

# **THE MODEL HEALTH SHOW**

**EPISODE 532**

## **New Vaccine Safety Data & World Health Status Update**

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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 are on a mission to transform the health and wellness of our society, and oftentimes, it's most important for us to really address the underlying issues, what's causing the disruption, what's causing the block, the apprehension; what's causing the obstruction in us getting to where we need to be with our health and our wellness. So, it's important for us to understand first and foremost that here in the United States, we have a 4 trillion, with a T, a \$4 trillion health care system that at its core is a system driven by symptoms management and the suppression of symptoms rather than addressing root causes of illness.

For instance, a 2018 study published in the Journal of the American Medical Association, found that poor diet is the number one cause of our epidemics of heart disease, cancer, diabetes, obesity, and more. The number one cause, it is a root cause, but yet in our system, \$4 trillion health care system, we're treating the symptoms of what diseases caused by diet are doing to our bodies, are doing to our families, are doing to our communities. But just to be clear, this is not just a United States problem, a massive meta-analysis published in The Lancet in 2019 titled Health Effects of Dietary Risk in 195 Countries examined the links between poor diet and the skyrocketing rates of chronic diseases in our world today. The scientists determined that poor diet kills 11 million people around the world every year. The researchers stated, "Our findings show that suboptimal diet is responsible for more deaths than any other risk globally, highlighting the urgent need for improving human diet across nations."

Now, this should be prompting us to take action for what is killing most of our citizens, our global citizens, our world family, but is this actually getting addressed? And you already know the answer to that, but this is why this change is up to us, each and every person listening to this, watching this right now has the capacity to impact the lives of not just ourselves, but our families, our communities, and it just keeps extending out from there, if we can all help one person, if we can all help a couple of people, we can transform our entire society. But again, that power, or it could be framed as a burden, depending on how you look at it, that power is

in our hands for this change. But again, this is talking about our world family, but specifically, here in the United States, we are the most obese and the most chronically diseased nation in the world. As a matter of fact, we're the most chronically diseased nation in the history of documented human civilization.

Now, this is not a title that we want to hold up the championship trophy for, this is not something to be proud of, this is something to absolutely shine a global spotlight here on the United States as an example of what not to do and what we can actually do. We can be the demonstration of what's possible when we transform our relationship with our bodies, with our food, with our movement practices, all of the things, the foundational things that our genes expect from us in order to have healthy expression. These are what are known as epigenetic controllers. Our nutrition is a powerful epigenetic controller.

There are massive fields of nutrigenomics and nutrigenetics right now that are studying how each and every bite of food that we eat shifts, creates alterations in the expression of our genes. Hundreds if not thousands of our genes are influenced immediately, immediately, when we eat food. That's how powerful it is, it isn't something to just be glanced over. And yet again, instead of addressing this powerful foundational tenet, because truly, our food is what is making our cells, our food is what is making our human tissue, our organs, our organ systems, our brains are literally made from the food that we eat, our immune cells that are so important today are literally made from the food that we eat. That's why this is so critical.

Now, stating that the United States is the most chronically diseased nation in the history of the world, this is not just hearsay, this is not something to theorize or to sound fancy or funny, this is an absolute fact. Here in the United States, we have over 240 million United States citizens overweight or obese. 240 million. 130 million of our citizens have type two diabetes or pre-diabetes right now, at this very moment. You've got somewhere in the sphere of 25 to 50 million folks have an autoimmune disease, which were rare just a couple of decades ago. Now today, it's become an epidemic, a series of epidemics with many different expressions of autoimmunity taking place. What happened? What has changed with our species? About 60% of our citizens, 60% of our citizens have some degree of heart disease right now. The number-one killer, contrary to what's on everybody's news screens, the number one killer is still heart

disease. And again, as our most prestigious medical journals have affirmed, poor diet is the number one cause of what's creating our susceptibility.

Now ironically, though we are the most diseased nation in the history of the world, we are also the most drug-using, pharmaceutical drug-using nation in the history of the world as well. We currently have upwards of 70% of our citizens on pharmaceutical drugs, but it's not working.

If we're just doing the math here, again ironically, we are the most sick, yet we're taking the most drugs, which are proposed to be the number-one pathway to our advancement, right? These medical breakthroughs, these pharmaceutical drug breakthroughs, we keep on hearing these things, these headlines and how advanced we are, why are we now the first generation in recorded human history that's not going to outlive our predecessors. We've had this shift take place where life span has been continuously going up, now it's starting to reverse, that's not okay, we've got to take a good, rational look at what's happening in our lives that has created such a shift, when we should be... Again, with our technological advances, we should be healthier and happier than ever, but yet as a society, as a global society, we're more diseased and more mentally depressed and broken than ever. Now, I believe, again, we have the capacity to change it, or we've got to take a good look at how these systems got this way in the first place and some practical things that we can do to change it. But again, we have to take a step back, suspend our disbelief, and look at the data rationally.

Now, not only is the United States spending \$4 trillion a year on a health care system that's yielding the worst results in overall health in the world, ironically but true. But also, according to a huge analysis published in the Journal of the American Medical Association, nearly \$1 trillion of those \$4 trillion are essentially wasted. A trillion dollars. Dr. Evil put the Dr. Evil pinky up. A trillion dollars. It is insane, that number is so difficult for us to even comprehend.

Now, within this report, they're noting, where is this \$1 trillion disappearing to? They detailed how within the health care system, here's some of the ways that this money is just basically disappearing, failure of care delivery, failure of proper care coordination within the system, people talking to other people to get people taken care of, or not really taken care of, but "treated." Another black hole where money is disappearing to is over-treatment or low-value

care, over-treatment or low-value care, another issue is irregularities and pricing, another one is unnecessary administrative complexity, and of course, another one is billions of dollars lost in fraud and abuse.

This is not okay. A trillion dollars? We could feed families. We can implement community wellness programs, a trillion dollars. Listen, it takes \$999 million-plus one to equal a billion, a billion dollars is insane. Now, we're talking about \$999 billion-plus another billion to reach a trillion dollars. It's really, really difficult for the human mind to even comprehend how much money this is, but it's like stupid money, it is insane, the amount of money that is just effectively getting wasted in our health care system, not to mention the low-quality results seen with the \$3 trillion that is effectively trackable. So, we've got to take an honest look at who's profiting from our world's collective sickness, if we don't do that, we're going to continue to hit our heads against the wall, we're going to continue to suffer and to see this downward spiral. There are systems that are profiting from our sickness, this is how it's sustained, and right now our society's chief treatment methods are coming from the domain of pharmacology, pharmaceutical drugs, pharmaceutical drug companies, companies that are making hundreds of billions of dollars collectively annually, profiting from our sickness.

Again, it would be all good, I'd be the biggest fan of this construct, this container in which our health is existing in if it was working, but clearly, something is awry, something is not adding up. And so today, we're really looking at that, especially in the age of COVID-19, where we see such a mutation and such a divide taking place in our society around what is supposed to be a health-centered issue, and yet the primary core of it is not really getting addressed, because our society's metabolic health is the chief susceptibility in our battle against COVID-19. The CDC reported a massive meta-analysis, another huge meta-analysis, that included 800 US hospitals and over 540,000 COVID-19 patients in a study detailed... Again, this is published by the CDC.

