of this stuff.

DR. JOSEPH MERCOLA: Well, I don't know, it's a good question. We don't know, you don't know what to expect other than to recognize that the vast majority... I am convinced the majority of the population does not agree or believe anything we've talked about today, so that's most likely a large portion of your friends, family and relatives are going to be disagreeing with you and you're going to have to have the evidence, but to just... You know just to understand that this is really a threat to your personal freedoms and liberties, and that if you really want to understand something, you can go to sites that are more difficult to find, but they're out there, and I'm not certainly not the only one, there's many, many really good investigative journalists who are exposing the truth and a lot of channels where you could find them. So, if you're interested, you have to dig a little harder, but it's there, it's just have to look in different places,

so ultimately, I think the solution is going to be a shift from centralized sources of power and finances, so that means things like...

You know cause one of the big, biggest reasons for this implementation of this whole strategy is a ship of the wealth. You know transfer through assets of the world to these BlackRock and Vanguard. So, one of the ways that you can limit that personally is to make investments into decentralized resources like Bitcoin, which is you know... Like many people think it's... It's speculative, and there's certainly a speculative nature to it, but its foundation, it really is one of the only major hopes I see of escaping the financial craziness of the global tyranny, cause there's no other... I mean that's where they get you, is all in the finances, so it really is a major vote for freedom. But Bitcoin is that something you buy and trade, like you're going to make 10 percent this week or something. No, it's something you hold for the future, it's like five or 10 years, and it essentially allows you that.

To be in a position where you can't be manipulated. Because ultimately if they do implement some variant of these vaccine passports and, they're going to control that and they're going to encourage your behavior to do certain things, and one of the ways to do this control with your finances, and your bank accounts, and stuff, and they can do that. And if you have a decentralized asset, they're not able to do that at all. So, you're insulated from that, so that's one, and I think ultimately, is a derivative of that. And I've been involved with computers for a long time. I obviously got a very well-visited website because I was an early adopter of the internet. When... I remember, when I first came out with my newsletter, I was pleading with my patients to get my free newsletter. "I'll email it to you." "Email?"

It's like 5 percent of my patients had email, and they thought the internet was useless. But it was so clear to me that that was going to be an incredible resource, and it is. Unfortunately, it has been taken over and sort of, captured, would be the best term, by forces that really don't want the good to come out of it. But intrinsically it has a lot to offer, if it was decentralized. So, I think that's the movement that's in the process of happening. Even Jack Dorsey has got something called Bluesky, which is a derivative of Twitter that he's been working on. So, I think ultimately that's going to be the case, but in my view, just as clear as the internet was in the late 1990s, it's just as every bit as clear that cryptocurrencies are going to replace the entire financial system.

And I know that may sound hyperbolic but, I believe it's true and you can't do a superficial assessment of this and listen to what the media is telling you, because they likely lied to you about covid. So, you'd have to put in a thousand hours to come... Of independent study, which is a lot easier to do in crypto, than it is in COVID-19. But when you put in the 1000 hard hours, then you'll come to the same conclusion. Anyone who's seriously studies it, there's no other rational conclusion that you can reach, just because of the fundamentals. You can't really go

and compress a 1000 hours into two or three minutes, but it's there, and all you have to do is study it and you'll come... You'll realize that. So that would be a thing personally, that you could do. So, because it could get a lot worse and, it may get a lot worse, and really the finances are key. But to have something that you can be insulated from what they want to do to you is going to be very powerful.

SHAWN STEVENSON: Right, yeah. And also insulating our mind. It's the last thing I want to ask you about. I want everybody, if anything, the degree to which you understand or agree with the topics we've covered today, the big thing that I want folks to take away, regardless of our perspective or where we're coming from, is to just pay attention to where our information is coming from, and look at who's behind it, because at the very beginning of all of this, the WHO was a big driving force...

DR. JOSEPH MERCOLA: Still is.

SHAWN STEVENSON: For the mandate. Right. For the recommendations on how we're handling these things. And can you talk about who's funding the WHO and has so much influence over what's happening with everything right now.

DR. JOSEPH MERCOLA: Well, it used to be the United States until Trump changed that, and I think Biden put the funding back. But it was Bill Gates, and he's cleverly aligned himself with that organization, for almost the last two decades. And the World Health Organization and the World Economic Forum, and they're aligned pretty closely too, and even to the current president of the World Health Organization, Tedros, an interesting guy from Libya. I forget where he's... No, it's not Libya, but he did some interesting things in that country, and he's really the first non-medical professional who is the head of the World Health Organization, which is crazy. But he's essentially a puppet and a pawn for the real people who pull the strings and Gates being one of them. 'Cause he funds them either directly or indirectly through a lot of his organizations, because that's the way he does it. He has fund groups and, there's... There's one fund group that he has, which is the Center for Digital Hate. I don't know if you have heard of them, in the UK. Yeah, they've targeted me and 11 others as the disinformation dozen about vaccines.