It detailed how the number-one risk factor for death from COVID-19 is obesity, the number-one risk factor for death is obesity, the second leading risk factor for death in this analysis, again published by CDC, which I will put on the screen for you to see on the video, I highly encourage you to watch the video version of this episode because you're going to see some

things today that most people have no idea about, it all exists in peer-reviewed evidence. But the second leading risk factor for death from COVID-19 is anxiety and fear-related disorders, so mental health causing issues with our immune system, causing issues with our overall physical health and the performance and resilience of our cells and our tissues that operate in the domain outside, what we would consider to be outside of our mental health, and this is ignoring entire fields of psychoneuroimmunology, for example, and understanding how our psychology deeply influences, if not controls, primarily controls the functionality and performance of our immune system, so if we're in a deep state of stress and fear and the disruption that takes place within our body's ability to mount an effective appropriate response when faced with the virus, this should be front-page news, this should be something that's seen by everybody and respected by everybody because it exists, this is a primary tenet of life here on planet Earth.

Our psychology deeply influences our biochemistry, because, as we've talked about here on the show, every thought you think creates correlating chemistry in the body. And we did an absolute masterclass on this specific subject and looking at how fear and how poor psychological health and exposure just in this time period and what we've been exposed to with a lot of...

Of course, we can have a sensible amount of caution and integrity towards safety, but we've been inundated with fear without context, and a lot of irrational fear as well, that's caused a complicit nature in the propagation with the media, with health care, so-called health care experts and not giving proper context on how we can actually be healthy, it's all about fear and how much of a victim you are. So, we'll put that episode in the show notes if you happen to have missed it, I highly encourage you to check it out. But the bottom line is this, that was the second leading risk factor for death from COVID-19. Number one, again, being obesity, I don't think this can be stressed enough because it's not being addressed, it's the number-one susceptibility, and this thing that's literally turned our entire world upside down. We're living in the upside-down, Stranger Things. Stranger Things indeed. Now, how can we get things back right side up, how can we get things back to a place of empowerment and intelligence, and logic? Well, we have to take a good look at these things, and take a rational, honest approach, and change.

In addition to that, the study also detailed that overall poor metabolic health again is a leading risk factor for hospitalization, and death resulting in collaboration or in regards to COVID-19. Poor metabolic health. So again, our society's metabolic health is the chief susceptibility in our battle against COVID-19. However, instead of our primary susceptibility being addressed effectively and efficiently, and intelligently, cohesively as a society, it's been superseded yet again by pharmaceutical means, rather than systemic change. We've seen massive systemic change in how we operate our lives, that systemic change could have been geared towards health and actually creating systems and structures for people that actually improve their metabolic health, to improve their overall immune system function, there's been literally even here in the State of California, for example, there is a \$100 million lottery to incentivize, I'm using that word lightly, people to head out and get vaccinated \$100 million lottery.

That's just one of the millions and millions of dollars that have been invested just to get... Just in marketing to get people to come out. When again, what if these funds were invested in things that have sustainability, that have efficacy, that have proven, this is the key, that have a proven history, years, decades of documented efficacy in their effectiveness in keeping us healthy and resilient and reduce our susceptibility to all manner of infectious diseases, that does not wane, that only gets better as we utilize them and just... Of course, it reduces our risk in our occurrence of all these chronic diseases that are truly the leading killers in our society and also in our world as we've already detailed.

Now, here's the key, things have been shifted yet again to pharmaceutical means, where we have some of these top pharmaceutical companies that have pioneered some of these vaccines, looking to pocket \$30 billion, \$40 billion in their campaigns is an absolute gold mine. And if we look at, again, the data and their integrity, the pharmaceutical companies themselves, there's a lot of things that should raise some red flags for us in our concern, and again, what we're doing with this pharmaceutical model... But here's the thing, we have to be open... If we're going to have logical rational conversation and change and cohesively working together as a society, we've got to be open to all things being effective, so we don't want to jump to the other stream, and just like, "Pharmaceutical means cannot be effective." That's not going to be a good idea, that's not going to be a solid use of our mental space to think that.

Pharmaceutical interventions absolutely have their place and absolutely have modalities where it can be extremely effective and even lifesaving, so we have to carry that understanding as well.

Now, we have to couple that with... Because it's a both-and or, it's not an either or... We have to couple that with the track record of pharmacology being the basis of our health care system and the treatment of our most pressing issues, not bearing out good results at all, as a matter of fact, the results are horrendous. As a matter of fact, the results are a dumpster fire, no, as a matter of fact, the results are a town of dumpster fires, you're visiting the town of dumpster fires, a sign that comes up, Population US Dumpster Fire, right? I'm being a little extreme here, I know, but truly, we've got to put this in a proper perspective, it has been terrible. Our society is getting sicker and sicker and sicker, and we're dying from largely preventable chronic diseases that are most often related to our diet and our lifestyle. And so, improving our metabolic health is one of the things that should be of the utmost importance. But again, we are finding ourselves superseding this focus on getting our citizens healthier with another pharmaceutical means and ignoring the root cause. Again, what is the biggest root cause here, obesity, abnormal metabolism, fear, and anxiety? And ignoring the root cause always comes at a cost.

That's one of the big takeaways from today, ignoring the root cause always comes at a cost, often in the form of the disease or the conditions not actually improving or superficially improving, but not truly at their core improving. And often by taking a symptoms treatment and not addressing the root cause, often at the advent, what happens is additional symptoms and side-effects. And so that's what we're seeing currently.

And today, I want to talk about a concerning side-effect that is finally being acknowledged as valid, yet hardly anyone is reporting on it, the NIH recently announced, and again, we'll put this up on the screen for everybody to see. The NIH, again, the National Institutes of Health has announced that they are now funding research to determine the possible causality between COVID-19-related vaccines and abnormalities in women's menstrual cycles. Tens of thousands of women have reported abnormalities with their menstrual cycle post-vaccination, sharing their experience with health care workers, health reporting agencies, and taking to social

media to share their experience and inquire if other women have experienced anything similar. Currently, the VAERS database, the Vaccine Adverse Event Reporting System, co-operated by the CDC and the FDA, has nearly 10,000 administration-related abnormalities reported already, and it's finally being deemed a worthy topic to investigate. The NIH is investing nearly \$2 million to multiple institutions to study this possible connection.

In fact, there are a plethora of strange, adverse events now emerging, and they're finally getting some attention. I say "finally" because this was taking place at the end of 2020, early 2021, and now here we are towards the end of 2021, and this is just now getting appropriate attention, or not even to say appropriate, it is getting attention as thousands of women were coming forward and saying, "Hey, listen, I'm pro-vaccine, very pro-vaccine, but I have this... This very strange thing is taking place in my body, and I just want some answers. And so, with an emergence of some of these strange issues and many others, I actually did an exclusive segment on this that was just done for social media because of the volatile nature of the content. And being able to publish the full dictation of this data on YouTube, for example, it would likely get taken down. Unfortunately, again, we're just going through peer-reviewed evidence, we're just going through some of the most viable data that we have, and in order for science to be moved forward, we have to be able to talk about these things. And especially one of the most important tenets in medicine is informed consent, so getting folks educated.

And in this segment, I actually utilized one of the strangest stories to hit the airwaves, which was a story from rap superstar Nicki Minaj and her associate, somebody that... Her cousin's friend, and this swollen testicle story that just made a bunch of headlines and of course has slowly disappeared, but what I did was I utilized that as an entry point into looking at the data and to have a rational conversation. And so what I'm going to do for you is, I'm going to put that segment for you here right now on The Model Health Show, and you're going to be able to see this, and again, I highly encourage you to watch the video so you can see firsthand as we go through the VAERS database together, and you can see, and also see all the other argumentative components to see how rational the data that we've collected really is. Again, we're looking at things from multiple perspectives to come to a thoughtful, rational hypothesis, because if we look at the VAERS system, for example, it's not a determinate for example, of causality, but it should prompt us to further investigation, so we're going to look

at some other components to help to validate the thousands of reports, hundreds of thousands of reports actually at this point, to see, where can we find some leverage in addressing some of these concerns, and again, ultimately shifting focus to what matters most?

So, when I play this segment for you... And also, I want you to make sure that you're connected with me via email so that you never miss any exclusive content like this because I wasn't actually going to even put it on this platform because we wouldn't be able to put it on YouTube. But what we're doing is, we're going to put this video for you, the entire episode, I'm going to put this video for you at [themodelhealthshow.com/c19](http://themodelhealthshow.com/c19), [themodelhealthshow.com/c19](http://themodelhealthshow.com/c19) to see this entire exclusive video, and also again, you want to stay connected with me via email so that regardless of what's happening in the world, you can get first access to the data that I'm putting out there. And I'm putting out a lot of insightful information and working with, as you know, some of the top experts in the world in various domains. And with the show, we have two episodes coming out a week, and with all that's happening in the world, you need to stay connected so we can stay up to date when important news stories and studies and revelations are taking place. So, to do that, go to [themodelhealthshow.com/connect](http://themodelhealthshow.com/connect) and make sure that we are connected via email, and without any further ado, here is the exclusive segment covering using this as an entry point, the wild story of Nicki Minaj and strange vaccine-related adverse events.

Superstar rap artist Nicki Minaj came under fire recently for her comments about a strange COVID-19 vaccine-related side-effect. She stated that she wasn't at the Met Gala this year because they required vaccination to attend. Saying, quote, "They want you to get vaccinated for the Met, if I get vaccinated, it won't be for the Met, it'll be once I feel I've done enough research, I'm working on that now. In the meantime, my loves, be safe, wear the mask with the two strings that grip your head and face, not that loose one. Prayer hands and heart emoji."

And she shared with her followers on Twitter that she was being cautious about getting vaccinated because "My cousin in Trinidad won't get the vaccine 'cause his friend got it and became impotent. His testicles became swollen. His friend was weeks away from getting married, now the girl called off the wedding. So just pray on it and make sure that you're comfortable with your decision, not bullied."

Covid vaccine and balls swelling up? This sounds outrageous, and the media had a field day with Nikki's comments. One of the many major media headlines targeting Nikki's testicle tale stated, "Rap artist Nicki Minaj faces backlash after tweeting inaccurate information about covid vaccines."

In the report, Dr. Arturo Casadevall, Chair of Molecular Microbiology, and Immunology at the Johns Hopkins Bloomberg School of Public Health noted that swollen testicles and impotence aren't side effects of the vaccine. Casadevall said, "The symptoms experienced by Minaj's cousin's friend were almost certainly not connected to the vaccines, and the timing was just a coincidence." And the well-known director of the National Institutes of Allergy and Infectious Diseases, Dr. Anthony Fauci, chimed in during this exchange with CNN's Jake Tapper.

***Jake Tapper:** Dr. Fauci, is there any evidence that the Pfizer, the Moderna, or the J&J vaccines cause any reproductive issues in men or women?*

***Anthony Fauci:** The answer to that, Jake, is a resounding no. There's no evidence that it happens, nor is there any mechanistic reason to imagine that it would happen. So, the answer to your question is no. It's very difficult, there is a lot of misinformation mostly on social media, and the only way we know to counter mis and disinformation is to provide a lot of correct information and to essentially debunk these kinds of claims, which may be innocent on her part, I'm not blaming her for anything, but she should be thinking twice about propagating information that really has no basis as except a one-off anecdote, and that's not what science is all about.*

**SHAWN STEVENSON:** As he states about these audacious claims from Nicki Minaj, "That's not what science is all about." So, I decided to support Dr. Fauci's resounding no and make sure that no one else has been reporting this very unusual side-effect. So, I went to the Vaccine Adverse Event Reporting System, also known as the VAERS surveillance system, run jointly by the CDC and FDA to track down if any similar occurrences of swollen balls have taken place. To my surprise, there were at least 80 such documented events as of this recording.

Let's check out just a few of these, starting with the gentleman in Oregon who was vaccinated on February 23rd, 2021, and the date of onset of his symptoms was February 24th, 2021. He noted, "I had painful swelling of the testicles within the first 24 hours. They were hot, red, very much enlarged, and extremely painful. I had not seen this reported as a common side-effect of the vaccination. I thought it should be reported." The vaccine that he utilized was from Pfizer. And he also noted that "I called my doctor for advice, he has not returned my call." That's got to be a tough situation to be in, your balls are flaming hot, swollen, and your doctor won't even call you back.

Let's check out another report here, this one states, "Swelling and pain in the testicles." This is a spontaneous report received from a contactable patient. A 41-year-old male patient received his first dose of the Pfizer-BioNTech COVID-19 vaccine formulation, administered in left arm. So, this was reported with the assistance of, it appears to be a health care provider. Let's check out another one. This one, the data vaccination was 3/10, and the date of onset of symptoms was 3/25, so a little bit later. Vaccine utilized was Moderna. And this one states, "Swelling of groin and testicles, pain on hands and feet, weakness, chills, generalized pain, insomnia." This spontaneous case was reported by a consumer and describes the occurrence of pain, generalized pain, swelling, swelling of groin and testicles, and testicular swelling, swelling of groin and testicles. So, it's a little repeated there. And a 61-year-old male patient who received the Moderna COVID-19 vaccine.

Now, at this point, it's important to note that VAERS is a passive reporting system, a surveillance system, again, run jointly by the CDC and FDA, and this does not confirm causality. However, the point is to have this management system, this surveillance system, to indicate when there might be some problematic issues to then form a hypothesis and dig into deeper to give it a little bit more credibility and acknowledgment and see if there's a possibility of connection. So, does this deserve more attention? Absolutely.

Now let's look at one more, and this one is from a 39-year-old male, and it states, "Sweating, lips turned pale, vision blurred, no energy, stressful headache, numbness in the groin area and left testicles. Swollen left testicle, feeling extreme pain." Now, this was from a spontaneous report received from a patient, a concerned 39-year-old male. And going down a little bit

further, it's noting that the treatment medications for this individual, he was in a lot of pain and suffering, included morphine and oxycodone.

This individual was vaccinated on April 3rd, 2021, and the date of onset was the same and following day as more symptoms evolved. The vaccine received was the Janssen, I.e., Johnson & Johnson vaccine. And I felt it was pretty important to indicate that he also received morphine and oxycodone as a treatment. Which Johnson & Johnson is the industry leader in the production of this genetically modified, they call it, "super poppy," that's actually used to make some of the most powerful opioids, again, that he's actually utilizing for his treatment? So, a potential cause of this issue and providing a treatment at the same time. Now, this particular analysis here with the VAERS database, this is just for documented swelling, if you investigate testicular pain, the adverse events nearly double. There are at least 170 reports as of this recording. And what about the validity of impotence? Well, we'll go back to the VAERS data search and lookup erectile dysfunction in relationship to COVID-19 vaccines.

When we do a search, we find that there are 115 such reports in the VAERS database like this one from a 41-year-old gentleman after taking the Moderna vaccine. It states, "About five hours after receiving the vaccine, muscle ache in shoulder. Next day, mild headache and body aches through day three. Slight sinus drainage on days two and three, and tightness in chest on day three morning. Penis reduced in size, length and circumference is significant, since following day, and pain in the penile area from day three and day five is most noticeable. Shape of penis has changed, noticed on day four due to an erection, and the skin has become loose with the size reduction like baggy pants." This man's erection went from a skinny jeans fit to MC Hammer pants. Somebody's got to help this guy.