SHAWN STEVENSON: You're in the disinformation dozen.

DR. JOSEPH MERCOLA: Yeah, I'm the leader.

SHAWN STEVENSON: Of course!

DR. JOSEPH MERCOLA: I'm the head honcho.

SHAWN STEVENSON: You're the boss that everybody meets, the last level.

DR. JOSEPH MERCOLA: Yeah because, the criticism is that I'm doing all this for the money. Yeah, right.

SHAWN STEVENSON: People don't understand the amount...

DR. JOSEPH MERCOLA: You take up an anti-vaccine position. What, so you can sell vitamin D, which is the cheapest supplement that's on the market? No, it doesn't work that way, you just get criticism hurled at you, you get de-platformed. You only do this if you really care about people.

SHAWN STEVENSON: Like why would you want to be controversial? Why would you want to...

DR. JOSEPH MERCOLA: So, you can make an argument why you would want to be.

SHAWN STEVENSON: Okay yeah there are some people...

DR. JOSEPH MERCOLA: Being controversial is actually a good strategy, but when it comes to life and death, which I believe this is a life and death scenario. But I'm willing to... The average person in this... We have such a privilege of living in freedom and liberty that most people just don't understand how we got that. They have failed massively to appreciate that. The people who started this country 250 years ago, most of them escaped tyranny in foreign countries, either themselves, their parents or their grandparents did, and they came to this country to avoid that. And when they fought the Revolutionary War, the leaders, who signed up for this thing and signed the Declaration of Independence, almost every one of them would have been executed for treason if they lost. They put their lives on the line for this, so that we can enjoy this today, and we just don't get it. We just... And they're gradually taking more and more of our freedom away, and when they take too much, there's not much you can do, so you got to wake up because this is a real threat to your personal freedom and liberty.

SHAWN STEVENSON: Yeah, we thank you truly for paving the way. I know that many people consider you a major pioneer and a major influence, and just created the opportunity for us to even have these conversations, so I appreciate it so much, and we're definitely going to take on your mission as well, and contributing...

DR. JOSEPH MERCOLA: Yeah, we got to. That's the only way it works, if we stand together as a community and spread the truth, because truth will come to the surface, just like it is with the Gain-of-function research. I was banned from Twitter from it. You cannot put a link to my site,

Mercola.com. On your Twitter account... My account, they said "This is like spyware or something." I forget what the warning was, but... We're one of the only sites in the whole Twitter universe that they do that to, and yet we know why they did it because we were talking about the Gain-of-function research.

SHAWN STEVENSON: Which comes out that it was true.

DR. JOSEPH MERCOLA: It was true. Yeah.

That's crazy. That's crazy.

DR. JOSEPH MERCOLA: We're just telling the truth.

SHAWN STEVENSON: They recently relaxed on the ban, the censorship that was being done on Facebook, for example, when people were talking about this lab leak theory. Now, it's just like, why was that even put in place in the first place? That's so inappropriate to censor conversation, to censor science. It makes no sense. But again...

DR. JOSEPH MERCOLA: Well, it makes sense when you know the bigger picture. It definitely makes sense, there's reasons for it. But just to empower yourself with freedom and knowledge and information, because it's out there, you just have to search and then form groups and support, because we don't want them to continue to get away with this.

SHAWN STEVENSON: Well, I'm glad that you're here on the planet with us right now, and I just appreciate you, and... Listen, I want to make sure everybody picks up a copy of The Truth About COVID-19. You could pick this up... I was surprised, it was at the bookstore, actually! And kind of at Barnes & Noble.

DR. JOSEPH MERCOLA: And Amazon... They've been out of stock for a while, they claimed that some books got damaged or destroyed or burned or something.

SHAWN STEVENSON: Yeah, that's what I'm saying, I was surprised it was at the bookstore because of the book burning. Because of the Fahrenheit...

DR. JOSEPH MERCOLA: They bought 100,000 copies, which is really unusual before the launch, so it was definitely a best seller.

SHAWN STEVENSON: Yeah, well...

DR. JOSEPH MERCOLA: Even despite all the suppression.

SHAWN STEVENSON: Yeah. Dr. Mercola, you're a legend, I appreciate you so much, thanks for stopping by.

DR. JOSEPH MERCOLA: You're welcome. Thank you for having me.