Now, balls and penises aren't the only things hurting on the VAERS database, experts ask us again to keep in mind that the benefits of the covid vaccines far outweigh the potential risk. So please keep that in mind as we look at the adverse events reporting. When we do a search for all adverse events reported in the VAERS database for covid-related products, there are hundreds of thousands to go through. According to the VAERS analysis from August 31st, 2021, viral immunologist Dr. Jessica Rose noted that the number of adverse events from covid-related vaccines are over 1,100 times higher than the adverse events from all vaccines

combined per year for the past 10-year time span. It's pretty remarkable. She stratified the data and noted that this increase is not a result of increased injections. It's a pretty startling number.

Now, where it gets even more interesting is the well-established, under-reporting of the VAERS database, since it is a passive system. According to a study published in toxicology reports, "Historically, VAERS has been shown to report only about 1% of actual vaccine adverse events." Again, historically, upwards of 99% of adverse reactions from vaccinations are not reported in the VAERS database. The question should naturally be, "Why is this under-reporting so rampant, and why does this even matter so much?" Well, this is an incredibly important distinction, because the VAERS database is the only systemically recognized reporting system that we have, and if the system is not respected, properly utilized, and properly analyzed, we are at a loss to really understand the safety and efficacy of our most important vaccines. Now, why is the under-reporting so rampant? Well, the study published in the journal, *Vaccine*, found that about 30% of health care professionals don't even know VAERS exists. And of the health care professionals noted in the study who did identify an adverse reaction from a vaccine, only about 17% of them reported it in the VAERS database.

Now, we can rationally assume that even that number of actual reporting could be much lower because physicians, for example, tend to have a high knowledge base and have a legal and ethical pressure to have the answers for things and too, of course, "Do no harm." That social and cognitive pressure would make it difficult, I believe, to admit if you're not following through on your obligations because health care providers are required by law to report to VAERS. This could be considered negligence on the part of the health care professional to admit that they didn't report to VAERS when they should have. 83% admitting not reporting, that number is pretty startling, but it could be higher. Now the question would be, why not report when it's the right thing to do, and why not report when you're required by law to do so?

Well, many people agree that the VAERS database is incredibly time-consuming, shrouded in unnecessary complexity, and substantially under-supported. VAERS, again, it's a passive surveillance system run jointly by the CDC and the FDA, and it's well established that neither

agency puts any notable resources into managing it, but again it's the only systemically recognized reporting system that we have. And as a reminder, VAERS cannot confirm if a vaccine actually caused something. We don't know if the adverse events, including deaths, reported to VAERS are actually coincidences that would have happened regardless of the vaccine. The purpose of VAERS is to detect signals of possible vaccine-adverse events and prompt further investigations. That's really at the heart of its value. Now, when I asked about Nicki Minaj's cousin's friend's balls swelling up, Dr. Fauci said, "There's no evidence that it happens, nor is there any mechanistic reason to imagine that it would happen." Well.

There's plenty of evidence and we'll never really understand the mechanistic reason if we don't honor people's experiences, and worse yet if they're ignored. The question should be, "How is a shot in the arm causing thousands of different symptoms in different people? How is it affecting the heart in some people if we are talking about the instances of myocarditis and inflammation of the heart or the balls and penises of other people, how is this technology possibly doing that? And when we see these events occurring in people's stories and their experiences, especially in this reporting database, and we start to see a trend happening, the question should be why, and let's honor these things and look into it a little bit further. And let us not forget when Jake Tapper asked Dr. Fauci, "Is there any evidence that the Pfizer, the Moderna, or the Johnson & Johnson vaccines cause any reproductive issues in men or women?"

Dr. Fauci replied, "The answer to that, Jake, is a resounding no. There's no evidence that it happens, nor is there any mechanistic reason to imagine that it would happen. So, the answer to your question is no." Well, new research actually being funded by the NIH is finally being done to investigate the tens of thousands of reports from women about abnormalities with their menstrual cycles after their covid vaccination, the NIH is now providing nearly \$2 million in funding to multiple institutions to investigate this issue. But a better question... In knowing that this is taking place at the very same institution at the NIH, a better question would be, "Why did it take so long for this to be acknowledged?"

*Katharine Lee: I was texting with another friend who had been vaccinated on the same day as me, but a couple of days later, we both were complaining about period*

*symptoms that were unusual for us. And then I reached out to Kate just to ask if anybody had talked to her.*

***Kathryn B.H. Clancy:*** *It was interesting, it piqued my curiosity for a moment there, and I actually also had pretty significant period symptoms, and I decided to take to Twitter, and that was where I was really surprised how many people said, "Until you said that I hadn't made the connection between the vaccine and the fact that I had a really rough period this time."*

*~ Some people wrote in saying they were having a period even though they'd already started menopause, others said their period wasn't due for weeks, became days after the shot, and a number of trans folks said that despite being on testosterone, they had period symptoms.*

***Kathryn B.H. Clancy:*** *And it became very clear very quickly that this was an emerging issue, that it was under-studied, that vaccine trials had not thought to explore it at all. And if anyone was going to pay attention, it was going to be us.*

**SHAWN STEVENSON:** Again, the question is, why did this take so long to be acknowledged? This has been going on for almost a year now with women expressing these symptoms and sharing their stories. And we can't understand the mechanistic issue until we acknowledge people's experiences. And this lack of acknowledgment is especially prevalent for women. A report from Duke University states, "Studies show that women's perceptions of gender bias are correct. Compared with male patients, women who present the same condition may not receive the same evidence-based care. For instance, a 2000 study published in the New England Journal of Medicine found that women are seven times more likely than men to be misdiagnosed and discharged in the middle of having a heart attack." How is that possible? A large reason is that medical concepts and treatment protocols are largely based around male physiology, sufficient numbers of female participants are typically not included in clinical trials, and when symptoms and women present themselves, they are often brushed off and considered less valid.

It's a systemic issue that's well noted in the research and also the experiences of countless women. We can use this time right now as an opportunity to address these systemic issues, we can use this time, with so much going on in the domain of science, and so much change happening, to actually do a lot of good and to address these things that we've been allowing to take place for decades, ignoring or attacking people's experiences and perspectives isn't going to get us where we need to be.

When Nicki Minaj was attacked in the media, when reporters and health experts alike were saying that her story of someone experiencing testicular swelling and impotence had no basis anywhere in the data, they were obviously not looking at the data. So, to slander her without even acknowledging the possibility of her concern, in the words of Dr. Fauci, "That's not what science is all about." With things being so inflammatory and politicized, people are less likely to even acknowledge an experience that doesn't fit their narrative no matter how true that experience might be. This is our opportunity for us to come together right now to be more open-minded, to be more inquisitive, to be more compassionate, and to really honor the beauty of what science can really be.

Alright, I hope that you gained some new insights from that special segment, and again, make sure that you see the whole video so you can go through and actually look at the various studies, go through the VAERS database along with me at [themodelhealthshow.com/c19](http://themodelhealthshow.com/c19), the letter C and the numbers 1-9.

Now, another thing that we can expand on here on The Model Health Show is simply asking the question why, why are we seeing such strange, abnormal events if we're looking at everything ranging from abnormalities and administration to abnormalities in myocarditis related to inflammation of the heart, pericarditis, and also inflammation of the brain also being seen. Why is that? Well, what's taking place? And literally, we're talking about altering the makeup of the blood itself. This new technology is encouraging our cells to create... Essentially create and start to print out these abnormal spike protein cells that are now traveling throughout our bloodstream. And if we look at a direct out-picturing of that, it would be easy, kind of an easy on-ramp to see the connection between abnormalities in menstrual cycles, but also if we understand that the blood that's transporting the spike proteins is also going

through the heart, it's also going to the brain, and we know that these... We do have the blood-brain barrier, but we know that spike protein has been found to be very effective in crossing the blood-brain barrier and make its way into the brain. We do have many instances now reported of brain inflammation as well. So why is this happening? And really, from what I'm theorizing and seeing just in the data, has a lot to do with the alterations that's taking place in the blood itself with the spike protein.

Now, we also have to keep in mind that not only is it altering the makeup of the blood, but the blood is then being used to literally "build" our organs and other tissues, they're being used to make our cells. So, the downstream effects, if we take a rational analysis of this, they should be alarming, but not that surprising, because this has all been done... We've never done this before. In recent, modern medicine, where we have a drug formulated and then released to the public at mass scale, talking getting hundreds of millions of people so quickly, we're talking about within a year, this has never been done before. And somebody might have... There's a lot of what about-ism, there's a lot of missing the point going on. "Well, mRNA has been around for many..." Listen, we're talking about the specific formulation to utilize mRNA technology to encourage the creation of the spike protein. This is new, it has never been done before.

So, whenever people have that argument, they're really missing the point, and that what about-ism isn't going to get us anywhere. The bottom line, everybody, it's a very rational, logical thing to say, it's a fact, this is a new intervention just formulated, and within the span of a year released at mass scale, it's never been done before. So, to see all these adverse events, again, when we're treating a symptom of a much bigger issue superficially and not actually getting to the issue of susceptibility, which again, we've mentioned this already, the number one susceptibility, the number one... The leading cause of death related to covid is obesity, published by the CDC, and just overall dysfunction with metabolism, anxiety, and fear-related disorders, these are our greatest susceptibilities, these things are not getting addressed, the real problem is not getting addressed, that's making us susceptible, we're superficially doing a thing and wondering why we're getting these weird side-effects. They exist, but again, this is not to say that pharmaceutical interventions including vaccines cannot be used with efficacy, the issue is we have to acknowledge that we're coming into this, and suddenly we're shifting

our growing logic in recent years about the behavior of these pharmaceutical companies to suddenly... All of that goes out the window.

Right now, it's so funny to me because at this time we're also having all of these big films and projects coming out, targeting and talking about what's taking place with pharmaceutical companies and the opioid epidemic, for example. We've got a program on Hulu, Dopesick, for example. We've got Crime of the Century, the documentary on HBO Max, really well done. And looking at the billions of dollars in profit is disgusting, and knowingly killing people, about a million Americans have died. About a million Americans have died at the hands of these drugs just within... Since 2000, a million Americans have lost their lives, that's not even to count the tens of millions injured and the tens of millions of families fractured and destroyed. How much is that worth? We have Johnson & Johnson now recently ordered to pay part of a \$26 billion settlement for their contribution to the opioid epidemic, which is scraps to them.

And this is just the nature of the beast because most people... That new story was here today, gone today, most people have no idea about it. All they know about is Johnson & Johnson has come through with a vaccine. Blood is on their hands, they're killers, they knowingly... They are the world's largest producer of the narcotics used to make opioids, this "super poppy," this genetically modified super poppy. And they're just operating business as usual. And it's not okay, we have to look at the integrity of where this stuff is coming from, it matters. We can't just turn a blind eye to one thing, because what happens is you end up losing that other eye. Then we get to a place where we're like... This show, See, it's called See, S-E-E, See on Apple TV, where we are generations in the future, and because of a virus, humanity has lost their ability to see, they've lost their sight.

This was made pre-covid, they didn't know. It's so poetic that humans are bringing these things forward right now, and for us to understand... And what was deemed to be was that our sight was what got us into that place where we destroyed humanity. Having sight, but not having vision. Having sight, but not being able to see what's right in front of you. As of this recording, we have a new report published in the BMJ. Again, we'll put this up for you to see. A whistleblower has come forward, working in the Pfizer vaccine trial. And again, I was sharing the data from the very beginning, about Pfizer's criminal history, massive criminal history from

the very beginning, because again, I felt that we had already established, as a health community, people that are really about that life, that there's a nefarious nature and the manipulation taking place with the biggest drug companies. One of those being Pfizer was convicted of criminal activity and ordered to pay the largest health care fraud settlement in the history of the Department of Justice, the largest health care fraud settlement, and this is just what they got caught doing.

Do you know how powerful these organizations are? This is only a fraction of a fraction of a fraction of a fraction of the things that they've actually done. In order to pay \$2.3 billion for their fraudulent activities, nothing... Do you know how much they're making in this vaccine campaign? Tens of billions of dollars. It's insane. It's a cash cow now with boosters rolling out. Pfizer was also guilty of pushing Prempro to the market, a drug used to treat symptoms of menopause with questionable safety data, which they knew, purposefully, and ended up causing breast cancer in countless victims, they're eventually paying out over a billion dollars for their crime, scratched them. Also, they were caught, Pfizer, testing drugs, unapproved drugs on children in Nigeria. Now, that just sounds like something in a movie, it doesn't even sound real, in a foreign country testing unapproved drugs on children, but it's true.

And so, in this situation with the whistleblower coming forward, and again, this is published in the BMJ just a couple of days ago as of this recording. And what the whistleblower... And this is a person who has a couple of decades of research experience in drug testing, vaccine trials, and these people are not coming forward because they want to be disruptive because they want to be outed or any of that stuff because it's dangerous. And it is not fun to be demonized, because right now the media, this is one of those layers of this, our media today here in the United States is largely funded by pharmaceutical companies. Do you think they're actually going to talk bad about the person that's paying their bills, the entities that are paying their bills? That's insanity to think that. These stories do come... There are great reporters out there, their stories... And many of them actually listen to The Model Health Show and they try to get these stories out. And they're constantly just pushed to the side, and also, they have to find creative ways to get these stories out.

And if a story does emerge, like the Johnson & Johnson lawsuit, \$26 billion lawsuits, it's literally here today, gone today. You might hear a news station mention it and it's gone, back on to, "We got new drugs for you," not to mention all the commercials just rolling out, telling you about all these great drugs for all of your problems. It is unethical. And so, folks, coming forward, we got to understand where psychologically the risk that they're taking... But here's what was found in this publication. So again, this is published in the BMJ, this is one of the top, most prestigious medical journals in the world, and I've seen this tendency towards abnormal behavior with peer-reviewed journals recently. Of course, in the age of COVID-19, the BMJ has been the most consistent, asking the tough questions, sharing analysis, publishing data, again, from some of the most prestigious institutions in the world that isn't getting published elsewhere because of the inflammatory nature. But this was published in the BMJ. I'm going to say this one more time, one of the most prestigious medical journals in history.

And here's what the researcher in the Pfizer trials came out and shared, that there was potential unblinding during several facets of the study, poor laboratory management, protocol deviations not being reported. The researcher came forward and shared their concerns, they were ignored. They then reported it to the FDA, then they got fired for "not being a good fit." It's this series again, the same story of covering up. And the question is because the same organization is funding this research is responsible for multiple labs, and there are so many different things that were... We were definitely not crossing our T's and dotting our I's in this. It's been this project warp-speed mentality, and the problem is that human biology doesn't operate on warp speed.