SHAWN STEVENSON: Thank you so much for tuning in to this show today, I hope you got a lot of value out of this. One of the biggest takeaways today, for me, is truly just to continue to ask questions, to continue to check our biases, and to just pay more attention to investigating where is our information coming from. Because right now, we live in a time when we are inundated with data, there's so much information at our fingertips. But number one, we have to ask the right questions, and number two, we have to have the ability to actually imbibe the data, to sit with things, to think about them from multiple perspectives, and not just take things at face value. Because we need to get away from so much black and white thinking that something is totally wrong or totally right and understand that the world itself... 50 shades of gray isn't enough! More like 5000, 5,000,000, 5,000,000,000, 5,000,000,000,000 shades of gray. There's so much in between, and so us developing and cultivating those faculties to not just jump head over heels into one paradigm, because... Believe it or not, Dr. Mercola mentioned there can be some benefit seen with certain medicines, earlier vaccines, earlier versions possibly, but then there's data that's showing that, hey, maybe these weren't even as effective as they've been proposed to be.

So, we don't have to be so like "Everything in medicine is terrible," or "Everything in, "natural health is nonsensical and not proven." For me, I just like to come from a place of balance, and understanding, first and foremost, what is the human body? Human DNA? What do our genes expect from us? And live from that place, because with science being so indefinite and constantly changing, what are the things that we do know? What are the things that got us to this point as humanity, that allowed us to evolve such a powerful brain, the prefrontal cortex, that's responsible for decision making and social control, and distinguishing between right and wrong, and forethought? In these parts of the brain that can get bypassed when we're inundated with fear, by the way, as we talked about at the beginning of this episode, and these are the things they get bypassed, but we developed this incredible brain, what are the things that got us here.

What are the things our genes expect? Our genes expect us to eat real food, real things that create the cells of our bodies, that create the cells of our immune system. The immune system is so important right now. Our immune system, our immune cells are made from food! So it's not a matter of this, "natural health." It's just normal! That's just human! We shouldn't be in the category of "This is a natural health protocol, and this is a modern medicine protocol." What it really is, when we're talking about the importance of our nutrition and the importance of

movement... Life is movement. Our genes expect us to move. Life ends when we cease to move. Life ends when our cells cease to move. These are not natural health recommendations or health and fitness, this is human.

So, operating from that place... As much as we've evolve, we have not evolved out of sleep. We have not been able to hack that and get rid of it through our evolution, because some really important and miraculous things take place during sleep that we just can't get away from. So, these are not metrics in natural health versus the medical paradigm. The medical paradigm is a new invention. This is new! But we can garner some value from it as well, but we need a lot more attention to what makes us human impressed upon that system. It needs to pay more attention to what our genes expect from us, instead of trying to treat symptoms, trying to treat the symptoms of our lack of real food, trying to treat the symptoms of our lack of sleep, trying to treat the symptoms of our lack of movement, trying to treat the symptoms of our overabundance of stress and our overabundance of the consumption of things that have never existed before in human history. Alright? I've had my share of Twinkies. I've had my share of... I was a Chocodile guy. I was a Chocodile guy, alright? My friend lived by the Hostess factory. Do you know we'd go to the outlet? Could... 10 Chocodiles for a dollar!

Alright, we're rolling in the cream filling, alright? These things are new. Everything about us, every cell in our body is truly averse to this manufactured synthetic man-made madness. But the human body is so resilient, it will do whatever it can to keep it moving. But even the Chocodile, in the right instance, it can have value, alright? If it was a zombie apocalypse, and you come across a Chocodile, and you don't got any other food, because even the... Maybe you're a hunter or whatever, and the elk are zombified now, they're zombies too. You come across the Chocodile, it could save your life... Live to fight another day. But we're not living at that time, yet. There's no zombie apocalypse going on, or is there? Let me stop.

Alright, so I appreciate you so much for tuning into the show today, I hope you got a lot of value out of this. Please keep this conversation going. Share this information, have conversations, alright? Make sure that you immerse yourself in goodness and people that help you to up-level yourself, that hold you accountable, that help you to think, that drive you to be better. It doesn't always mean that they agree with you, but they respect you. You deserve that. Keep yourself in that environment. Keep yourself uplifted but be somebody who uplifts. Be somebody who is coming from a place of real human logic, of understanding what our genes expect from us, the basic tenets. And making sure that at every step along the way, we're paying attention to those things, or we're never going to get past this. Right now, it's a time to be more human than we've ever been, I appreciate you so much for tuning in to the show today. Take care. Have an amazing day. I'll talk with you soon.

And for more after the show, make sure to head over to themodelhealthshow.com. That's where you can find all of the show notes. You can find transcriptions, videos for each episode, and if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that this show is awesome, and I appreciate that so much. And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.