We can fast-track a drug and unleash it to the public within a year, but biology takes time, the downstream effects, the "side effects" of altering how ourselves are being produced, and then the integration, how these cells are then becoming a part of our tissues, we don't know the long-term ramifications. And just in the short-term, what's taken place is... It's kind of insane, and it's insane that we're not talking about it and having a logical conversation to see truly, what is a cost-benefit analysis here for all populations? Because it's been a one-size-fits-all approach to this, which is, again, that is another point of insanity, but also this is another big takeaway from today's episode, is this term "informed consent." It's been stolen from our society, they have no idea what they're doing, the average person, they just want to be safe,

they just want to take care of their family, they just want their kids to be safe. We cannot hourly blame that. Now, once we get educated, once we get access to the information, it becomes our responsibility to do something with it or not.

So, bringing logic back into the room is going to require us to learn from our past experiences, you've probably heard the statement that when someone shows you who they are, believe them. When someone shows you who they are, believe them. That same sentiment comes to not just individuals, but to organizations. And I shared this on a recent episode of The Model Health Show, again, just looking at factual evidence. And this whistle-blower coming forward, this is not a surprise to me at all, because I had already seen the data, and I also shared the data with you, that there was an absolutely atrocious un-blinding that took place that pretty much, maybe a fraction of a percent of the population actually knows about this, the Moderna and Pfizer vaccine trials were conducted as expected with a control group. This is a group within the trial who are given a placebo and not the test vaccine. Again, this is the very nature of a randomized placebo-controlled trial, the highest standard to understand the effectiveness and efficacy of things that are implemented, be it a supplement, be it a pharmaceutical drug, be it a physical intervention, a randomized placebo-controlled trial is the gold standard, so we can actually get viable data.

However, with both Moderna and Pfizer during the trial and after the vaccines were given emergency-use authorization, the vaccine companies conducting the trial decided to break protocol and notify the control group that they were not really given the vaccine.

This is a fact, and it's under the guise of being ethical, but this is so unethical because it immediately... It takes a... And this was used to get emergency-use authorization was the fact that they had a control group, but suddenly that was shifted. They were offered the vaccine, the opportunity to take the vaccine, the people who were in the control group, and a huge percentage of the control group were then given the vaccine under the guise that it was the righteous thing to do to offer it to them so that they were left out of this miraculous protection, even though it broke the very code of conduct and research that was used to get the vaccine approved for use in the first place. Dr. Carlos Fierro, who ran one of the clinical trials says, every participant was called back after the FDA authorized the vaccine, "during that

visit, we discussed the options, which included staying in the study without the vaccine. And amazingly, there were people, a couple of people who chose to do that, a couple of people who chose that." Amazingly, there were a couple of people who were going to make sure the data that you were using for the FDA approval of this new drug were going to do what the drug companies promised they'd do.

A couple of people decided to actually stick to what was promised, but the truth is these companies intentionally un-blinded them, and it was not out of the kindness of their hearts to give them this special vaccine, because what this really did was muddy up the data, and by doing so, intentionally eliminating some of the most vital data that was promised to come from these trials. Dr. Steven Goodman, a clinical trial specialist at Stanford University, says, losing those control groups makes it more difficult to answer some important questions about COVID-19 vaccines. "We don't know how long protection lasts," he says, "we don't know efficacy against variants, for which we definitely need a good control arm, and we don't know if there are any differences in any of these parameters by age or race or infirmity." This deceitful decision happened before we found out that the promised protection doesn't last very long. This could have been identified, this was before we found out the subpar efficacy against variance. This could have been identified. And also, before we saw clearly these vaccines don't actually effectively reduce transmission, all of these things could have been seen coming if suddenly they didn't decide to unblind, unethically unblind and lie, because they used a controlled placebo trial to get authorization, then they took away the placebo group.

Literally, I cannot believe that I'm even talking about this, that this is even a thing. And then proceeding to make tens of billions of dollars from our society, from our citizens, it just baffles me because I really believe there, we're so much better than this, but we've got to take back control of our minds and our thinking and get back to a place of logic.

That report goes on to say, "Clinical trials that include a placebo group are the surest and most definitive ways to gather information about vaccine effectiveness." Now, I believe that all of this is taking place for us to learn some really valuable data, for us to really pay attention to the major issues that have been festering beneath the surface that we've come to accept as normal, for us to see situations like this take place in clinical trials that again are making

organizations billions of dollars, for us to say, "You know what? This is not acceptable, we will never tolerate something like this again, we have very specific parameters by which we monitor, and we measure, and we test things to ensure efficacy and safety. We're not just going to bypass this ever again, just look at the results." So, this is my firm belief, is that we're actually getting a chance to look at these things, but we've got to look.

Another one of those issues again, if you're wondering, even if we're talking about our standards of efficacy and safety, we did a masterclass on the FDA itself, and we'll put that for you in the show notes, you must watch that episode or listen to that episode right after this one, get fully immersed in the structure of what the...

We go literally from the beginning of the origins of the FDA up to the status of its performance today, which is going to be shocking. But another one of those crafty issues that again, hopefully, we're going to get into a place where this is not acceptable, is this revolving door of FDA officials working at pharmaceutical companies, and pharmaceutical reps and people on the board of directors at pharmacy companies then getting jobs at the FDA. That's an incestuous relationship. One of those folks being the former FDA commissioner, the head person at the FDA, Scott Gottlieb, left the FDA and joined Pfizer right before the pandemic kicked off in 2019. How is this even appropriate? Nearly 30% of FDA employees leave the FDA and get high-paying jobs in pharmaceuticals companies. This would logically make you question what FDA employees may be doing to get in the good graces of the pharmaceutical company for their future cushy jobs with them, and what kind of inside data, internal information they're utilizing in drug-approval, formulation, documentation. The list goes on and on because, a lot of folks aren't aware of this, but what's happening with the FDA, the FDA is largely funded by pharmaceutical companies, about 50% of the overall budget of the FDA, our Food and Drug Administration, that's supposed to be...

That's supposed to be protecting us. And supposed to be the protective force and policing pharmaceutical companies is funded by those same pharmaceutical companies to the tune of billions of dollars each year, is going from pharmaceutical company pockets into the FDA's pockets, about half of their overall budget and about 75% of their scientific review budget is coming from drug companies. And being that this is a case, it's not that the FDA is actually

taking the data or the drugs from the drug companies and then running it through their own trials to see, "Let me make sure that what data you're giving me is actually accurate." No, they don't do that, they just take the drug companies' word for it. The drug company runs their own trial, gives it to the FDA for approval. That's it. And on that board of approval, the physician board of approval with the FDA, this is published in one of our most prestigious journals, the Journal of Science, after doing an analysis, nearly 40% of the physicians on the approval board at the FDA receive money, receive payments in the form of cash payments, gifts, grants from pharmaceutical companies, but there's a loophole, they don't do it... They don't give them the thing, and then they get the approval of their drug or the non-approval or approval of a competitor's drug that can help their profit...

Their market share, whatever the case might be, they don't do it up-front, it's called post hoc payments received. So, this can happen after the drug is up for approval, then they get the money six months later, nine months later, a year later, but really great investigational reporting was done to track... And this isn't even hidden, that's the thing, it happens so often again, nearly 40% of physicians on review boards or drugs receive payments from the same pharmaceutical companies, drugs who they are supposed to be, with integrity, without bias, analyzing their data, receive money from those same pharmaceutical companies, thousands, tens of thousands, hundreds of thousands, in some instances, millions of dollars going into the pocket of those folks on the physician approval boards at the FDA. It is not okay, it's not okay. This is just using basic logic. These are things that we must not allow if we're going to have real integrity in this process.

Now again, to see the silver lining in this situation is for us to say, "We will no longer accept these conditions and we must change to actually see safety and efficacy because all of the corners that were cut in unleashing this massive vaccine campaign..."

If you actually look at how effective it is when it's been pressed into our society, and the data that was manipulated, that was unethically altered, taking away the control group, for example, then you start to see why things have played out the way that they've played out. Because it's gone from a miracle discovery that dramatically reduces viral load, and it turned out not to be true, it's going from a dramatically reduced transmission with the vaccine that

turned out not to be true, it went from, "It reduces your susceptibility to infection dramatically," turned out not to be true. And finally, the argument that's being clung on to with dear life right now is that it dramatically reduces the risk of severe symptoms. Well, there is some data that has maintained that to be true, but not very long, the debatable level of protection against severe symptoms has been found to rise and fall faster than the popularity of Gangnam Style.

Now, if we've been keeping our eyes on the data coming out of Israel, which is known to be the "most vaccinated population on Earth," we've seen that the effectiveness varying significantly, and this can range from two to six months later, prompting the advent and this massive campaign towards boosters. And again, we're not questioning like, "Hey, I thought that this was supposed to be reducing viral load, reducing susceptibility, reducing transmission, all these promises, and now it's just clung on to this one thing, reducing severe symptoms.

When we shared this with Dr. Ron Brown, who actually has the published peer-reviewed study looking at the efficacy of the COVID-19 mRNA trials with Pfizer and Moderna... We had him here on the show because that's what we do, we will go and actually go to the researcher and find out, if at all possible, what's going on here. And he shared with us the details and the difference between relative risk reduction and absolute risk reduction seen in clinical trials. The relative risk reduction, yes, we're talking 94%, 95% with Moderna and Pfizer. That's the relative risk reduction. But what they failed to disclose to the public is the absolute risk reduction, which, the absolute risk reduction is your risk reduction as an individual, as a person in the real world, your risk reduction in these clinical trials with Pfizer. The absolute risk reduction wasn't 95%, it was 0.7%, 0.7% absolute risk reduction for the specific individual in the real world. For the Moderna vaccine, it was a 1.1% absolute risk reduction for not severe symptoms, that was not demonstrated in the clinical trials, it was a reduction in mild symptoms.

And this is just the facts, if it was different, I'd be fine with that, if it actually was demonstrated to reduce the risk of severe symptoms in the clinical trials, because that was the thing it devolved to... It devolved from reducing viral load, reducing susceptibility, reducing transmission, reducing hospitalizations, now, have we seen a benefit with reductions in severe

outcomes? I think some data is definitely pointing towards that, but we've got to look at where the data is coming from and take all of this into perspective, because when they actually test a cluster of people, not just saying, not looking at headlines, not just listening to cookie-cutter numbers from public health officials, show me the data. Show me the numbers. Show me the money, Jerry. Shout-out to Jerry Maguire, Cuba Gooding Jr. But when a cluster of people, like let's actually just test everybody and see what's going on with vaccine effectiveness in the real world. One of those occurrences was this cluster from an outbreak that took place in Massachusetts that we've talked about before, but I think it's important to re-evaluate right here, which is... And again, this was published and reported by the CDC, and they tested 469 cases of COVID-19 associated with public gatherings that took place in this outbreak in Massachusetts. And what they found was that 74% of the cases were people who were vaccinated right.

Now, this would be front-page news, it would have been everywhere if it was the reverse, but it wasn't, it didn't fit the narrative. And another important thing for us to note during this study is that out of those 469 cases, only five of those people had to be hospitalized, four out of five were vaccinated. So, 80% of the people hospitalized were vaccinated versus unvaccinated, what if that was the headline? This isn't true everywhere, this isn't going to be true in every cluster, but this is one of the only clusters that was actually done and published. We can't just be saying things like, "It's a pandemic of the unvaccinated," show me the data, show me the actual clusters where we're testing everybody, and confirming this.

Now again, not to say that that it's not the case in some places, but if you actually talk to people working in these institutions, what do their metrics look like, what is their testing modalities, what does the data look like? You start to see the spectrum, it's a spectrum, where it's the case in some places, it's not the case in others. And because of this cluster if you're wondering what happened... Because there was this big campaign going, where public health officials and politicians were saying, "If you get the vax, you can take off your mask, get the vax, remove your mask."

*Today, CDC is updating our guidance for fully vaccinated people. Anyone who is fully vaccinated can participate in indoor and outdoor activities large or small without wearing a mask or physical distancing.*

*If you've been fully vaccinated, you no longer need to wear a mask. Let me repeat, if you are fully vaccinated, you no longer need to wear a mask.*

**SHAWN STEVENSON:** And then all of a sudden, they were like, "Actually, put it back on." What happened? Well, this cluster happened. It's a cluster, this cluster happened and they're just like, "Woah, wait a minute, we've got some unexplained issues going on here with transmission and severe outcomes in people who are vaccinated, let's put those masks back on. Don't tell them why, just say for safety. And blame people who are unvaccinated, by the way." That's not logical, it's not okay, now when I mentioned specifically studies that note, even if there is a vaccine-induced reduction in viral load, it's well noted that the benefit vanishes within two to six months, and this is based on data published in the peer-reviewed journal, Nature. But when clusters are actually done and people are actually tested, we see that unvaccinated and vaccinated people have similar viral loads in communities. A collaborative study conducted by researchers at the Department of Pathobiological Sciences at the University of Wisconsin, Madison, analyzed the viral load in SARS COV 2 positive samples collected from 83 individuals in Dane County, Wisconsin. The scientists divided the participants into two groups, the fully vaccinated group with 32 individuals, and the unvaccinated group with 51 individuals, and found no significant difference in viral load between the two groups.

If you're watching the video, you can see on screen the data plotted out in graph form, and you can just see how similar they are despite the vaccination status. This was the thing... It's as if it never happened. When health officials were coming out and saying that it reduces the viral load, it reduces transmission, they were saying these things, and then it's just like they didn't apologize, they didn't say, "Hey, actually, we got it wrong," because that's what the data shows. And again, we've got to have the audacity to say, "Hey, let's actually look at the clusters, let's actually test people so we can get some real viable data and stop having all of these anecdotal... "Because the anecdotal data matters. But when it comes to such an inflammatory issue that we're experiencing today, we've got to be able to test things and understand the data

rationally. I just received a notice that my son's college football game, it was an away game, and the notice was saying that people would not be able to attend if they did not show their vaccine ID or show demonstration of a negative test within 72 hours which within three days, and we have to have social distancing within the stands.

I live in Los Angeles. Social distancing in the stands masks even outdoors, the entire time on campus in the stands. Those were the prerequisites to attend my son's football game. Meanwhile, there's stadiums full of people, even here in Los Angeles, concerts, all these different things. It's just certain institutions are employing these very debilitating and illogical mandates while others are superficially or clearly ignored them. And basic questions of logic that I would have been, okay, so need to show proof of a negative test 72 hours beforehand. What if somebody does get that negative test and an hour later, they get covid, and then they come to the game and they start spraying out all over everybody? Where's the logic at? Why 72 hours? And also, which we know from the data, multiple studies affirming this, which we're putting some of them on the screen, some of the studies from Johns Hopkins, for example, multiple news headlines that people seem to just miss or just ignore, demonstrating that even with vaccination, folks were still able to transmit the disease to others, carry a significant viral load, and also contract the virus. Why then are we not testing everyone?

If we're going to test some people, we should test everyone. If we're going to just test people who are unvaccinated, is that actually to demonstrate safety, or is it to demonstrate the illusion of safety? Because the person, the individual that is vaccinated can still come and make other people sick. It's just not logical to only test one group of people and ignore the data. And so, I'm standing for a logic today. I'm standing for us to open our minds, open our hearts, express a different flavor of compassion and understanding, people are just confused right now. There's a lot of data out here, and certain data is getting elevated while other data is getting suppressed, and I believe that we can make an absolute transformation by learning from these examples, learning from the mistakes that we've allowed, and start to shift our health care system and the health of our bodies and our citizens to a true place of efficacy. So, the big question moving forward is, what do we do? What do we do with all of this data? How do we apply this in our lives?

And one of the big things is a mindset shift to take place, and for us to understand that right now we're living in a world where we've really outsourced our ability to think, not just our thinking, but our ability to think, to entities that have a vested interest in keeping us ill-informed, sick, and populating a certain narrative within our own minds and then picturing that to other people, and within that, we can start to understand like, "Hey, we might even have some viable data here." But what people are doing today, instead of really digging in and taking the time to use our greatest gift as a human being, which is to deeply think about things, to think deeply, we're skimming, we're window shopping, we're grabbing headlines, we're grabbing a small piece of data and then holding that up as the end-all, be-all. We got to stop that. If we're really going to be about that life with this right now, we've got to go deeper, we've got to actually... If you want to actually have these points of understanding, we can't just take the abstract of a study, for example, or you've got to connect yourself with people who are actually digging in and going beyond the abstract and looking at what is actually happening in the study, what is the bias of the researchers? And bringing forward a healthy, rational, well-constructed, well-thought-out analysis of the data.

This doesn't mean that it has to be your lot in life. For sure, we've got to understand that a lot of things that are getting passed around, even by our public health officials, contrary to popular belief, they're grabbing headlines, small pieces of data, they are not taking the time and really understanding what's happening in these trials or what's really happening in these clusters that are being actually collected. You don't hear them talking about that stuff and you won't hear it until we demand it.

And so, you got to understand that it's a shift in mindset to understand that a lot of people are window shopping, it's all good. It's because we've become this small bits-and-pieces type of society where we're just scrolling, our attention span just isn't there, it just isn't, so we're not going to have the audacity oftentimes to actually dig in and understand what this stuff is talking about. And because of that, we're outsourcing our rationality to others. So that's a mindset shift to take. Another mindset shift for us to take is that you as an individual are the president, the CEO, the leader of your own health, your own body. No one else has that job but you. We have to instill that in ourselves if we don't get it yet, and we have to instill that in our children. We are the number-one authority on us, first and foremost.

Outside of all of this incredible data we have access to today, there is a data set that is never going to be touched or understood by no one else in the world, and that is that data that's coming from within you, from within your own biochemistry, within your own system, within your own heartbeat, within your own soul. And so that's another mindset shift for us to take. And also, what can we do about these things in our own lives? Simple tenets that are not being talked about, getting basics that our genes expect from us, for example. We require sun exposure, for example, just for healthy cell replication or the healthy expression of our genes. It's a powerful, epigenetic influence is sun exposure is what we evolved having. Basic tenets.

Now, we have a couple dozen peer-reviewed studies on the efficacy of vitamin D versus COVID-19, for example. Dozens. Now, one study, and this was just an overarching look at vitamin D, this was published in the Journal of Investigative Medicine, found that vitamin D can modulate the innate and adaptive immune responses, and deficiency in vitamin D is associated with increased autoimmunity as well as an increased susceptibility to infections. Also, a study published in the Journal of Virology affirmed that sunlight, more specifically ultraviolet radiation from the sun is the primary natural virucide in our environment, the primary natural thing that kills viruses in our environment. How important is this? An interesting study that I saw referenced was titled, Simulated Sunlight Rapidly Inactivates SARS-Cov2 on Surfaces, published in the Journal of Infectious Diseases. Simulated sunlight rapidly inactivates SARS-CoV2 suspended in either simulated saliva or culture media on surfaces, I can go on and on and on. Basic tenets like this.

Of course, getting what are the things that actually control and modulate your immune system function, again, this goes back to our nutrition. Our food is literally what makes our immune cells and also the specific micronutrients, certain ones we know. We've got hundreds, if not thousands of documented studies on how certain nutrients, key nutrients, regulate our cellular function, and specifically regulating our immune system. One of those, very simple, antioxidant vitamin, vitamin C. It's obviously a major player in our immune system function, but also, it's a major part in the reduction of infection-oriented inflammation. A recent study cited in the journal, PharmaNutrition, investigated the impact of vitamin C in relation to the

cytokine activity associated with COVID-19 and found that vitamin C is effective by inhibiting the production of a cytokine storm.

Even today, I had this. The data is clear, synthetic versus botanical vitamin C, it's not even close. We need a viable source of botanical vitamin C without all the toxic binders and fillers and all those things. What I use is a combination of Camu Camu berry, amla berry, and acerola cherry. These are the three top botanical sources of vitamin C from Paleo Valley. It's one of my favorite things in the world. I absolutely love it. Go to [paleovalley.com/model](http://paleovalley.com/model). That's P-A-L-E-O-V-A-L-L-E-Y.com/model, you get 15% off their Essential C formula. And also, their snacks are amazing. Our team, we always keep 'em stacked here in the studio. Definitely check them out. Get yourself this essential C formula, this should be in your cabinet right now, especially as we're moving into this new era of cold and flu season, the essential C formula is a must. [paleovalley.com/model](http://paleovalley.com/model).

Obviously, again, our nutrition is of the utmost importance, but also the other tenets of basic human health, movement. You've done masterclass episodes talking about the connection, the peer-reviewed evidence in sedentary behavior versus consistent activity in the domain of COVID-19 and the advent of severe symptoms, the risk of infection, all that. We've got a tremendous amount of data, we'll put that for you in the show notes. Just to make sure that we're getting some adequate movement, instantly boosting our natural killer cells, production, and mobility just by going for a short walk, for example. So, we've got to really take control of our own health, our own wellness. And also asking questions that help to recalibrate our thinking, asking right now during this time, "What is this situation trying to teach me? What is this situation trying to teach our society? What gift is in all of this? What gift is being presented for humanity in this current system of turbulence? This current situation for me as an individual, what is this era, what is this experience with COVID-19 trying to teach me as an individual, as a husband, as a wife, as a friend, as a brother, as a parent, as a human being? What qualities are wanting to be emerged in my life and my character as a result of this experience?"

So, I just want to implore you to take control of your mind, take control of your health, and be an advocate for logic, for compassion, for courage right now, because it's up to us to shift the

conversation to something that is sustainable, that's real, that's backed by real efficacy. And again, when someone shows you who they are, believe them. Where are we putting our faith in? Where are we putting our trust? Where are we putting our ability to think? And the logical conclusions that we're coming to, where is it all coming from? I implore you to listen to your internal guidance system now more than ever, listen to your heart now more than ever, and to surround yourself with people who keep you uplifted, will encourage you, encourage you to think critically, encourage you to be courageous, and encourage you to be as healthy and as happy as you can possibly be.

I appreciate you so much for tuning in to this episode. Again, make sure to check out the video version of this episode. If you were listening to the audio version, go to [themodelhealthshow.com/c19](http://themodelhealthshow.com/c19), we've got some incredible guests, I'm talking about, we're about to change the game. Some incredible guests coming up and some powerful masterclasses, so make sure to stay tuned. Take care. Have an amazing day. I'll talk with you soon.

And for more after this show, make sure to head over to [themodelhealthshow.com](http://themodelhealthshow.com). That's where you can find all of the show notes, you could find transcriptions, videos for each episode, and if you 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.